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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024		
NAME OF PROVIDER OR SUPPLIER Durgin Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 9 Lewis Rd Kittery, ME 03904			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	 (Each deficiency must be preceded by full regulatory or LSC identifying information) Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33639 Based on record review and interviews the facility failed to ensure a resident was free from an avoidable accident hazard when the resident sustained 1st degree burns on his/her bilateral lower extremities while receiving a whirlpool bath. Finding: A review of Resident #1's clinical record notes indicated that on 3/25/24 Resident #1 was given a whirlpool bath and had complained of the water being too hot. Upon assessment, Resident #1's bilateral lower extremities were warm to touch, red and swollen. Resident #1 was advised to elevate/his/her feet and apply cool rags to the area. Resident #1 refused. Resident #1 satist and advised that Resident #1 be sent to the emergency room for an evaluation. Resident #1 was sent to the emergency room for an evaluation and diagnosed with 1st degree burns on his/her bilateral extremities and advised to treat with cool rags and Tylenol or Motrin. The facility investigation indicates that during an interview with Resident #1, he/she stated that he/she was unable to remove his feet from the water after CNA #1 left the room to get some towels. A Quarterly MDS dated [DATE], under section GG indicates Resident #1's range of motion in his/her bilateral lower extremities is mained. Resident #1's claim indicates that Resident #1 receives extensive assistance from one staff member with bathing. During an interview with a surveyor on 4/5/24 at 11:26 a.m., CNA #1 stated that she started to fill the whirlpool up with water and left Resident #1 alone in the whirlpool spa room for approximately one minute to retrieve towels. CNA #1 recalls hearing Resident #1 hollering that the water was too hot when she came back into the spa room.				

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

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

Printed: 05/29/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	205132	B. Wing	04/02/2024	
NAME OF PROVIDER OR SUPPLIER Durgin Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 9 Lewis Rd Kittery, ME 03904		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Kittery, ME 03904 plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024		
NAME OF PROVIDER OR SUPPLIER Durgin Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 9 Lewis Rd Kittery, ME 03904			
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey a	agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
F 0908	Keep all essential equipment working safely.				
Level of Harm - Minimal harm or potential for actual harm	33639				
Residents Affected - Few	Based on observation, interviews and record review, the facility failed to ensure that the residents' whirlpo was maintained, according to the manufacture's recommendations, and in good repair to provide a safe, functional, and comfortable environment for residents to bathe in for residents who receive whirlpool baths on 1 of 2 resident care units (Marions Way Hand Wing).				
	Finding:				
	On 4/2/24 between 11:20 a.m. and 12:00 p.m. during a observation with the Maintenance Director. A surveyor observed a whirlpool tub on Marions Way Hand Wing with a digital thermometer near the knobs for hot/cold water. As the hot water was running, the surveyor and Maintenance Director observed that the digital thermometer was not functional.				
	A review of the Integrity Bath Safety Instructions on page 1 under Warnings: hot water above 110 F 43 C ca scald people. Some individuals using the integrity bath may not be able to communicate to the attendant the existence of painful and uncomfortable conditions. Water temperatures entering the bathing system must be constantly monitored using the built-in thermometers to assure that the water is at the recommended safe bathing level of 100 to 105.				
	Check the temperature of the water in the reservoir by monitoring the bath temperature gauge located at the top right of the console. The desired temperature for bathing is normally somewhere between 100 to 105. Warning: if the temperature of the bathwater stored in the reservoir exceeds 110 do not use the system. Remove the resident and report the problem to maintenance. Do not use until the mixing valve is serviced to correct the problem. Failure to heed this warning could result in a scalding injury to the patient. Rotate the tub fill lever slowly clockwise while holding your hand under the bath fill spigot to test the water temperature to make sure it is safe and comfortable for the patient be sure to monitor the temperature of the incoming water reflected in the lower right dial thermometer.				
	On 4/2/24 at 2:15 p.m. the Surveyc the Director of Nursing.	or discussed the above finding in an inte	erview with the Administrator and		