STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205074	A. BUILDING _____ B. WING _____	C 10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASIDE REHAB & HEALTH CARE	850 BAXTER BOULEVARD PORTLAND, ME 04103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On October 3, 2023, an unannounced on-site visit was conducted at Seaside Rehab & Health Care for the purpose of an investigation of complaints #ME00044951 and #ME00045006. It was determined that Seaside Rehab & Health Care was not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities	F 000	This plan of correction constitutes my written allegation of compliance for deficiencies cited during the recent on-site visit on 10/3/10. However, submission of this plan of correction is not the admission that a deficiency exists or was cited correctly. This plan of correction is submitted to meet the requirement established by state and federal law.	
F 727 SS=D	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to use the services of a Registered Nurse (RN) for at least 8 consecutive hours a day, 7 days a week on 1 of 61 days reviewed for RN coverage. Finding: On 10/3/2023, during review of August and September 2023 staffing records, it was	F 727	1. No residents were identified as being affected related to this practice. 2. All residents had the potential to be affected by this practice. Corrective action was implemented prior to surveyor's exit on the date of finding 10/3/23. 3. Review of 483.35(b)(1) –(3)was conducted with the scheduler and a plan for weekly anticipated staffing review to be conducted with the DON/Admin **Date: October 18, 2023** 4. Scheduler will review anticipated weekly schedules with DON/Admin weekly. Scheduler/DON/Admin will meet with talent acquisition specialist monthly to relay RN hiring needs. Weekly reviews will be conducted for 60days and reviewed by the QAPI team for re-evaluation of frequency. The Deficiency will be corrected **Date: November 10, 2023**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (x6)DATE

E [illegible] McGuire Administrator 10/23/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205074	A. BUILDING _____ B. WING _____	C 10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASIDE REHAB & HEALTH CARE	850 BAXTER BOULEVARD PORTLAND, ME 04103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 727	Continued From page 1 discovered that there was no Registered Nurse (RN) coverage on Saturday, 9/23/2023. On 10/3/2023 at 10:15 a.m., during an interview with the Director of Nursing (DON) she reviewed the documentation and stated that she was unaware of that information. The lack of RN coverage on 9/23/2023 was confirmed at 10:20 a.m.	F 727		