

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER GORHAM HOUSE		STREET ADDRESS, CITY, STATE, ZIP 50 NEW PORTLAND RD GORHAM, ME 04038	
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 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to adequately store medication (insulin pens) in a locked compartment of the treatment administration cart on 1 of 4 days of survey and on 1 of 3 units in the facility (Windsor 1). Finding: On 0[DATE], at approximately 7:28 a. m., a surveyor observed the Windsor 1 unit's treatment administration cart to have the locking tab pulled out, sitting mid hallway between resident rooms and down the hall from the nursing station, with no staff present in the area. The surveyor intervened at approximately 7:30 a.m., to alert the Registered Nurse (R. N.) who was down the hallway inside the nursing station and out of view of the treatment cart. The R. N. immediately returned with the surveyor to the treatment cart, confirmed it was unattended by staff and left in an unlocked state, then observed to contain the following stored medications and needles for administration: One (1) [MEDICATION NAME] pen and one (1) [MEDICATION NAME]pen for Resident #47. One (1) Basaglar Kwik insulin pen and one (1) [MEDICATION NAME]pen for Resident #1. On 3/11/20, at 2:30 p.m., in an interview with the Administrator, and the Director of Nursing, the surveyor confirmed the medication (insulin) was stored in an unlocked cart.		
F 0791 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and interviews, the facility failed to ensure that dental services were scheduled and provided as ordered on 1 of 33 residents selected for further investigation. (Resident #16.) Finding: On 03/09/20, at approximately 1:09 p. m., during interview with the surveyor, Resident #16 indicated occasional pain from a broken front tooth, confirmed the facility had been made aware of the issue, but he/she was not clear if an appointment had been made to address the dental issue. A review of the clinical record indicated that on 6/15/19 an order was issued for the resident to be seen by the dental hygienist on the next visit to the facility for tooth pain. The clinical record lacked documentation indicating the visit with the dental hygienist had been completed as was ordered on [DATE]. On 0[DATE], at 2:22 p. m., the surveyor discussed the lack of documentation in the clinical record for the dental services ordered on [DATE] with the Director of Nursing (DON) who indicated he/she would call the dental hygienist to inquire about documentation and the services provided for Resident #16, the hygienist is in the facility frequently with a room set up for resident visits. On 3/11/20, at 10:30 a. m., the DON indicated that Resident #16 was not seen by the dental services provider as was ordered on [DATE] but now has an appointment for 03/26/20 to be seen. In an interview with the surveyor, the administrator, and the DON on 3/11/20, at 2:30 p. m., the finding was discussed. The surveyor confirmed the finding for dental services not provided. On 3/18/20, at 2:52 p. m., the DON indicated the dental hygienist is in almost monthly, was in the facility in August, September, and November of 2019, then again in January, February, and March of 2020 with the resident seen on 3/12/20 by the hygienist.		
F 0842 Level of harm - Potential for minimal harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on clinical record review and interviews, the facility failed to ensure that a clinical record contained documentation for pressure ulcer care on 2 dates in 1 of 33 residents selected for further investigation. (Resident #42.) Finding: On [DATE] at 11:30 a.m., on review of Resident #42's clinical record, the surveyor noted an order, initiated on 2/28/20 for pressure ulcer care. Cleanse coccyx wound with Skin Integrity wound cleanser. Apply skin prep to peri wound skin and adhesive contact area. Apply two layers of [MED] gauze to wound bed and cover with Opti foam every 3 days and prn. The record lacked evidence of being completed on [DATE] and 3/4/20. On [DATE] at 11:50 a.m. in an interview with the Wound Nurse he/she stated he/she was unable to identify documentation in the March MAR but would investigate. On [DATE] at 1:56 p.m. in an interview with the Wound Nurse and RN/Nurse Manager, the surveyor confirmed that the clinical record lacked evidence of documentation of wound care on [DATE] and 3/4/20. On [DATE] at 3:00 p.m., in an interview with the Director of Nursing, the surveyor confirmed that the clinical record lacked evidence of documentation of wound care for [DATE] and 3/4/20.		

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.