

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER STILLWATER HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 335 STILLWATER AVE BANGOR, ME 04401	
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. Based on a facility Reportable Incident Form review, clinical record review, and interviews, the facility failed to ensure that staff followed a care plan in the area of transfers for 1 of 2 residents reviewed (Resident #1). Finding: On 5/12/20 at 1:38 p.m., the facility faxed a Reportable Incident Form to the State Agency for Resident #1 that indicated on 5/9/20 at 4:25 p.m., Resident #1 was found to have a painful, bruised, and swollen left ankle with no known cause of injury reported with the first noted complaints of discomfort of the left ankle found the morning of 5/9/20. On 5/11/20, an X-ray was completed and Resident #1 was found to fractured left ankle. On 7/28/20, a surveyor reviewed Resident #1's clinical record. The care plan, updated on 3/30/20 and 5/26/20, both under the care area of safety, directed staff to Transfer me with hooyer lift with two assists. A review of the Certified Nursing Assistant (CNA) documentation for transfers between 5/1/20 and 5/8/20, indicated that CNA staff documented 6 times that Resident #1 was transferred either as a limited assist or extensive assist, sometimes only involving 1 staff; A review of the CNA documentation for transfers between 5/9/20 and 6/24/20, indicated that CNA staff documented 4 times that Resident #1 was transferred either as a supervision or extensive assist, sometimes involving 0 or 1 staff. On 7/28/20 at 10:50 a.m. and 1:20 p.m., during interviews with the Director of Nursing (DON), the surveyor reviewed the CNA documentation of the inappropriate transfers based on the care plan. The DON stated that as part of their investigation, the facility collected written statements from staff as far as their thoughts on what might have happened to cause the injuries of unknown origin, as there was another one involving a different resident also. (A review of these statements revealed that some staff felt the residents were transferred incorrectly). The DON stated we discovered that some staff did not even know how to access the care plan based on these statements so between 5/19/20 and 6/2/20, we educated CNAs one to one, by bringing them directly to the kiosk and showing them how to access the care plan and Kardex (parts of the care plan that directs staff how to care for a resident). In addition, education was provided on transfers, which included a movie, using a gait belt, and when it is appropriate to use stand pivot. Our last meeting was completed on 6/25/20.		
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.