STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205143	A. BUILDING _____ B. WING _____	R 06/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMMINGS HEALTH CARE FACILITY	**5 CROCKER STREET HOWLAND, ME 04448**

(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 On 6/21/23, an unannounced onsite visit was conducted at Cummings Health Care Facility for the purpose of completing the follow-up revisit to the annual Long-Term Care Survey for Federal Recertification, dated 5/8/23 through 5/11/23, and complaint #ME00039945. It was determined that Cummings Health Care Facility was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	{F 000}		
{F 584} SS=D	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

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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 interview, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and in a sanitary condition for 2 of 2 Units. (A-Unit and B-Unit) for 1 of 1 environmental tour (6/21/23) Findings: On 6/21/23 at 11:10 a.m., a surveyor did an environmental tour with the Director of Nursing (DON) in which the following were observed: B-Unit Room 2: Above the room sink, a ceiling tile is stained. Bed-2's bedside table edges are chipped creating an uncleanable surface. Also noted was a patch of exposed sheet rock behind the television, and the floor tiles (along the edges of the room) were observed to be covered in heavy dirt and grime. Room 9: a fan on top of the wardrobe that was blowing air around the room was observed to be	{F 584}		

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{F 584}	Continued From page 2 covered in a heavy dust layer. Room 1 bathroom tiles are stained. The hallways were also noted to have heavy buildup of dirt and grime along the edges of the wall. On 6/21/23 these observations were confirmed by the surveyor with the DON at the time of the tour of this unit. A-Unit Room 17: resident fan on bedside table was observed to be heavily soiled with clumps of dust. Room 19: resident fan on bedside table was observed to be heavily soiled with clumps of dust. Floor observed with heavy buildup of grime along edges of wall Room 22: Bed-1, To the left of the room sink, the molding remains chipped. To the right of the bathroom door, the cove base was replaced, the cove base around the room near the door was pulled away from the wall and not attached to the wall. Room 14 resident fan in room was observed heavily soiled with clumps of dust. Room 13 resident fan in room was observed heavily soiled with clumps of dust. On 6/21/23 these observations were confirmed by the surveyor with the DON at the time of the tour of this unit. On 6/21/23 at 11:59 a.m. the surveyor discussed and confirmed the above observations with the DON.	{F 584}		
{F 812} SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	{F 812}		

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{F 812}	Continued From page 3 §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 interview, the facility failed to label whipped topping with a thaw date for 1 of 1 days of the survey revisit (6/21/23). Finding: On 6/21/23 at 11:30 a.m., during the tour of the kitchen, the surveyor found in the walk-in refrigerator 1 package of thawed whipped topping with no thaw date. The storage instructions on the package were that the item has a 2-week (14 day) shelf life once thawed. There is no evidence of when this whipped topping was thawed. On 6/21/23 at 11:30 a.m., the surveyor confirmed this finding with the Food Service Manager.	{F 812}		