

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>205080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GARDINER HEALTH CARE FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>PO BOX 520 HOULTON, ME 04730</b>	
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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observations and interviews, the facility failed to follow professional standards of practice with the usage of Personal Protective Equipment (PPE) when two staff were observed not wearing face masks properly on 1 of 2 Wings (South). Finding: On 9/09/2020 at 11:50 a.m., a surveyor observed Certified Nursing Assistant (CNA) #1 in a resident's room on the South Wing, wearing her face mask on her chin that did not cover her nose or mouth. CNA #1 was assisting the resident who was not wearing a facemask. On 9/09/2020 at 11:58 a.m., during an interview with a surveyor, a Licensed Nurse stated that staff are to wear face masks all the time. On 9/09/2020 at 12:00 p.m., a surveyor observed CNA #1 standing in the South Wing hallway, speaking to other staff that were in a resident's room, while holding her mask away from her face with her lips exposed. On 9/09/2020 at 1:06 p.m., a surveyor observed CNA-Medication, at the medication cart in the South Wing hallway, wearing a face mask with her nose exposed while a resident was present in the hallway. On 9/09/2020 at 1:36 p.m., a surveyor observed CNA #1 walking down the South Wing with her mask below her chin, not covering her nose or mouth. On 9/09/2020 at 1:38 p.m., a surveyor observed CNA #1 wearing a facemask below her chin, not covering her nose or mouth, while exiting a resident's room on the South Wing with another CNA. On 9/09/2020 at 2:05 p.m., a surveyor observed CNA #1 walking down the South Wing wearing her mask below her chin, not covering her mouth or nose. During this observation, the Director of Nursing (DON) was present with the surveyor as CNA #1 walked by. The surveyor pointed out to the DON on how CNA #1 was wearing her face mask. The DON stated that staff are to be wearing a face mask in all resident areas which include the resident rooms and hallways. The surveyor confirmed during this observation that CNA #1 was not wearing her mask properly. On 9/09/2020 at 2:20 p.m., during an interview with the Administrator and the DON, a surveyor confirmed the additional observations of staff not wearing masks properly.		
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.