Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 06/14/2025 Form Approved OMB No. 0938-0391

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 03/26/2024			
NAME OF PROVIDER OR SUPPLIER Stillwater Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 335 Stillwater Ave Bangor, ME 04401				
For information on the nursing home's	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few						

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 205116

If continuation sheet Page 1 of 3

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 33242				
Residents Affected - Some	Based on record review and interview, the facility failed to ensure that clinical records were complete and contained accurate information for 22 of 31 treatment opportunities for Resident #1's treatment for Nitroglycerin ointment application.				
	Findings: On 3/26/24, R1's clinical record included a physician order for Nitroglycerin ointment, dated 3/1/24, to be applied to the necrotic (dead tissue) area on the left 3rd finger three times a day, at 9:00 a.m., 2:00 p.m., and 7:30 p.m. with parameters to hold if systolic blood pressure is below 100. The Treatment Administration Record (TAR) was reviewed and contained the following: 3/1/24 at 2:00 p.m., the treatment was administered but the clinical record lacked evidence of a blood pressure prior to the application of the Nitroglycerin. 3/2/24 at 2:00 p.m. and 7:30 p.m., the treatment was administered but the clinical record lacked evidence of a blood pressure prior to the application of the Nitroglycerin.				
	3/3/24 at 2:00 p.m. and 7:30 p.m., the treatment was administered but the clinical record lacked evider a blood pressure prior to the application of the Nitroglycerin.				
	d lacked evidence of a blood				
	3/5/24 at 2:00 p.m. and 7:30 p.m. the treatment was held but lacked evidence on why it was held.				
	3/6/24 at 2:00 p.m. and 7:30 p.m. the treatment was held but lacked evidence on why it was held.				
	3/7/24 at 2:00 p.m., the treatment was administered but the clinical record lacked evidence of a blood pressure prior to the application of the Nitroglycerin and at 7:30 p.m. the treatment was held but lacked evidence on why it was held.				
		7:30 p.m., the treatment was administe to the application of the Nitroglycerin.	red but the clinical record lacked		
		7:30 p.m., the treatment was administe to the application of the Nitroglycerin.	red but the clinical record lacked		
	3/10/24 at 2:00 p.m. and 7:30 p.m., the treatment was administered but the clinical record lacked evidence of a blood pressure prior to the application of the Nitroglycerin.				
	(continued on next page)				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3/11/24 at 2:00 p.m. the treatment pressure prior to the application of evidence on why it was held. On 3/26/24 at 1:10 p.m., during an findings. The Director of Nursing st	was administered but the clinical recorthe Nitroglycerin and at 7:30 p.m. the finterview with the Director of Nursing, ated that the way the order was writter take the blood pressure (even though the property of the proper	d lacked evidence of a blood creatment was held but lacked a surveyor confirmed these in into the (electronic) system that