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| F 000 | INITIAL COMMENTS<br><br>From 4/16/24 through 4/18/24, on-site visits were conducted at Borderview Rehabilitation and Living Center for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification. It was determined that Borderview Rehabilitation and Living Center is not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities. | F 000 | | |
| F 550 SS=E | Resident Rights/Exercise of Rights<br>CFR(s): 483.10(a)(1)(2)(b)(1)(2)<br><br>§483.10(a) Resident Rights.<br>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.<br><br>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.<br><br>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.<br><br>§483.10(b) Exercise of Rights.<br>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen | F 550 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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or resident of the United States.

§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.
This REQUIREMENT is not met as evidenced by:
Based on observations and interviews the facility failed to respond to resident call bell requests for assistance in a manner that maintained or enhanced their dignity for 3 of 12 residents (Resident [R] 18, R7, R13).

Findings:

1. On 4/17/24 at 8:35 a.m., R18 stated that he/she feels there is not enough staff at times; this morning (during night shift), they turned off my call bell and didn't check to see what I needed and at times I may need my brief changed or my urinal emptied, and they just wait for day shift to do it. Another surveyor observed R18 call bell was activated to request assistance with his/her brief and noted the call bell was turned off from a location other than the resident's room. R18 used call bell again to state he/she still needed assistance, because no one had come yet. The resident used the call bell a third time to request assistance. On 4/17/24 art 8:40 a.m., during a follow up interview, R18 stated that yesterday sometime after lunch yesterday, family visited.

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R18 stated that he/she rang his call bell because he/she needed assistance after using the bathroom. R18 stated that he/she called numerous times, probably took an hour before someone finally came and helped him/her.

2. On 4/16/24 at 11:44 a.m. during a resident interview R7 became very upset and stated, "the call bell, I ring it and I have time to die twice over before they come in and they tell me they were busy, and it isn't my turn. Then stated, at one time I sat on the toilet for two hours before they came to help me". R7 stated that all they need is assistance to pull up their pants, but it takes so long.

During this survey surveyors noted that the staff person who was at the desk would answer the call lights through their intercom system and turn off the call lights. They would ask the resident that was ringing what they needed and state "ok, someone will be right with you." This action would turn off the call light, and when no one was "right with you", the residents would have to call back then the person would page on the overhead speaker that the room and number (Room 112) needs assistance. On several occasions it was heard that the same room number kept calling for assistance.

3. On 4/18/24 at 8:25 a.m. R13 used their call light to call for assistance, the call bell was heard at the nurses station. It was a double (fast) ring sound which indicated the call light was on for a few minutes. The nurse at the nurses station Registered Nurse [RN] 2 answered the call light via the intercom and told R13 "be right there". This surveyor was observing call lights in the alcove nearest the front door, Room 128 call light

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went on at 8:33 a.m. RN2 went into Room 128, asked the resident if they were all done and turned off the call bell light. RN2 entered R13's room at 8:34 a.m. and asked him/her what they needed R13 stated they needed to use the bathroom. RN2 said, "let me find your Certified Nursing Assistant [CNA] because they will want to wash you up at the same time" and she left the room. At 8:46 a.m. R13 used their call bell light again RN2 paged overhead at 8:47 a.m. a CNA went in R13's room to assist with morning care and assisted to bathroom at 8:48 a.m., 23 minutes after first calling and notifying staff he/she needed to use the bathroom, each time the resident used the call bell and RN2 answered by using the intercom system the residents voice became more anxious (tone of voice was more urgent, they needed staff's assistance to use the bathroom). At 8:41 a.m. and again at 8:43 a.m., the overhead pager announced that Room 123 needed assistance. The person answering the call bell light at the desk was answering via the intercom system turning off the residents call bell light and staff were not responding to the residents request for help timely causing the resident to use their call bell light again.

On 4/18/24 at 12:49 p.m. another surveyor observed several call bell lights were on and ringing at the nurses station, this surveyor observed the call bell light for R13 was on and red in color (indicating the assistance was needed in the bathroom) the sound of the call light had been silenced and only the light was illuminated above the door. R13's room is in the front alcove near the front door and is not visible from other areas.

At 12:51 p.m. R13's call bell light rang at nurses

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| F 550 | Continued From page 4<br>station and Licensed Practical Nurse [LPN] 2 answered via the intercom "be right with you" and silenced the call bell light, R13 was in the bathroom sitting on the toilet and needed assistance to get up and readjust his/her clothing and get back into their wheelchair. At 12:57 p.m. R13's call light began to ring at the nurses station and LPN2 answered the call bell light via the intercom and again stated, "be right with you" and turned off the sound of the call bell. At 1:00 p.m. LPN1 walked by R13's room and did not assist him/her. At 1:05 p.m.RN2 entered the room to assist R13. R13 sat on the toilet waiting for assistance for 16 minutes.<br><br>On 4/18/24 at 2:15 p.m.. during an interview with the Assistant Administrator, two surveyors confirmed call lights were being turned off at the nurses station and that residents are having to call multiple times for assistance. A surveyor also confirmed an observation that R13 had waited for 23 minutes in the morning for assistance and 16 minutes in the afternoon for assistance to get off the toilet. | F 550 | | |
| F 565 SS=E | Resident/Family Group and Response<br>CFR(s): 483.10(f)(5)(i)-(iv)(6)(7)<br><br>§483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility.<br>(i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner.<br>(ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.<br>(iii) The facility must provide a designated staff | F 565 | | |

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| F 565 | Continued From page 5<br>person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.<br>(iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.<br>(A) The facility must be able to demonstrate their response and rationale for such response.<br>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.<br><br>§483.10(f)(6) The resident has a right to participate in family groups.<br><br>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.<br>This REQUIREMENT is not met as evidenced by:<br>Based on review of Resident Council meeting minutes and interview, the facility failed to document results of the grievances voiced by members of the Resident Council for 3 of 3 months reviewed (January, February, March 2024).<br><br>Finding:<br><br>1. In review of Resident Council meeting minutes from January 25, 2024, grievances were voiced regarding "call bells taking a while to answer" and reported to Director of Nursing Services (DNS) "French toast were served cold for breakfast that | F 565 | | |

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| F 565 | Continued From page 6<br>morning" and reported to Food Service Director.<br><br>2. In review of Resident Council meeting minutes from February 29, 2024, grievances were voiced regarding "call bells take a long time to be answered" and reported to Director of Nursing.<br><br>3. In review of Resident Council meeting minutes from March 28, 2024, grievances were voiced regarding "call bells take a while to be answered" this was passed to nursing, "food was cold all week and this was reported to the Food Service Director who addressed this concern, and residents were informed on how this will be fixed (attached documentation showed they started to use steamtable for meal services).<br><br>On 4/17/24 at 9:10 a.m., during an interview with the Assistant Administrator, she stated that the DNS was not aware that she had to respond to the Resident Council concerns, and the outcomes were not shared with the Residents. At this time, a surveyor confirmed the Resident Council meeting minutes lacked evidence that all the areas of concern were addressed by all departments, and the outcomes were not conveyed to the residents. | F 565 | | |
| F 684 SS=D | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered | F 684 | | |

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| F 684 | Continued From page 7 | F 684 | | |

care plan, and the residents' choices.
This REQUIREMENT is not met as evidenced by:
Based on record reviews, and interview the facility failed to ensure that physician orders were followed for 1 of 5 residents reviewed for unnecessary medications. (Resident [R] 8).

Finding:

On 4/17/24 during a clinical record review, R8 had a written order dated 3/7/24 documenting 3/5/24 labs were reviewed CBC (complete blood count), CMP (comprehensive metabolic panel), iron, and Hgb (hemoglobin) of 7.6 results meets the transfusion criteria. The order directs that if family and resident is willing, to send R8 to the Emergency Department, and if not to please obtain occult blood stool ASAP (as soon as possible). And to repeat CBC today.

There is no evidence in the clinical record electronic or paper records that the occult blood stool was completed as ordered.

On 3/11/24 another order was written that 3/8/24 labs were reviewed, R8 declined the transfusion, and that R8 needs an occult blood stool ASAP as previously ordered. (previously ordered ASAP on 3/7/24) and to consider comfort care.

On 4/17/24 at 2:45 p.m. during the clinical record review and during an interview with the charge nurse Licensed Practical Nurse [LPN] 1 there is no evidence that the ASAP occult blood stool sample was collected/completed. LPN1 reviewed the laboratory calendar book and R8's electronic Treatment Administration Record (TAR). There is no evidence that this order was completed as

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| F 684 | Continued From page 8<br>ordered.<br><br>LPN1 called the lab to verify if this order was completed and per the laboratory this order was not completed as of this date 4/17/23, 41 days after the ASAP order was received from the provider to address the low hemoglobin results.<br><br>During this interview the surveyor confirmed the above finding. | F 684 | | |
| F 727 SS=E | RN 8 Hrs/7 days/Wk, Full Time DON<br>CFR(s): 483.35(b)(1)-(3)<br><br>§483.35(b) Registered nurse<br>§483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.<br><br>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.<br><br>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interviews, the facility failed to use the services of a Registered Nurse (RN) for at least 8 consecutive hours a day, 7 days a week, for 5 of 62 days reviewed for RN coverage (October 2023 and December 2023).<br><br>Finding: | F 727 | | |

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| F 727 | Continued From page 9<br>On 4/16/24, during a review of nursing working schedules from 10/1/23 - 12/3/23, they indicated that on 10/1/23 (Sunday), 10/8/23 (Sunday), 10/9/23 (Monday), 12/2/23 (Monday), and 12/3/23 (Sunday) the facility did not have a Registered Nurse (RN) on duty for at least 8 consecutive hours.<br><br>On 4/16/24, at 2:17 p.m., in an interview with the Assistant Administrator, a surveyor confirmed the lack of RN coverage for at least 8 consecutive hours a day, 7 days a week on the dates identified in October of 2023 and December of 2023. | F 727 | | |
| F 812 SS=D | Food Procurement,Store/Prepare/Serve-Sanitary<br>CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(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.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by: | F 812 | | |

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| F 812 | Continued From page 10<br>Based on observation and interview the facility failed to ensure kitchen staff properly wore hair nets by leaving hair uncovered and unrestrained for 1 of 3 days of survey (4/17/24).<br><br>Findings:<br><br>On 4/17/24 at 7:00 a.m., during the breakfast meal service, a surveyor observed that the dietary aide serving breakfast from the steamtable did not have a beard restraint on while performing food service tasks.<br><br>On 4/17/24 during an interview with the cook at 7:08 a.m., he stated that they were not aware that the beards had to be covered. At this time, it was observed that the cook had facial hair as well and was not covered.<br><br>On 4/17/24 at 7:10 a.m. this surveyor observed a second dietary aide bring a hair net for the dietary aide serving breakfast to cover his facial hair.<br><br>On 4/17/24 at 8:30 a.m. the surveyor confirmed with the Food Service Director that the dietary aide and the cook did not have a beard restraints on while performing food preparation and service tasks. | F 812 | | |
| F 883 SS=D | Influenza and Pneumococcal Immunizations<br>CFR(s): 483.80(d)(1)(2)<br><br>§483.80(d) Influenza and pneumococcal immunizations<br>§483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-<br>(i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and | F 883 | | |

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| F 883 | Continued From page 11 | F 883 | | |

potential side effects of the immunization;
(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;
(iii) The resident or the resident's representative has the opportunity to refuse immunization; and
(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:
(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and
(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.

§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-
(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;
(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;
(iii) The resident or the resident's representative has the opportunity to refuse immunization; and
(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:
(A) That the resident or resident's representative

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| **BORDERVIEW REHAB & LIVING CTR** | **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 883 | Continued From page 12 | F 883 | | |

was provided education regarding the benefits and potential side effects of pneumococcal immunization; and
(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.
This REQUIREMENT is not met as evidenced by:
Based on record reviews and interview, the facility failed to ensure residents were offered pneumococcal vaccinations in accordance with the Centers for Disease and Prevention Control (CDC) recommendations for 2 of 5 residents reviewed for immunizations (Resident [R] 7, and R16).

Findings:

On 4/17/24 at 1:34 p.m., during an interview with the Infection Preventionist (IP), she stated that per the facility pharmacist, and CDC guidance, if the resident received the PCV13 and PPSV23, they should receive the PCV20 five years after the last pneumococcal vaccine given.

1. R7's admission date to the facility was on 10/12/22. During review of immunization records, R7 received a PPSV23 on 12/6/17, and a PCV13 on 12/22/16. A surveyor could not locate evidence that R7 was reviewed, offered, or received a PCV20. The Resident is over 65 years of age.

2. R16's admission date to the facility was on 1/24/24. During review of immunization records, R16 received a PPSV23 on 2/29/11. A surveyor could not locate evidence that R16 was reviewed, offered, or received the PCV20. The Resident is over 65 years of age.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 205090 | A. BUILDING _____ B. WING _____ | 04/18/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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|---|---|---|---|---|
| F 883 | Continued From page 13<br><br>On 4/17/24 at 1:34 p.m., during an interview with the IP, a surveyor confirmed that R7, and R16 were not offered, or received a PCV20, and should have been. | F 883 | | |