

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER KATAHDIN NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 22 WALNUT STREET MILLINOCKET, ME 04462	
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)		
E 0024 Level of harm - Potential for minimal harm Residents Affected - Many	<p>Establish policies and procedures for volunteers.</p> <p>Based on Interview and Record Review the facility failed to develop and implement emergency preparedness policies and procedures that address emergency staffing strategies for coverage of the facility by a physician or other medical provider in the absence of the medical director. This could affect all residents in the facility who are covered by the medical director. Findings Include: Record Review of the facility emergency plan on 07/15/2020 around 10:30am revealed that the facility did not document in their emergency plan how the facility would obtain back-up coverage for the facility medical director. Interview on 07/15/2020 around 10:30am with the Director of Nurses (DON) revealed that the facility medical director is the only physician the provides medical coverage to the facility, and that the medical director does not work with any advanced practice providers including a nurse practitioner or physician's assistant. The DON also confirmed that the Medical Director is always available to the facility, however if the Medical Director was planning on not being available he/she has an arrangement with another physician to be available to the facility and would tell the DON that this alternate physician is covering for the Medical Director. The Medical Director would also provide the DON a phone number to contact the alternate physician. The DON also confirmed that the phone number for the alternate physician is not in the facility emergency plan and is not posted anywhere else in the facility. Interview on 07/15/2020 around 1:15pm with facility RN#1 confirmed that he/she was unaware that the Medical Director has a designated alternate to be called for a consultation and is unaware of a phone number to call to get medical coverage if the facility medical director is not available. RN#1 stated that they would call 9-1-1 if there was an emergency and they needed to contact a physician if the medical director was unavailable. Interview on 07/15/2020 around 1:30pm with facility RN#2 confirmed that he/she was unaware that the Medical Director has a designated alternate to be called for a consultation and is unaware of a phone number to call to get medical coverage if the facility medical director is not available. RN#2 stated that they would call 9-1-1 if there was an emergency and they needed to contact a physician if the medical director was unavailable or they would call the on-call hospitalist at the local hospital. Interview on 07/15/2020 around 1:30pm with the Director of Nurses (DON) revealed that there is a list that the hospital sends to the facility that has an on-call hospitalist, however not all staff is aware of this list and that it is not posted in the nursing station. Record Review on 07/15/2020 around 1:30pm on the facility emergency plan confirmed that the list of hospitalists available to the facility is not located in the facility emergency plan.</p>		
E 0030 Level of harm - Potential for minimal harm Residents Affected - Many	<p>List the names and contact information of those in the facility.</p> <p>Based on Interview and Record Review the facility failed to document in the facility emergency communication plan the name and contact information for the back-up physician servicing the facility. This could affect all residents covered by the medical director and has the potential to cause more than minimal harm if the facility is unable to contact back-up physician during a medical emergency. Findings Include: Interview on 07/15/2020 around 10:30am with the Director of Nurses (DON) revealed that the facility medical director is the only physician the provides medical coverage to the facility, and that the medical director does not work with any advanced practice providers including a nurse practitioner or physician's assistant. The DON also confirmed that the Medical Director is always available to the facility, however if the Medical Director was planning on not being available he/she has an arrangement with another physician to be available to the facility and would tell the DON that this alternate physician is covering for the Medical Director. Record Review of the facility emergency plan on 07/15/2020 around 10:30am revealed that the facility did not document in their emergency plan the name or contact information for the alternate physician who would cover for the medical director if they are not available. The name and contact information for the alternate physician is also not documented on the Katahdin Heath Care Employee Telephone Listing updated 06/18/2020. Finally, the list of hospitalists available for consultation from the local hospital and contact information for this resource is not documented in the facility emergency plan nor is it available at the nursing station. Interview with the DON on 07/15/2020 at around 1:30pm confirmed that the contact information described above is not documented in the facility emergency plan. Therefore, the facility is not in compliance with 42 CFR 483.73</p>		
E 0032 Level of harm - Potential for minimal harm Residents Affected - Many	<p>Provide primary/alternate means for communication.</p> <p>Based on Interview and Record Review the facility failed to document (in the facility emergency communication plan) a primary and alternate means of communication for the back-up physician servicing the facility. This could affect all residents covered by the medical director and has the potential to cause more than minimal harm if the facility is unable to contact back-up physician during a medical emergency. Findings Include: Interview on 07/15/2020 around 10:30am with the Director of Nurses (DON) revealed that the facility medical director is the only physician the provides medical coverage to the facility, and that the medical director does not work with any advanced practice providers including a nurse practitioner or physician's assistant. The DON also confirmed that the Medical Director is always available to the facility, however if the Medical Director was planning on not being available he/she has an arrangement with another physician to be available to the facility and would tell the DON that this alternate physician is covering for the Medical Director. Record Review of the facility emergency plan on 07/15/2020 around 10:30am revealed that the facility did not document in their emergency plan the name or primary and alternative contact information for the alternate physician who would cover for the medical director if they are not available. The name and primary and alternative contact information for the alternate physician is also not documented on the Katahdin Heath Care Employee Telephone Listing updated 06/18/2020. Finally, the list of hospitalists available for consultation from the local hospital and contact information for this resource is not documented in the facility emergency plan nor is it available at the nursing station. Interview with the DON on 07/15/ 2020 at around 1:30pm confirmed that the contact information described above is not documented in the facility emergency plan. Therefore, the facility is not in compliance with 42 CFR 483.73</p>		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on Interview, Observation, and Record Review the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. These practices could affect 1 of 2 unit refrigerators and at least 3 residents served by a facility cook. Findings Include: Observation on 07/15/2020 during the facility environmental tour revealed that the facility cook who was placing food on plates to be served to residents had a mask on but did not have his/her nose covered with the face mask. When this was observed the Director of Nurses and the Dietary Director asked the facility cook to place the mask over his/her nose. The facility cook touched the front of his/her mask</p>		

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 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>(to place the mask over his/her nose) with their gloved hand and then continued to serve food (on three plates) including touching bread (a ready to eat food) with the gloved hand without changing his/her gloves or washing his/her hands. Interview on 07/15/2020 with Director of Nurses and the Dietary Director confirmed the above observation. Observation on 07/15/2020 during the facility environmental tour at around 11:45am revealed that the facility unit refrigerator located near the Director of Nurses office had a document entitled Refrigerator and Freezer Temperature Log attached to it. Record Review of the document entitled Refrigerator and Freezer Temperature Log revealed that temperatures were not documented on the log for the internal temperature of the refrigerator or freezer for the dates July 8, 2020 thru July 15, 2020. Observation on 07/15/2020 during the facility environmental tour revealed that in the facility unit refrigerator located near the Director of Nurses there were two resident nutritional supplements that were in the refrigerator that were dated 07/06/2020. On the container of these supplements it states that the supplements should be discarded 14 days after they are thawed and should be stored at 40 degrees Fahrenheit or below. The facility did not document that the refrigerator was kept at 40 degrees Fahrenheit or below from July 8, 2020 thru July 15, 2020. Interview on 07/15/2020 around noon with the facility dietary director confirmed that the temperatures in the refrigerator were not documented from July 8, 2020 thru July 15, 2020 because the cleaning staff was responsible for monitoring and documenting the temperatures and had not been around. Observation on 07/15/2020 during the facility environmental tour revealed that in the facility unit freezer located near the Director of Nurses had a frozen dinner meal in the freezer that was not labeled or dated. A sign on the freezer states that food placed in the freezer should be labeled. Record Review of the facility dishwasher temperature log on 07/15/2020 during the facility environmental tour revealed that the temperatures for the wash and rinse cycle of the facility dishwasher were not documented on July 14, 2020 for the lunch meal.</p>		