

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/02/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205090		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2025	
NAME OF PROVIDER OR SUPPLIER BORDERVIEW REHAB & LIVING CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 208 STATE STREET VAN BUREN, ME 04785			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 584 SS=E	From 5/12/25 to 5/14/25, on-site visits were conducted at Borderview Rehab & Living Center for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification. It was determined that Borderview Rehab & Living Center was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition;			F 584			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 584	Continued From page 1 §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to adequately maintain maintenance and housekeeping services necessary to maintain the facility in good repair and sanitary condition for 3 of 3 days of survey (5/12/25, 5/13/25, and 5/14/25). Findings: 1. On 5/12/25 at 12:00 p.m., during an observation in the dining room, the surveyor observed the ice/water machine had heavy dust on the side vent panel, the chrome front and drip tray were noted to be coated in a white buildup and the drip tray had peeled coating exposing rusted metal. 2. On 05/13/25 at 2:41 p.m., during a second observation in the dining room the surveyor observed the ice/water machine in the dining room with a white buildup on the front of the machine and the drip tray were noted to be coated in a white buildup and the drip tray had peeled coating exposing rusted metal and the	F 584			

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F 584	Continued From page 2 side vent panel had a heavy amount of dust. On 5/13/25 at 2:53 p.m., a surveyor confirmed the above finding with the Minimum Data Set (MDS) Nurse. 3. On 5/12/25 at 1:10 p.m., during initial observation of Room 119, Resident #3's (R3) wheelchair arms and wheelchair legs were cracked, creating uncleanable surfaces. 4. On 5/12/25 at 11:39 a.m., during initial observation of Room 120, R2's pole used to hold a feeding nutrition bag, had dirt/debris on the base of the pole and the protective coating was worn off, and R2's oxygen concentrator and filters were dusty/dirty. On 5/13/25 at 3:55 p.m., an Environmental Tour was conducted with the Infection Preventionist in which a surveyor confirmed the above findings. 5. On 5/14/25 at 9:30 a.m., during an observation of the dining room two surveyors confirmed with the Maintenance Supervisor that the tablecloths still had food debris on them from breakfast, the discs under the feet of the ice/water machine were dirty, and the sink had debris around the edges.	F 584			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:	F 677			

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F 677	Continued From page 3 Based on observations and interviews, the facility failed to provide residents with oral care for 1 of 6 residents observed (Resident #21 [R21]). Finding: On 5/12/25 at 11:45 a.m., during an interview/observation with R21 the surveyor observed that his/her dentures were not clean. They appeared to be caked with an unknown white substance. The resident stated that the only concern he/she has is that they do not brush his/her teeth every day. R21's care plan was reviewed, and the care plan addresses that he/she does need extensive assistance of 1 staff to assist with care and is not able to perform activity of daily living (ADL) independently. On 5/13/25 at 10:26 a.m., during a resident observation it was noted that R21 was sitting in his/her wheelchair on the side of the bed. It was noted that he/she had just been assisted with ADLs. The surveyor observed that his/her dentures/teeth remain with food particles and caked with an unknown white substance and visually dirty. On 5/13/25 at 12:34 p.m., during an interview with Certified Nursing Assistant #1 [CNA1] who was doing whirlpools (wp's) today and had R21 scheduled. Due to medical reasons R21 does not go into the wp and gets a complete bed bath instead. CNA1 stated that she washed him/her up at bedside. The surveyor asked if she assisted him/her with brushing their teeth. She stated, "oh no, I just used mouthwash". The surveyor asked why his/her teeth were not	F 677			

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F 677	Continued From page 4 brushed and CNA1 stated, "I meant to go back I just forgot". The surveyor confirmed at this time that R21 was not assisted with oral care.	F 677			
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to ensure food temperatures were maintained at the proper holding temperature for 1 of 3 meal services observed. (5/12/25, lunch meal). In addition, the facility failed to ensure that plumbing fixtures were properly installed to prevent backflow as required by the Maine State Plumbing Code for 2 of 3 days of survey (5/13/25, 5/14/25). Findings:	F 812			

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F 812	Continued From page 5 1. On 5/12/25 at 12:10 p.m., a meal service (lunch meal) was observed in the skilled hallway outside the dining room. The food was transported in a portable steamtable to the skilled hallway. The temperatures were taken prior to meal service. The lunch meal was temped, the Steak sandwich was 120 degrees Fahrenheit, the French fries (steak cut) was 120 degrees. The pureed meals were served in divided plates. The surveyor asked what the serving temperatures of the pureed food items should be, the dietary aide was not aware that the pureed meals needed to have temperatures taken. At this time the temperatures were taken, and the temperature of the pureed meat was 122 degrees Fahrenheit. These temperatures were below the required 135-degree Fahrenheit holding temperatures. This was confirmed with the dietary aide who was serving the lunch meal at that time. 2. This direct connection of wastewater and potable water was in violation of the 10-114 State of Maine Rules Chapter 226, definition Section A, which defines an "Air-Gap Separation - A physical separation between the free-flowing discharge end of a potable water supply pipeline and an open or non-pressure receiving vessel. An air-gap separation shall be at least twice the diameter of the supply pipe measured vertically above the overflow rim of the vessel - in no case less than one-inch (2.54 cm)" and the Code of Federal Regulation, Title 21, Part 1250, Section 1250, 30 (d) states "all plumbing shall be so designed, installed, and maintained as to prevent contamination of the water supply, food, and food utensils."	F 812			

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F 812	Continued From page 6 On 5/13/25 at 2:41 p.m., the surveyor observed the air gap on the ice machine drain line. The drainpipes for the ice machine were pushed into the drainpipe located under the sink. The drain lines did not have the 1-inch air gap as required. On 5/14/25 at 9:30 a.m. during an observation of the dining room two surveyors observed and confirmed with the maintenance supervisor that the ice machine did not have the 1-inch air gap as required.	F 812			