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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205111 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/24/2020 |
| NAME OF PROVIDER OF SUPPLIER COUNTRY MANOR NURSING HOME | | STREET ADDRESS, CITY, STATE, ZIP 132 MAIN STREET COOPERS MILLS, ME 04341 | |
| 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 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</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. This could affect all residents in the facility. Record Review on [DATE] at around Noon, the facility documented titled Food Temperature Sample Form dated Week of [DATE] revealed that final cooking temperatures for the dinner meal on Tuesday and Wednesday ([DATE], [DATE]) were not recorded. Interview with Dietary Aide #3 at the time of Record Review confirmed that the temperatures were not recorded on the sheet and that the sheet would have been the only place they were recorded. Interview with the Food Service Director (FSD) on [DATE] revealed that the FSD had hired new staff and that they were not recording final cooked temperatures and that they should have. Record Review on [DATE] at around 11:30 a.m., of a temperature-monitoring sheet on the unit refrigerator revealed that the monitoring sheet was from [DATE] and was not completed. There was no evidence on or near the refrigerator that there was a temperature-monitoring sheet for [DATE]. Interview with the FSD on [DATE] confirmed that there was no temperature-monitoring sheet for [DATE] and that the sheet was from [DATE]. Observation on the unit refrigerator revealed that there were dairy products including nutritional shakes and other potentially hazardous foods that needed to be stored at 41F or below stored in the unit refrigerator. Observation on [DATE] at around 11:30a.m., in the kitchen revealed that Dietary Aid #1 tested the sanitizer solution with a test strip that was faded and in a package, labeled QT-40 Hydrion and that stated the expiration of the strip was [DATE]. Interview at the time of observation with Dietary Aid #1 confirmed that he/she did not notice that the strip was expired. Interview later in the afternoon with the FSD revealed that the facility uses a different test strip produced by Ecolab but that they place this strip in the packaging of the QT-40 Hydrion strips, that have a color-coded system, which indicates to the tester what the ppm of the solution is. Therefore, the facility is comparing strips to a different color-coded system then the one created by the manufacturer, which could result in inaccurate results. Observation on [DATE] at around 11:30 a.m., in the kitchen revealed that Dietary Aid #3 filled a bucket with sanitizer directly from the sink with hot water, tested the strength of the sanitizer solution with a test strip used to measure the concentration of sanitizer solution (ppm) in the bucket. Dietary Aid #3 did not take the temperature of the solution prior to testing the solution. After this observation Dietary Aid #3 was asked to measure the temperature of the solution and the temperature of the solution was 120F. Interview with Dietary Aid #3 confirmed that it is Dietary Aid #3's practice to fill the sanitizer buckets with sanitizer solution directly from the sanitizer distribution tap with hot water and the he/she does not check the temperature of the solution before testing the concentration of the solution. Record Review of the manufacturer's instructions for the test strips revealed that the water should be between 75F and 85F when being tested. Record Review on [DATE] at around 11:30 a.m., of the facility document titled Daily High-Temper(NAME)Wash Checklist dated [DATE] revealed that the facility failed to document the operating temperatures of the High-Temp dishwasher for the lunch shifts from [DATE] thru [DATE] and [DATE], the breakfast shifts on [DATE] and [DATE], and the dinner shift from [DATE] thru [DATE]. The log also states Notify the FSD whenever any temps are out of compliance. Interview later in the afternoon with the FSD revealed that the staff did not document the operating temperatures of the dishwasher and should have. Record Review on [DATE] at around 11:30 a.m., of the facility document used to document the concentration of sanitizer solution dispensed into the sink system states The PPM level must be checked and recorded daily at the three times listed The times listed are 0800, 1200, and 1600. The ppm of the solution was not recorded for the following dates on different shifts [DATE] -[DATE]. Interview later in the afternoon with the FSD revealed that the staff did not document the concentration of the sanitizer solution and should have. Observation on [DATE] at around 11:45 a.m., revealed that there were gnats, fruit flies and black flies in the kitchen back room and food preparation area and that these pests were flying around food being prepared for consumption. Observation on [DATE] at 10:50 a.m., of Dietary Aid #1 preparing dishes for dishwasher with flying insects in sink area, dead bugs noted on stainless steel counter. Interview with Dietary Aid #1, They said they were drain bugs, but it freaks me out, they're all over the kitchen and we make food in here, its gross. We try to make sure it's not in the food, but I guess we really don't, some food comes back after it gets to a room and they get all over in and in drinks and stuff. Interview on [DATE] at 10:55 a.m., with Dietary Supervisor, stated, They are not bad enough to affect the resident's food. Interview on [DATE] at 9:54 a.m.,with Administrator stated, They are drain flies, we have a plan in place, pest control comes every week. They don't affect the residents in any way. On [DATE] between 10:47 a.m. and 10:49 a.m., during a kitchen inspection, the following was observed: Flying insects were observed swarming around the icemaker, sink to the right of ice machine and on the window above soda storage intended for resident use. Dietary staff was observed to open the icemaker and scoop out ice with a scoop, placing it in a plastic cup, stating, This is for a resident. Observation of dead flying insects in water on counter next to double stainless-steel sink used to wash dishes intended for resident's use. Observation of dry food storage room noted flying insects around dry goods noted for resident use. Observation on [DATE] at 10:49 a.m., the Cook was observed preparing a peanut butter and fluff sandwich, placed it on a plate containing Cheetos, was then observed to place the sandwich on the plate and began to cover it with plastic wrap with flying insects in the area. After surveyor intervention, the cook stated, They aren't usually like this; I opened a rotten bag of potatoes a week or so ago and they arrived. They are spraying, and we swat them away, I don't find them that bad. I inspect the food before I put the plastic on. The cook was asked to clean the area and prepare a new sandwich for the resident. Interview on [DATE] at 10:47 a.m., Resident #1 stated, The bugs are really bad, and they have been really bad for a long time. they fly in my mouth, they go up my nose, and in my eyes. I don't have range of motion and I can't sway them away. They get in my food and in my drinks and they have to get me new food. On [DATE] at 4:00 p.m., The Administrator confirmed flying insects were in the building, and affected residents. Record Review of the 2013 FDA Food Code section .[DATE].111 Controlling Pests. states The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by: (A) Routinely inspecting incoming shipments of FOOD and supplies; (B) Routinely inspecting the PREMISES for evidence of pests; (C) Using methods, if pests are found, such as trapping devices or other means of pest control as specified under .[DATE].12, .[DATE].12, and .[DATE].13; Pf and (D) Eliminating harborage conditions. Observation on [DATE] at around 11:45 a.m., revealed that food was stored on the walk-in freezer floor. Interview with Cook #3 on [DATE] at the time of Observation revealed that it is Cook #2's job to put stock away, that this food was delivered on [DATE] and that Cook #2 was not working that day, so the stock was not put away properly and was stored on the floor. Cook #2 stated that food should not be stored on the freezer floor and that he/she just didn't get to it yet. Interview later in the afternoon with the FSD revealed that if Cook#2 was not working on [DATE] that another staff member should have put away the stock properly and that food should not be stored on the floor. Record</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 - Many F 0880 Level of harm - Immediate jeopardy Residents Affected - Many | <p>(continued... from page 1)</p> <p>Review of the 2013 FDA Food Code section .[DATE].11 states Food . shall be protected from contamination by storing the FOOD: (3) At least 15 cm (6 inches) above the floor.</p> <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record reviews and interviews, and observations the facility failed to implement the United States Centers for Disease Control (US CDC) and the Centers for Medicare and Medicaid Services (CMS) recommendations and guidance related to staff who presented with symptoms of Coronavirus Disease 2019 (COVID-19), and failed to have a system in place for the monitoring of symptoms reported during the screening process. These failures are likely to contribute to an outbreak of COVID-19 potentially affecting all residents (30) and staff. It was determined the facility's failures constituted an immediate jeopardy (IJ) situation beginning on 9/9/2020. In addition, the facility failed to follow US CDC recommendations for Infection Control practices regarding Personal Protective Equipment and Hand Hygiene practices. Findings: 1. On 9/21/2020, the Division of Licensing and Certification was made aware of a potential outbreak of COVID-19. An on-site investigation was initiated. A review of the Daily Employee/Visitor Screening Logs, dated 9/9/2020, 9/10/2020, 9/11/2020, and 9/12/2020, revealed that Certified Nursing Assistant (CNA) #1 answered Yes to the symptom of cough. The Time Card Report for CNA #1 revealed she worked from 7:45 a.m. to 2:52 p.m. on 9/9/2020; from 7:42 a.m. to 3:00 p.m. on 9/10/2020; from 7:45 a.m. to 3:01 p.m. on 9/11/2020; and from 7:07 a.m. to 9:38 a.m. on 9/12/2020. On 9/24/2020 at 11:05 a.m., in an interview with the surveyor, CNA #1 confirmed she had answered yes indicating she had a cough on the daily screening tools. She stated she had worked on 9/5/2020 and began experiencing cold symptoms that evening. On 9/6/2020, her symptoms included nasal congestion, mucus, and cough. CNA #1 stated she called out on 9/6/2020 for her shift on 9/7/2020. The CNA stated she did not receive instructions from the charge nurse as to what the next steps to be taken were. CNA #1 stated I worked on 9/9/2020 and I was pretty sick. The US CDC's Preparing for COVID-19 in Nursing Homes, updated 6/25/2020, states, under the section Evaluate and Manage Healthcare Personnel, screen all HCP (Health Care Personnel) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. The CMS's Center for Clinical Standards and Quality/Quality, Safety & Oversight Group memo, Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, revised 3/13/2020, states Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home. The facility's Infection Control: Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), last updated 7/13/2020, stated the following: Employees who develop symptoms to COVID-19 (fever, cough, shortness of breath or sore throat) will be referred to public health authorities (their PCP, or to Occupational Health Provider (if exposed while at work) for testing, medical evaluation recommendations and return to work instructions. A review of the facility's Daily Employee/Visitor Screening Logs, dated 9/1/2020 through 9/24/2020 revealed 97 entries that were not complete, required further investigation, or were completed by the staff themselves On 9/22/2020 at 9:02 a.m., a staff member was observed putting in a code on a pad located outside the building and let himself in, he was then observed taking his own temperature and filled out screening questionnaire on the table. Administrator and Social Worker were then observed to open the door leading to main hallway and walked past self-screening staff member. On 9/22/2020 at 9:20: a.m., Administrator stated, Staff are supposed to be screened by another person, they are not supposed to screen themselves. On 9/22/2020 at approximately 9:36 a.m., RN #1 stated, We're supposed to wait out front and get screened. Honestly yes, I have screened myself, otherwise I'd wait outside forever and be late for my shift. Review of Facility Policy: Employee/Essential Visitor COVID-19 Screening Policy, developed on 9/7/2020 states: Policy: It is the policy of this facility to actively screen all employee(s) and essential personnel at the start of their shift and/or upon entry. Procedure: All employee(s) and visitors will enter the facility and be actively screened by a Health Care Professional (HCP). All Staff Meeting, dated Friday, [DATE] states: Effective immediately- COVID screening process has changed. No more self-screening. All employees must be screened by another staff member and the screening employee must initial the sign in sheet. On 9/22/2020 at approximately 9:00 a.m., two surveyors observed sign posted on facility front door stating: Please Take Notice: Screening process has changed. Do not enter the facility until you have been screened by a staff member. On 9/22/2020 at approximately 9:45 a.m., two surveyors discussed with Administrator that a staff member screened himself at the front door. On 9/23/2020 at 2:00 p.m., two surveyors were than able to enter the facility without being screened. On 9/23/2020 at 2:35 p.m., surveyor discussed with Administrator that two surveyors entered facility without being screened for signs and symptoms of respiratory illness. On 9/23/2020 at 3:55 p.m., in an interview with two surveyors, the Administrator confirmed multiple incomplete or questionable entries in the Daily Employee/Visitor Screening Logs, including the Administrator's own entries on 9/1/2020, 9/8/2020, and 9/11/2020 (in which a temperature was not entered), which were not reported to a person in charge. The Administrator confirmed that no one person had been designated to monitor and evaluate the daily screening logs and that only she had checked them when she was there. The Administrator stated a staff meeting was held on 9/11/2020, at which time staff were notified that the screening procedure had changed, and staff were not allowed to continue self-screening. The Administrator confirmed staff received no specific training on the screening process and had not demonstrated competency in completing the process. On 9/24/2020 at 11:35 a.m., in an interview with a surveyor, the Interim Director of Nursing, a Corporate Employee, stated she had been working at the facility since 9/14/2020. When shown Daily Employee/Visitor Screening Logs, dated 9/17/2020, 9/18/2020, and 9/22/2020, she confirmed she had completed her own screenings and had not provided a temperature. She stated I knew it was under 100. On 9/24/2020 at 1:00 p.m., in an interview with the surveyor, LPN #1 stated she was not told of any specific policies the facility had on the next steps required if an employee called out sick with possible COVID-19 symptoms. On 9/24/2020 at 1:00 p.m., the surveyor asked the Interim Director of Nursing what the facility's policy was for employees calling out sick with respiratory and/or flu-like symptoms. The Interim Director of Nursing stated I don't know what it is. On 9/24/2020 at 1:45 p.m., two surveyors discussed the findings, specifically that CNA #1 had been permitted to work after answering yes to the screening questions on the Daily Employee/Visitor Screening Logs, on 9/9/2020, 9/10/2020, 9/11/2020, and 9/12/2020. The Administrator confirmed a sick staff should not have been allowed to work and that staff should have referred to the COVID-19 policy. The Administrator confirmed there is currently no method to communicate to staff what the COVID-19 policy is. Based on the above information, it was determined that the facility's failure to ensure CNA #1 did not work after reporting symptoms of possible COVID-19 and to have a system in place for the monitoring of symptoms reported during screening procedures constituted an immediate jeopardy. The Administrator and Interim Director of Nursing were notified of the IJ on 9/24/2020 at 2:35 p.m. Please see F000 Initial Comments for details related to the IJ template, removal plan and abatement of the IJ. 2. On 9/22/2020 at approximately 9:32 a.m., during a tour of Country Lane Unit, a surveyor noted an isolation cart next to door of room [ROOM NUMBER]. No notices of precautions were noted in the area indicating precautions to take before entering the room. On 9/22/2020 at approximately 9:33 a.m., an interview with CNA #9 stated, There are supposed to be signs on the door, I'm not sure where they went, I know they're all supposed to still be on precautions. Signs should be posted. On 9/22/2020 at approximately 9:35 a.m. Occupational Therapist (OT) was observed standing in front of room [ROOM NUMBER]. OT stated, There was something on the door yesterday, I'm not sure where it went, maybe it's under these gloves He's/she's still supposed to be on precautions, I don't know where the signs are. On 9/22/2020 at approximately 9:36 a.m., an interview with RN # 1 stated, Well if the precautions signs were on the door like they were supposed to be, it would be easy. When asked about the rest of the rooms in the unit, RN #1 stated, Yes, these rooms are on droplet isolation, so are most of the ones in this hall, and for some reason, they're not there. On 9/22/2020 at approximately 9:38 a.m., an interview with CNA #4, There's supposed to be signs on the doors, but I noticed some were gone, I'm not sure why. I should be told about changes at shift report, but I wasn't. On 9/22/2020 at approximately 9:38 a.m., an interview with CNA #5 stated, This unit is for new admissions and ones that have left for an appointment, we wear masks, shield, gloves and gown, there were signs on the door, but they were taken down I don't know why, I don't think it's been long enough, it's supposed to be 2 weeks. On 9/22/2020 at approximately 9:39 a.m., CNA #3 was observed wearing a mask, and face shield, was observed using hand sanitizer, donned gown and gloves to enter room [ROOM NUMBER]. CNA #3 stated, This room is everything but N95 he/she tested negative at the hospital but he's/she's still on his/her two-week isolation, so you still have to take precautions because it could have been a false negative. I just know, there was signs here yesterday, I don't know why they're not there. On 9/22/2020 at approximately 9:40 a.m., Housekeeping/laundry Manager (HK Mgr.) was observed mopping</p> | | |

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| F 0880 Level of harm - Immediate jeopardy Residents Affected - Many | <p>(continued... from page 2)</p> <p>floor in room [ROOM NUMBER] with face mask, and eye protection only. Isolation cart was noted to the right of the door. No signs noted around room entrance to indicate need for precautions. HK Mgr. stated, Well I actually thought she had one more day on precautions, but I was told yesterday she was off. At this time the Social Worker was observed to come down the hall and began to place precaution signs on the doors of Rooms #13, #14, #16 and #18. Social Worker stated, Someone took down the isolation signs yesterday, they should still be up. . On 9/22/2020 at approximately 9:41 a.m., acting DNS, was asked how someone would know what precautions to take before entering a resident's room. It says it on the door. When asked what was required of a new admission or readmission. Negative screen at hospital and 14 days of isolation on precautions, gown, mask, gloves and eyewear. On 9/22/2020 at approximately 10:40 a.m., CNA #1 was observed in front of room [ROOM NUMBER], wearing goggles and a mask, using hand sanitizer. Signs posted on door of room [ROOM NUMBER] stated: Stop Report to nurse before entering. Please check at nurses' station before entering. Use personal protective equipment when caring for patients with confirmed or suspected OVID-19. (picture of gown face mask gloves and shield) another sign indicating donning steps 1. Gown, 2. mask, 3. goggles or face shield, 4. gloves. Surveyor immediately knocked on door and asked CNA #1 to come to the door to inquire as to why she was not wearing the PPE required to enter the room. I double checked with (Administrator) earlier and she said I don't have to do anything for this room anymore, I can just use hand sanitizer on the way in and on the way out, the only one I have to put it on for is actually Resident #14, and that's because he/she went to the hospital. At that point the surveyor directed CNA #1 to the signs posted on the door of room [ROOM NUMBER]. Yes, but (Administrator) said I don't have to. Facility Policy: Infection Control: Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), developed April 16, 2020, most recently revised 7/13/2020. Section: Procedure: 1. New admission into the facility. - A negative COVID test will still be required prior to admission. - All residents will be admitted to the isolation-cohort unit for 14 days. - Respiratory signs and symptoms will be monitored three times a day (TID) for the first 14 days. - All residents will source mask and wear a face shield when coming out of their rooms. - Residents will be allowed off the unit for therapy only and must be escorted by a staff member. The resident must have a mask and face shield when coming off the isolation/cohort unit. On 9/22/2020 at approximately 10:42 a.m., Administrator confirmed with two surveyors that she did tell the CNA that she did not have to wear PPE before entering room [ROOM NUMBER]. Administrator stated, I told her that anyone that has been at the hospital and is on the 14 day quarantine does not need full PPE because they were tested negative before they were sent here. I don't know but those signs are on the door, but they should not be there. 3. On 9/22/2020 at approximately 10:29 a.m., CNA# 2 was observed on the Coopers Mill Road Unit (designated COVID-19) wearing mask and face shield, charting on the kiosk on the wall. She was then observed to walk to room [ROOM NUMBER]. CNA #2 was then observed donning gloves without performing hand hygiene, then gown, knocked on door and entered. CNA #7 was then observed wearing mask and face shield at the end of the hall organizing a supply cart. CNA #7 was then observed putting on gloves and did not perform hand hygiene, then gown, knocked on the door of room [ROOM NUMBER] and walked in. CNA #2 and #3 both indicated they received education on COVID-19, infection control and the proper way to don and doff PPE. CNA #2 stated, yes, but it's so confusing, I can never remember the right way. Surveyor then pointed to CDC donning and doffing procedure sheet hanging on wall indicating the proper doffing and donning technique in the COVID unit. Review of facility Policy: Infection Control: Standard and Transmission Based Precautions Policy, developed April 2007, most recently revised 9/2018 states II. Section II, subparagraph A. Hand Washing: Hand washing is the single most important step in infection control. Hands must be washed before and after all resident contact. Review of facility policy: Infection Control Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) developed April 16, 2007, most recently updated 7/13/2020 Section: Procedure, #5. Subsection b. states: hand Hygiene using Alcohol Based hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves. If hands are soiled, washing hands with soap and water is required for at least 20 seconds. Review of Center for Disease Control (CDC) Recommendation for donning and doffing Personal Protective Equipment (PPE). Most recently reviewed April 3, 2020. The following are the recommended steps for donning (applying) PPE: 1. Perform hand hygiene, 2. Isolation gown 3. N95/face mask, 4. Face shield/goggles, 5. Perform hand hygiene before putting on gloves. On 9/22/2020 at approximately 4:00 p.m. Administrator confirmed facility did not provide appropriate precaution signs/updates for staff to safely enter precaution rooms and discussed staff not use hand hygiene before donning PPE and did not appropriately don PPE. On 9/22/2020 at approximately 9:15 a.m., Administrator was asked to provide line listing of all residents and staff who were tested for COVID-19 in the facility from 3/1/2020 through 9/19/2020. Administrator stated, I'll tell (DNS) you want them. At approximately 4:00 p.m., the Administrator provided memo titled COVID-19 staff Line Listing. The line listing included a single name belonging to Resident #9. Administrator confirmed that Resident #9 was the only one tested for COVID-19 and no other residents or staff have been tested. Record review on 9/24/2020 at approximately 2:02 p.m. of Resident #3's clinical record revealed Resident #3 was tested for COVID-19 on 4/11/2020 and was not included on Resident Line Listing provided. An interview with Administrator stated. He/she did not test positive, so I didn't bother to add him/her to the listing. At approximately 2:00 p.m., the Administrator provided a line listing with 4 staff members names. No further documents were provided before the end of day. 4. On 9/22/2020 at approximately 9:30 a.m., two surveyors noted two floor fans at end of hallway on the Country Lane Unit (designated quarantine unit). One fan directed toward resident occupied room [ROOM NUMBER], the other was directed down the hall toward nursing station. room [ROOM NUMBER] (occupied) door was open. Observed 4 staff members walking in front of running fans in hall. Staff member was then observed to walk out of room [ROOM NUMBER] holding soiled laundry in front of running fan and down the hall. After surveyor intervention, Social Service Worker turned off both fans, unplugged them and stated, They probably shouldn't be out here, and took them off the unit. 5. On 9/23/2020 at approximately 3:00 p.m., three staff members (1 LPN, 2 CNA's) were observed donning PPE in front of room [ROOM NUMBER]. CNA#2 was observed to take a Hoer lift from the Coopers(NAME)Unit and push it in front of room [ROOM NUMBER]. CNA #7 then took the Hoyer lift and pushed it into the room and proceeded to don PPE. CNA # 7 was then observed standing in room [ROOM NUMBER] entrance, to push the Hoyer into the hall with her gloved hands, she then proceeded to put her gloved left hand into her left pocket, pulled out and opened up a piece of paper looked at it, folded it back up and placed it back in her left pocket with her gloved left hand. She then closed the door and came back out with no gloves or gown. She was observed performing hand hygiene at the entrance of room. CNA#7 was then observed to leave the unit, leaving the Hoyer lift in front of room [ROOM NUMBER] with green Hoyer pad placed over the top of the Hoyer, and proceeded to walk around the hall. CNA #7 returned to the unit at approximately 3:22 p.m., She then walked to the Hoyer, in front of room [ROOM NUMBER], and with ungloved hands, pushed the Hoyer, with the green pad on top, approximately 5-7 feet down the hall against the wall, next to a linen cart. She was then observed to walk down the hall and around the corner toward the Coopers(NAME)Unit. She was then observed standing in front of resident occupied room [ROOM NUMBER], noted to have call light on. At that point surveyor intervened, and CNA #7 stated, I was just in an isolation unit. I should have cleaned it, but I had to go answer a bell. She then proceeded to walk around the corner and opened locked closet and obtained spray disinfectant and was then observed spraying down the Hoyer in the hall, the Hoyer was pad still in place over the top of the bar. CNA#7 then proceeded to leave the area with the potentially contaminated Hoyer pad still in place on top for resident use. Review of facility policy: Infection Control: Standard and Transmission based Precautions, developed April 2007, most recently revised 9/2018, page 4, section F: Cleaning Equipment states: Non-disposable equipment that is contaminated with any potentially infection body substance must be washed with soap and water (gloves must be worn) and disinfected. A standard disinfectant solution is household bleach and cold water in a 1:10 ratio. Fresh solution must be prepared daily and metal containers must be avoided. EPA registered disinfectant is adequate. Routine cleaning of non-contaminated, reusable equipment such as canes, and walkers with any EPA registered disinfectant occurs after each contact with a different resident. Laundry Practices: -Cloth items (including laundry) will be laundered as usually except for items heavily soiled with any potentially infectious body substances. -Contaminated laundry must be handled as little as possible with a minimum of agitation. Gloves must be when handling contaminated laundry. -Contaminated items must be separated, kept in a plastic bag, and laundered on a daily basis utilizing cup bleach per load of colorfast material and cup approved disinfectant per non colorfast load. -Cloth material will be machine dried at high settings whenever possible. Review of facility policy: Infection Control: Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) developed April 16, 2020, most recently revised 7/13/2020 states: Dedicated or disposable patient-care equipment should be used, if available. If not available, proper cleaning and disinfecting with EPA approved products will be performed by HCP assigned to Isolation Rooms. If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to manufacturer's recommendations. On 9/23/2020 at 3:40 p.m., surveyor discussed with Interim DNS, staff not following infection control by placing soiled gloved hand in pocket, pushing and leaving soiled</p> | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205111 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/24/2020 |
| NAME OF PROVIDER OF SUPPLIER COUNTRY MANOR NURSING HOME | | STREET ADDRESS, CITY, STATE, ZIP 132 MAIN STREET COOPERS MILLS, ME 04341 | |
| 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 Level of harm - Immediate jeopardy Residents Affected - Many F 0882 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>(continued... from page 3)</p> <p>Hoyer lift and pad in hall for resident use. DNS stated It should not have been left there, and the pad should definitely not be used on anyone else. The Administrator was notified of the observation at approximately 3:30 p.m.</p> <p>Based on interview and record review, the facility failed to designate a qualified staff member to function as the Infection Preventionist, who is responsible for the facility's Infection Control Program from 9/11/2020 to 9/24/2020, which has the potential to affect all residents in the facility. Finding: On 9/22/2020 through 9/24/2020, surveyors conducted onsite visits for the purpose of a Focused Infection Control Survey after receiving notification of a possible COVID-19 outbreak. On 9/22/2020 at approximately 9:20 a.m., the Administrator (licensed as a social worker) was asked who was the facility's Infection Preventionist. The Administrator stated I guess it's me. The Administrator stated the previous Director of Nursing had filled the role of the Infection Preventionist and her last day of employment was 9/11/2020. The Administrator stated she had obtained Infection Preventionist certification and was requested to provide a copy of the certificate of completion. On 9/22/2020 at 3:20 p.m., the Administrator confirmed with 2 surveyors that she did not complete the course and did not have certification as an Infection Preventionist. On 9/28/2020, in a telephone interview, the Interim Director of Nursing stated did not have certification as an Infection Preventionist.</p> <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on record review, observation, and interviews, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents and staff. (shower room). Findings: Record Review on 9/24/2020 at approximately 12:55 p.m., of Pest Control Summary of Service dated 4/3/2020 states: Grout is missing between floor tiles, recommend that this be repaired ASAP to help prevent pest harborage/breeding. The summary did not indicate the location of the missing tiles. Interview on 9/24/2020 at approximately 1:05 p.m., with Administrator stated, I assume it's the kitchen, I don't know, that's (Maintenance Director's) department. Interview on 9/24/2020 at approximately 1:00 p.m., with acting Maintenance of two weeks stated, I have never seen that, nor do I know of missing grout, I do know that the grease trap was just replaced, and the area has to be re-tiled, but that's not an April issue. On 9/24/2020 at approximately 1:09 p.m., a surveyor contacted Pest Control, who stated the missing tile/grout was located in the shower room. After moving shower chairs out of the area, a surveyor observed the shower stall had mold going across the base of the stall along the entire length of the back wall approximately 4 feet. missing grout and a hole in the corner of the wall was observed. Administrator stated, Oh my, that's not good. No, I've never been made aware of this before. Administrator stated it had not been brought to her attention, No, never, not once, and stated she did not receive copies of the Pest Control reports. No, I don't get them it's maintenance that does. That wasn't relayed to me. Most concerns just go to maintenance, I guess, I don't know. Interview on 9/24/2020 at approximately 1:15 p.m., with CNA #8 stated, There's mold and tile missing in the shower room, I've been here for 1.5 years and it's been like that since the day I walked in, I've complained to maintenance and he said I had to get over it. The charge nurses, everyone knows about it its gross. The flies in there are horrid in that shower, those gnats or whatever they are. Interview on 9/24/2020 at approximately 2:41 p.m., with CNA #2 stated, You mean the mold in the shower room? That's been like that, I'm not sure what they are doing with that, but everyone knows about it. Management, the Administrator and stuff, they all know. Phone interview on 9/24/2020 at approximately 5:10 p.m., with RN #3 stated, The shower room had old and missing grout the whole 2.5 years I was there. I kept complaining and was told it was going to get fixed and it never got done, we talked about it at morning meetings, we also talked about it with the Administrator in the safety meetings all the time, but it never got done. No one can say that Administration wasn't aware of the bugs all over that building, or the missing grout and moldy shower stall, they were all very much aware. On 9/24/2020 at 2:55 p.m., Administrator confirmed there was mold and missing grout/tile in shower room.</p> | | |
| F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on record review, observation, and interviews, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents and staff. (shower room). Findings: Record Review on 9/24/2020 at approximately 12:55 p.m., of Pest Control Summary of Service dated 4/3/2020 states: Grout is missing between floor tiles, recommend that this be repaired ASAP to help prevent pest harborage/breeding. The summary did not indicate the location of the missing tiles. Interview on 9/24/2020 at approximately 1:05 p.m., with Administrator stated, I assume it's the kitchen, I don't know, that's (Maintenance Director's) department. Interview on 9/24/2020 at approximately 1:00 p.m., with acting Maintenance of two weeks stated, I have never seen that, nor do I know of missing grout, I do know that the grease trap was just replaced, and the area has to be re-tiled, but that's not an April issue. On 9/24/2020 at approximately 1:09 p.m., a surveyor contacted Pest Control, who stated the missing tile/grout was located in the shower room. After moving shower chairs out of the area, a surveyor observed the shower stall had mold going across the base of the stall along the entire length of the back wall approximately 4 feet. missing grout and a hole in the corner of the wall was observed. Administrator stated, Oh my, that's not good. No, I've never been made aware of this before. Administrator stated it had not been brought to her attention, No, never, not once, and stated she did not receive copies of the Pest Control reports. No, I don't get them it's maintenance that does. That wasn't relayed to me. Most concerns just go to maintenance, I guess, I don't know. Interview on 9/24/2020 at approximately 1:15 p.m., with CNA #8 stated, There's mold and tile missing in the shower room, I've been here for 1.5 years and it's been like that since the day I walked in, I've complained to maintenance and he said I had to get over it. The charge nurses, everyone knows about it its gross. The flies in there are horrid in that shower, those gnats or whatever they are. Interview on 9/24/2020 at approximately 2:41 p.m., with CNA #2 stated, You mean the mold in the shower room? That's been like that, I'm not sure what they are doing with that, but everyone knows about it. Management, the Administrator and stuff, they all know. Phone interview on 9/24/2020 at approximately 5:10 p.m., with RN #3 stated, The shower room had old and missing grout the whole 2.5 years I was there. I kept complaining and was told it was going to get fixed and it never got done, we talked about it at morning meetings, we also talked about it with the Administrator in the safety meetings all the time, but it never got done. No one can say that Administration wasn't aware of the bugs all over that building, or the missing grout and moldy shower stall, they were all very much aware. On 9/24/2020 at 2:55 p.m., Administrator confirmed there was mold and missing grout/tile in shower room.</p> | | |
| F 0925 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, and interview and record review, the facility failed to maintain an effective pest management program that prevented the introduction and spread of pests throughout the facility. Pests were observed in 6 of 6 areas observed during the survey (dining room, activity room, shower room, resident rooms, nursing station, kitchen). Findings: Observation on 9/22/2020 at 9:15 a.m., two surveyors noted a significant amount of fruit flies in dining room while sitting by a window with a resident in the area. Further observation of the dining room showed fruit flies in multiple areas of the dining room to include, T.V area, exit door, and both windows. Left corner leading to opening connecting to kitchen noted significant amount of fruit flies on stainless steel counter, and dishwasher area. Throughout the day, the fruit flies, landed on documents, flew in face of surveyors and crawled on/in clothes. A surveyor observed a resident in Activity room playing scrabble, with flies in window area. Observation on 9/23/2020 at 2:14 p.m., noted fruit flies around 2 of three windows in the dining room. A resident was observed in dining room watching television. In addition, bugs were observed flying in Activity room while resident was playing scrabble. Observation on 9/23/ at 3:43 p.m., LPN #2 was observed sitting in front of computer at nurse's station swatting fruit flies from her face. Multiple fruit flies noted in the air around nurses' station and settling on computer and desk. LPN #2 stated, They were here all day yesterday too. On 9/24/2020, between 10:40 a.m. and 10:55 a.m., the following observations were made during resident room inspections with CNA #8: -room [ROOM NUMBER]: Drain/fruit flies flew out of faucet when water was turned on. Drain/fruit flies noted flying around window area next to resident occupied bed. - room [ROOM NUMBER]: Drain/fruit flies observed flying around window. There was a jar of vinegar with plastic wrap over the top containing floating bugs located on windowsill. Resident #12 was observed sitting in a wheelchair, in front of a side table with a covered drink with straw. Drain/fruit flies observed coming out of faucet when water was turned on, and flying around Resident #12. - room [ROOM NUMBER]: Drain/fruit flies flew out of faucet when water was turned on. Drain/fruit flies flying around room by window with resident occupied bed. - room [ROOM NUMBER]: Drain/fruit flies flew out of faucet when water was turned on. Multiple dead drain/fruit flies around sink area and on window, with resident occupied bed. -Shower room: dead drain/fruit flies around sink area. Multiple drain/fruit flies observed in shower stall. -Nurses station: Drain/fruit flies around nurses' station, observed LPN #2 swatting them away from her face. Interview on 9/22/2020 at approximately 9:40 a.m., Housekeeper stated I knew we had drain flies in the rooms, but I didn't know they were in the dining room too. I didn't notice them, I know maintenance has been spraying, but I guess it's not working very well is it? Well the residents only come in here to watch TV, so we just have been washing down the tables, I haven't seen the bugs there. Interview on 9/22/2020 at approximately 9:45 a.m., Acting Maintenance Staff stated, They were given product to spray. I've sprayed three times since I've been here. There is no log for spraying that I know of. I was not aware that they were in the windows, this is the first time I've seen them. I am sure they would say they were drain flies. Interview on 9/22/2020 at approximately 10:25 a.m., Administrator stated, (Pest Control Company) has been in, we have a plan in place, they're drain bugs and they come every week and when they don't come (Maintenance) does it. No, they don't affect the residents. No they're not in the kitchen. When asked why there was a bottle of vinegar at the nursing station, Administrator stated, I don't know, but it's not because of flies. Interview on 9/23/2020 at approximately 4:30 p.m., CNA #6 stated, The flies are everywhere, and they have been everywhere, last night a resident had bugs on his/her back when his/her shirt was taken off. The (resident) had bugs in his/her brief. They fly all over the place, the nurse's station, residents' rooms, they eat their food in there, its nasty. Surveyor inquired if management was aware of concerns, CNA #6 stated, Of course, the nurse last night knew, the Administrator knows, how much further up can you go if the Administrator doesn't care. Interview on 9/23/2020 at approximately 4:31 p.m., CNA #7 stated, Yes, they've been a problem, I know they have sprayed but I don't think it's helped any. Interview with CNA #8 at approximately 10:25 a.m., stated The flies are everywhere, seriously everywhere, in the shower room, dining room, residents' rooms, it gets in their food, they're gross. Of course, management knows, they were spraying and putting things in drains, but it doesn't help much, sometimes it just makes them worse. I've seen it in their food, in their drinks, and of course you can't let them eat it, so we bring it back for new. I've been here about a year and a half and they have been here the entire time. Sometimes they get a little better, but they come back even worse. (Resident #13) doesn't have any ROM to swat them away, they swarm</p> | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205111 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/24/2020 |
| NAME OF PROVIDER OF SUPPLIER COUNTRY MANOR NURSING HOME | | STREET ADDRESS, CITY, STATE, ZIP 132 MAIN STREET COOPERS MILLS, ME 04341 | |
| 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 0925 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>(continued... from page 4)</p> <p>around her mouth. I go to pick up lunch trays and they're full of bugs. Interview with Resident #12 stated, The bugs are really bad, and they have been really bad for a long time. They fly in my mouth, they go up my nose, and in my eyes. I don't have range of motion and I can't swat them away. They get in the food, and my drinks and they have to get me new food. They come in to do the drain, but it doesn't help because they come out of the faucet when you turn the water on. When they spray outside its worse inside. Have you expressed your concerns to any management? Oh yes, this is not a new thing. (Administrator) knows they are here, they all do. Phone interview on 9/24/2020 at 5:10 p.m., with RN # 3 stated, I worked there for 2.5 years. I couldn't stand it anymore, the bugs everywhere, the place not getting fixed, the Administrator never left the office on the two whole days a week she was there. Where were the bugs? The bugs were all over the nurse's station, the resident rooms, the dining room, the kitchen, the shower room, the residents had to bat the bugs away to keep them out of the food. Some of them didn't have the dexterity to do it and they would swarm all over them and flew into the food and their mouth. The following are Summary reviews of Pest Control logs dated 2/25/2020 through 9/1/2020. Service date: 2/25/2020: Pest Summary: Location: Dining, Activity: fruit flies Quantity: 11 to 25 Location: Outside, Activity: Fruit flies, Quantity: 11 to 25 Location: Laundry: Area Laundry, targeted pests: Flies, fruit flies Location: Outside dining room, Targeted pests: Flies, Fruit flies Location: Outside dining room, Targeted pests: Flies, fruit flies General Comments: Heavy fly activity throughout the building. Mainly near the kitchen and laundry. Service Date: 3/11/2020: Department: Hallway. Location: outside dining room, Pest Type: fruit flies Activity: Actual Count 100 Service Date 3/31/2020: Treatment Notes: heavy fly activity found during today's service. Service date 4/3/2020: Department: Laundry, Location: Laundry Pest type: Phorid flies, Activity: Actual Count 500 Department: Staff break room Location: Above time clock, Pest Type: phorid flies, Actual Count 200 Department: Dining room, Location: Dining room, Pest Type: Phorid flies, Actual Count 500 Department: Hallway, Location: Outside dining room, Pest Type: Phorid flies, Actual Count 200 Zone: Tub/Shower Grout is missing between floor tiles, recommend that this be repaired asap to help prevent pest harborage/breeding. Treatment Notes: fly activity isn't as bad, but still significant activity. Tub/shower rooms are in need of attention, floor tiles in shower have gaps between them, this is the perfect environment for flies to breed, made recommendations to Maintenance to clean area, make sure it is thoroughly dry before replacing tiles and grout. Also, recommended to remove trim so that areas behind them could be thoroughly cleaned and dried and resealed with silicone sealant. Made mention of installing stronger extraction fans more suitable for the size of room. Service date: 5/22/2020: Department: Laundry, Location: Laundry, Pest Type: Miscellaneous flies, Activity: 11 to 25 (18) Department: Dining Room, Location: Dining room, Pest Type: Miscellaneous flies, Activity 11 to 25 (18) Treatment Notes: Medium fly activity found during today's service Service date: 6/5/2020: General Comments: Minimal fly activity found during today's service. Service date: 7/8/2020: Treatment Notes: Medium fly activity found during today's service. Service date 8/3/2020: Treatment notes: Minimal fly activity found during today's service. 9/11/2020: Application Summary: Targeted pests: Flies, Miscellaneous-night flying, Flies, miscellaneous flies in breakroom above time clock. Targeted pests: Flies, miscellaneous-night flying, Flies, miscellaneous flies in laundry room Targeted pests: Flies, fruit flies, Flies, Drain/Moth flies in dining room Targeted Pests: Flies, Miscellaneous-night flying, Flies, Miscellaneous flies in the kitchen to the right of the stock room General Comments: heavy fly activity found during today's service. Facility QAPI reports provided by facility stated the following: January 2020 states Country has a drain fly issue again. February 2020 report states: Still dealing with bugs. March 2020 report states, Still dealing with the drain flies getting better but still have them. April 2020 report states, Still working on the bug issue it is much better but still have them. On 9/23/2020 at 4:18 p.m., the Administrator confirmed that the facility does not have an effective pest control program that keeps the facility free of pests.</p> | | |