

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2020
NAME OF PROVIDER OF SUPPLIER CUMMINGS HEALTH CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP 5 CROCKER STREET HOWLAND, ME 04448	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, and interviews, the facility failed to follow care plan interventions in the care areas of potential for pressure ulcer development and bladder incontinence for 1 of 3 residents reviewed (#5). Finding: Resident #5's care plan with a revision date of 9/25/2020, instructs care givers that Resident #5 has the potential for pressure ulcer development related to immobility, with an intervention directing care givers to turn and reposition at least every 2 hours, a care area for bladder incontinence related to cognitive deficit, with an intervention directing care givers to check and change every 2 hours. On 9/29/2020 at 9:51 a.m., Resident #5 was observed in B-Wing corridor; he/she was sitting in their wheelchair on the left side of the corridor with their bedside table in front of him/her. At 10:20 a.m. during a second observation of B-Wing, Resident #5 was observed sitting in their chair on the left side of the hallway with their bedside table in front of them. At 11:05 a.m. during a third observation on B-Wing, Resident #5 observed in the same position as they were at 9:51 a.m. At 1:20 p.m. Resident #5 was observed sitting in his/her wheelchair on the left side of the corridor near room [ROOM NUMBER], they had their bedside table in front of them and remained in the same spot and position as when first observed at 9:51 a.m. On 9/29/2020 at 1:25 p.m. Certified Nursing Assistant (C.N.A.) #1 was asked when Resident #5 had been repositioned, he stated that he/she has not been moved (repositioned) since around 9:00 a.m. At 1:28 p.m. the charge nurse was made aware and spoke to the two C.N.A.'s on B-Wing, they stated they were working their way down the corridor and had not yet repositioned Resident #5. On 9/29/2020 at 1:28 p.m. the surveyor confirmed during an interview with the Charge Nurse, that Resident #5 had not been repositioned from 9:00 a.m. through 1:40 p.m. when he/she was assisted back to bed and provided incontinence care.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and documentation reviews, the facility failed to implement the Center for Disease Control (CDC) guidelines to prevent the introduction and spread of Coronavirus (COV) Infectious Disease (ID) 2019 (COVID-19) into the facility by failing to update their screening process and failed to follow the Centers for Disease (CDC) screening recommendations for staff at 2 of 3 screening stations and for 2 of 2 survey days of observations (9/29/2020 and 10/6/2020). In addition, based on policy reviews and interviews, the facility failed to develop a screening policy and procedure and failed to include a policy and procedure for tracking residents and/or staff with signs and symptoms of COVID-19 or with a COVID-19 positive test result into the facility Infection Prevention and Control Program (IPCP). Findings: On 9/29/2020 at 9:40 a.m., a tour of the facility was done. During the tour, four entrance/exit doors were noted. One door is by the staff breakroom, located in the back of the facility and there was no screening station at that door. If using this entrance, staff would walk almost the length of the building to get to the nurse's station. There is a door off A-Wing with a screening station in a storage room approximately 12 feet from that door. There is the main entrance door, with a screening station at the nurse's station which is approximately 15 feet from the front entrance. There is a door on B-Wing that has a screening station at point of entry. On 9/29/2020 at 9:50 a.m., on-site interview with C.N.A. #4. C.N.A. #4 stated that staff use all four doors to enter the building. C.N.A. #4 stated he uses the B-Wing entrance and screens himself in before going to work. C.N.A. #4 stated a nurse comes around to check the Staff Check-in Log On 9/29/2020 at 10:05 a.m., in an interview with C.N.A. #2, she stated they used to come in the side door located on the right side of the corridor on A-Wing, but because a resident likes to follow them out they now come in the back entrance (near staff lounge). C.N.A. #2 stated she puts on a mask, goes to A-Wing, where she and her co-workers do their screenings. Two surveyors observed the small storage room that is being used as a break room, storage room, and screening room. C.N.A. #2 showed the surveyors the screening sheet which is titled 'Staff Check-in Log'. A review of the 'Staff Check-in Log' was done. There were no dates or times on the sheets and were not in any order. C.N.A. #2 stated that she knew where she had screened in this day and dated her screening and she dated her co-worker's screening (C.N.A. #3). C.N.A. #2 stated that when she gets to work, she comes in the back door by the staff lounge; walks to the nurse's station gets a mask, then walks to the A wing. C.N.A. #2 stated she does walk down the hall past the residents' room prior to doing her screening. C.N.A. #2 stated no staff or residents have had COVID-19. On 9/29/2020 at 1:20 p.m., C.N.A. #3 stated: When I come in to work, I come in the back way, near the staff breakroom. I walk to the nurse's station and put a face mask on. Then I go to my wing, A-Wing and go to the screening room and screen in. The charge nurse comes around and looks at the screening sheets I guess. No, I didn't put today's date on my screen today. I don't see any dates on most of the sheets. A review of the Staff Check-In List was done. There were no dates or times on the screening list to indicate the day and time the staff person was screened, except where C.N.A. #2 dated after interview with the surveyor. There is no evidence that a nurse or any staff is reviewing the screening Check-in Lists. On 9/29/2020 at approximately 3:00 p.m., in an interview with the Director of Nursing (DON), she stated that all four facility doors were used as entrances to the building. She confirmed that the entrance door by the staff lounge does not have a screening station. She stated staff walk down to the nurse's station, get a mask, put it on and go to their assigned Wing. The DON stated that even though the staff are walking from the back door to the nurse's station without a mask on, there were no residents in the area. The DON stated the nurse's and herself check the screening form, but she had no evidence that this was being done. The DON confirmed that no dates or times were on the screening check-in log. The DON confirmed that some staff came into the building without a mask on and did not wear a mask before screening. The DON confirmed that all facility doors were being used as entrance doors. On 10/6/2020, a review of the facility screening policy was completed. The policy was a downloaded copy of a Center for Disease (CDC) recommendation for screening staff and visitors. The CDC information did not have the facility letterhead and there was no date of policy development or approval signatures. On 10/6/2020 at 1:00 p.m., the Administrator-in-Training (AIT) stated that the Director of Nursing (DON) was using the CDC recommendation download as the policy and procedure. The AIT stated the DON used screening information from different sources and combined them, but he confirmed a facility screening policy was not developed. The AIT confirmed that the screening process in place was inconsistent and no policy in place to follow. On 10/6/2020, a review of the facility Infection Prevention and Control Program (IPCP) policy was completed. There was no evidence in the IPCP addressing the tracking of residents or staff from the first signs and symptoms of COVID-19 or for positive COVID-19 results and no plan for immediate isolation of a symptomatic resident. On 10/6/2020 at 1:20 p.m., the Administrator-in-Training (AIT) stated [MEDICAL CONDITION] would be tracked like any respiratory illness. The AIT was unable to provide an IPCP policy and procedure that addressed the tracking of symptomatic residents or residents that are positive COVID-19. The AIT stated they are working on an isolation area and an area for cohorting COVID-19 residents. The AIT confirmed the IPCP did not include COVID-19 tracking. On 10/6/2020, a review of the US Centers for Disease Control and		
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>Prevention's document entitled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 updated July 15, 2020 states everyone should be screened for symptoms consistent with COVID-19 (symptoms of fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting and Diarrhea) On 9/29/2020 and on 10/6/2020 the facility failed to ensure their staff screening tools were updated per CDC guidelines for sign and symptoms consistent with COVID-19. On 10/6/2020, a review of the Centers for Disease Control and Prevention's document entitled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 updated July 15, 2020 states to Screen Everyone entering a Healthcare Facility for symptoms consistent with COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, they should return home and notify occupational health services to arrange for further evaluation. On 9/30/2020 in an interview via e-mail with the AIT, he confirmed that office staff screen themselves at home and alert him or the Director of Nursing (DON) with any issues. There is no evidence on the 'Staff Check in Logs' of their screenings being done on a daily basis prior to working their shifts. On 10/6/2020 at 10:10 a.m., during a tour of A -Wing, a record review of the 'Staff Check in Log' was done. There were no dates or times on the screening logs to indicate what day and time the screening was done. On 10/6/2020 at 10:20 a.m., during a tour of the back-entry screening station located in the breakroom, a record review of the 'Staff Check-in-Log,' the sheets were noted to have staff names listed with no dates of the screenings. Observed in the screening sheet folder in the right-side pocket were 9 entries dated 10/6/2020. On 10/6/2020, during a record review of the staff schedules and a review of the 'Staff Check in Logs' from all entry locations for 10/6/2020, there were 9 staff entries on the 'Staff Check in Log'. The staff schedules state there should have been 19 staff including office staff and Administrative staff screened in on 10/6/2020. The 'Staff Check in Log' lacked evidence that 10 of the 19 scheduled staff were screened in prior to working their shifts. On 10/6/2020 at 10:20 a.m., during an interview with the Maintenance supervisor, he stated he had screened himself in at the nurse's station but thought he may have forgotten to write his screening down on the 'Staff Check in Log' sheet. Review of the log sheets lacked evidence that he was screened in prior to his shift. On 10/6/2020 at 10:25 a.m., during an interview with a dietary aide, she stated I come in from the back door and go straight into the kitchen with my mask on. She was asked where she does her screening prior to her shift and she stated she does it at the nurse's station. The 'Staff Check in Log' sheets at the nurse's station lacked evidence of her being screened in before her shift on 10/6/2020. On 10/6/2020 at 10:45 a.m., during interviews with the charge nurse and the treatment nurse, both nurses stated they did not complete their screening prior to their shift. Review of the 'Staff Check in Log' sheets lacked evidence of them being screened in before their shifts. This was confirmed with the charge nurse and treatment nurse at the time of the interviews. On 10/6/2020 at 11:00 a.m., during interviews with the Food Service Director (FSS) and a dietary aide, both stated they had not completed their screening or had forgotten to write their screenings down on the 'Staff Check in Log' sheet. The FSS was actively taking the dietary aide's temperature during this interview. The 'Staff Check in Log' sheets lacked evidence of them being screened in before their shifts. On 10/6/2020, a review of the Centers for Disease Control and Prevention's document entitled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 updated July 15, 2020 states Implement Source Control Measures. HCP should wear a facemask at all times while they are in the facility. Healthcare Personnel (HCP): HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). Source Control: Use of a cloth face covering or facemask to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. On 9/29/2020 at 10:25 a.m., two surveyors observed the AIT on B-Wing while observing the contents of stacked boxes that were near the side entry door. The AIT was not wearing a mask and walked the length of B-Wing corridor past residents who did not have masks on. On 10/6/2020 around 12:00 p.m., the AIT was observation in the dining room area without wearing a face mask or face covering where residents were sitting at their dining room tables waiting for lunch. Interview on 10/6/2020 at 1:00 p.m., with the AIT he stated that the Federal Government would not allow me to wear a face mask or covering for reasons he would not share, he then stated he had not thought about wearing a face shield.</p>		
F 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Based on documentation review and interview, the facility failed to conduct baseline testing of staff as detailed in the September 1, 2020 Coronavirus (COV) Infectious Disease (ID) 2019 (COVID-19) Testing guidance letter sent to all Nursing Facilities and the Center for Medicare and Medicaid Services (CMS) August 26, 2020 Quality, Safety and Oversight Group (QSO)-20-38-Nursing Home (NH) memo for 1 of 2 requirements reviewed (Testing Policy and Procedure development and implementation of that policy). Finding: On 10/6/2020, the facility's 'Cummings Health Care Facility COVID-19 Testing Plan,' dated 9/14/2020, was reviewed. A review of the September 1, 2020 revised COVID-19 Testing guidance letter was done. On Page 3, under the heading, 'Developing a Facility Testing Plan,' it states; Division of Licensing and Certification expects that facilities have been working on these plans and all facilities should have their testing plans reported to the State by September 15th. The plans should be in place with baseline staff testing in process or fully completed by September 30, 2020. On 10/6/2020 at 12:42 p.m., the Administer-in-Training (AIT) stated the facility's testing plan had just been approved by the State but he has not implemented the baseline testing of staff. The AIT stated that he did receive the CMS memo and the September testing guidance letter, but misunderstood that testing needed to be in process by September 30, 2020. The AIT confirmed that his policy to test staff had not been implemented.</p>		