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	205106	A. BUILDING _____ B. WING _____	02/25/2025

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EASTSIDE CENTER FOR HEALTH & REHABILITATION, LLC	516 MT HOPE AVENUE BANGOR, ME 04401

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F 000	INITIAL COMMENTS From 2/23/25 through 2/25/25, on-site visits were conducted at Eastside Center for Health & Rehabilitation, LLC for the purpose of completing the annual Survey Process for Federal Recertification and to investigate complaints #ME00050172 and #ME00049933. It was determined that Eastside Center for Health & Rehabilitation, LLC was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still	F 578		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 578	Continued From page 1 legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the resident and/or resident representative was provided with written information to formulate an advanced directive or appoint a surrogate, was completed for 4 of 7 residents reviewed for advanced directives. (Resident #[R] 7 , R46, R214, and R17). Findings: 1. On 2/24/25 R7's clinical record was reviewed and indicated R7 was admitted to the facility the middle of January 2025. Review of R7's clinical record lacked evidence that the facility provided/obtained resident and/or resident representative written information concerning the right to formulate an advance directive or appoint a surrogate. 2. On 2/24/25, R46's clinical record was reviewed and indicated R46 was admitted to the facility the middle of January 2025. Review of	F 578		

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F 578	Continued From page 2 R46's clinical record lacked evidence that the facility provided/obtained resident and/or resident representative written information concerning the right to formulate an advance directive or appoint a surrogate. 3. On 2/24/25, R214's clinical record was reviewed and indicated R214 was admitted to the facility on the middle of February 2025. Review of R214's clinical record lacked evidence that the facility provided/obtained resident and/or resident representative written information concerning the right to formulate an advance directive or appoint a surrogate. On 2/24/25 at 1:58 p.m., during an interview with surveyors, the Administrator confirmed there was no evidence of offering Advance Directives or obtaining Power of Attorney (POA) paperwork (if applicable) in the clinical records. 4. On 2/24/25 during a clinical record review it is documented that R17 was admitted to the facility in 2020. A review of R17's clinical record lacked evidence that the facility offered or reviewed with the resident and/or resident representatives or that the resident and/or resident representatives were provided with written information concerning the right to formulate an advanced directive. On 2/24/25 at 1:58 p.m. During an interview with the Administrator the surveyor confirmed R17's clinical record does not have any evidence of an Advanced Directive.	F 578		
F 582 SS=B	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must--	F 582		

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F 582	Continued From page 3 (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually	F 582		

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F 582	Continued From page 4	F 582		

resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.
(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.
(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.
This REQUIREMENT is not met as evidenced by:
Based on interviews and Beneficiary form review, the facility failed to ensure that a Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) was provided to 2 of 3 residents whose Medicare Part A services were discontinued (Residents #24 [R24], and R36).

Finding:

1. On 2/25/25, R24's Skilled Beneficiary Notification Review form was reviewed. The Beneficiary Notification form that was completed indicated R24 received Medicare Part A services that ended on 12/20/24, but there was no evidence that the required Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) was provided to R24 so that he/she could make an informed decision to continue receiving the skilled services that may not be paid for by Medicare and assume financial responsibility.

2. On 2/25/25, R36's Skilled Beneficiary Notification Review form was reviewed. The Beneficiary Notification form that was completed indicated R36 received Medicare Part A services that ended on 12/26/24, but there was no

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F 582	Continued From page 5 evidence that the required Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) was provided to R36 so that he/she could make an informed decision to continue receiving the skilled services that may not be paid for by Medicare and assume financial responsibility. On 2/25/24 at 2:55 p.m., in an interview with the surveyor, the Administrator confirmed that a SNFABN was not issued to R24, and R36.	F 582		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition;	F 584		

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F 584	Continued From page 6 §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building and resident equipment in good repair and in a sanitary condition for 2 of 3 days of survey (2/23/25, 2/24/25). Findings: 1. On 2/23/25 at 11:30 a.m., in the bathroom for Room 118, a surveyor observed the vinyl covering on the inside of the bathroom door to be torn and sticking out. At 11:50 a.m., the surveyor and Administrator observed the torn vinyl door covering; the surveyor confirmed this finding at this time. At 11:55 a.m., the surveyor observed the Interim Maintenance Director remove the torn vinyl from the bathroom door. 2. On 2/24/25 at 1:40 p.m., the Interim Maintenance Director and surveyor completed an environmental tour and the following were confirmed:	F 584		

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F 584	Continued From page 7 In Room 209, the wood trim on the wall behind the head of the bed was broken; In Room 119, the blind slats were broken; In Room 120, the blind slats were broken; In Room 120 bathroom, the paint was chipped in multiple areas; and The wheelchair arms for Resident # 34 were both cracked and uncleanable.	F 584		
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility;	F 645		

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and
(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.

§483.20(k)(2) Exceptions. For purposes of this section-
(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.
(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-
(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,
(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and
(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.

§483.20(k)(3) Definition. For purposes of this section-
(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).
(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.

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F 645	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure residents with a specialized mental health diagnosis had been referred to the appropriate state-designated authority for Pre-Admission Screening & Resident Review (PASRR) evaluation and determination for 1 of 2 residents reviewed for PASRR evaluation (Resident #48 [R48]). Finding: Clinical record review indicates R48 was re-admitted to the facility on 6/10/24, diagnoses to include bipolar disorder, anxiety disorder, and major depressive disorder. Review of R48's PASRR Level I dated 5/10/24 indicates R48 had a Convalescence Categorical exemption (a time-limited 30-day exemption). R48's clinical record lacks evidence that the resident had been re-evaluated for a PASRR Level II determination after the Convalescent period ended on 6/11/24, 8 months later. On 2/24/25 at 11:42 a.m., in an interview with the Director of Nursing Services, a surveyor confirmed R48 had not been re-evaluated for a PASRR Level II determination after the Convalescent period ended.	F 645		
F 690 SS=G	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical	F 690		

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condition is or becomes such that continence is not possible to maintain.

§483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-
(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;
(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and
(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.

§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.
This REQUIREMENT is not met as evidenced by:
Based on observations, interviews, facility policy review, and record review, the facility failed to monitor a resident's bowel movements and initiate the Bowel Regime protocol on shift 7 for 1 of 1 residents reviewed (Resident # [R] 46). This failure resulted in R46 not having a bowel movement for an additional 16 shifts which resulted in R46 screaming out for help and crying

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because of the pain due to gas buildup and constipation.

Findings:

The facility's policy, "Bowel Regime" last revised 3/23 indicated:

- Certified Nursing Assistant (CNA) is responsible for accurate documentation of bowel moments in Point Click Care (PCC) [electronic medical record].
- The Licensed Nurse reviews the PCC Clinical Alerts daily for residents in need of the bowel regime.
-Residents will have an Medical Doctor (MD) order that reads as follows unless otherwise specified by a healthcare provider:
Milk of Magnesium (MOM) 30 cubic centimeter (cc) by mouth (PO) as needed (PRN) if no bowel movement (BM) after six shifts;
Dulcolax suppository 10 milligrams per rectum (PR) PRN/ if MOM ineffective;
Fleet Enema 1 PR PRN if Dulcolax Suppository ineffective.
-The Licensed nurse will review PCC daily for residents in need of the bowel regime and list residents who have not had sufficient BM's within the last six shifts, MOM will be administered per order at the beginning of the 7th shift. If insufficient BM after the MOM is administered, the Licensed Nurse will administer a Dulcolax suppository the following shift. Residents not having results after Dulcolax Suppository will receive enema.

R46's care plan, last revised 1/19/25, identified that "The resident is at risk for alteration in gastro-intestinal status related to constipation"

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and directed staff to follow the facility bowel protocol for bowel management.

On 2/25/25 at approximately 10:30 a.m., a surveyor heard a resident crying out for help saying, "please help me, help me." The surveyor observed a CNA enter R46's room and heard the CNA ask R46 what they needed; R46 said, "I can't poop, I hurt so bad, I can't push it out." The CNA asked R46 if he/she wanted to try the bed pan and resident said, "I can't use that." (R46 has a wound on coccyx).

On 2/25/25 at 10:45 a.m., a surveyor again heard R46 crying and observed the resident laying on his/her left side rocking his/her body back and forth, crying and stating, "someone please help me." The surveyor observed a medical provider in the room and heard the provider say to a Registered Nurse (RN) that R46 refused a rectal exam and to give fluids and an extra dose of oxycodone (narcotic) to treat the pain and requested an abdominal x-ray.

On 2/25/25 at 12:07 p.m., during an interview with multiple staff and a surveyor, CNA1 stated that it was the CNAs responsibility to document the bowel movement. She stated that R46 was calling out and she went into the room. "R46 told me to call the police because his/her butt hurts." R46 refused the bed pan and wanted the Doctor. RN1 then stated that R46 was visibly in pain and that she contacted the Doctor and since the resident received his/her scheduled Miralax and Senna plus, the Doctor ordered a suppository (Bisacodyl), which RN1 stated she administered (at 10:47 a.m.).

Review of R46's physician orders indicated that

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(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 690	Continued From page 13	F 690		

R46 was receiving scheduled Miralax daily and Senna plus twice daily.

R46's Medication and Treatment Administration Records for February 2025 lacked evidence that R46 had been offered or given PRN Bowel Regime medications or treatments until the Doctor was called on 2/25/25 when R46 was screaming and crying because of the pain and not being able to have a bowel movement.

Review of the Physiatry Medical Provider documentation, dated 2/25/25, indicated that R46 "had been without a bowel movement, contributed due to a lack of adequate by mouth intake. They have increased Miralax to twice a day, continuing the scheduled Senna twice a day and have ordered a suppository as well as an enema with a plan to give as-needed oxycodone to the patient. Monitor for any changes in bowel habits and adjust interventions as needed to maintain regular bowel function."

On 2/25/25 at 12:18 p.m., during an interview with multiple surveyors present, the Director of Nursing (DON) stated that the last documented BM for R46 was 2/17/25 and confirmed that the facility did not initiate the bowel protocol for R46.

On 3/10/25 at 3:20 p.m., during an interview with a surveyor, the Administrator reviewed the x-ray results with the surveyor that confirmed non obstructive bowel gas pattern with fecal residue which may corrilate with clinical constipation.

On 3/10/25 at 3:55 p.m., during an interview with a surveyor, the DON stated that the bowel protocol for R46 should have started on shift 7 with a suppository because R46 was already

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	205106	A. BUILDING _____ B. WING _____	02/25/2025

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F 690	Continued From page 14 receiving Miralax. Review of the bowel documentation provided indicated that R46 had 1 small and 2 medium BMs after bowel treatment intervention on 2/25/25. On 3/11/25 at 11:07 a.m., during an interview, Physiatry Medical Provider stated "R46 was having minimal oral intake/mobility as R46 got closer to end of life care and has had history of constipation, therefore it was regular for R46 to go several days without BMs. This is why on the 19th, I recommended to continue the current regiment and recommended to make adjustments if continued constipation. I did not see this patient again until 2/25, and there were no nursing complaints prior to this time. This is where I became concerned regarding lack of BM and change in behaviors as this was not normal for R46. I then brought this to the primary team's attention, and made several changes myself to R46's regiment as soon as I saw R46 including increasing miralax, addition of suppository and other regiment per Doctor's recommendations. In the past if patients did not have a bowel movement and there was nursing concern there are standing orders that can be ordered such as fleet enema, MOM and suppositories as stronger agents if without BM or call out to Third Eye (off hours physician service). This did not occur from the last time I saw R46 on the 19th until I saw R46 again on the 25th." On 3/11/25 at 11:09 a.m., during an interview, Nurse Practioner stated "Nursing never brought to our attention that she was constipated or hadn't had a BM in a week."	F 690		
F 694 SS=D	Parenteral/IV Fluids CFR(s): 483.25(h)	F 694		

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F 694	Continued From page 15 § 483.25(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review, interviews and observations, the facility failed to follow hospital discharge orders for 1 of 13 sampled Residents (163 [R163]) Finding: On 2/25/25 at 1:19 p.m. R163's clinical record was reviewed. R163 had written discharge orders from the hospital, dated 2/18/25. These orders included antibiotics for the treatment of bilateral pyelonephritis growing Extended-spectrum beta-lactamase infection (ESBL), Escherichia coli (E. Coli) and Klebsiella. The antibiotic ordered was Meropenem 1 gram two times a day - injection to intravenous piggyback every 12 hours with instructions not to skip doses. R163 was admitted on 2/18/25 and was scheduled to receive Meropenem at 9:00 p.m. A physician order was received to start Meropenem when it arrives from pharmacy. Resident #163's Electronic Medical Record (EMAR) indicates that he/she did not receive the dose of Meropenem that was due at 9:00 p.m. During interviews with the Administrator, Director of Nursing (DON) and the Infection Preventionist, the facility has an emergency supply (E-Kit) of medications, and they had 3 doses of Meropenem 1 gram available when R163 was admitted. There is no evidence in the clinical record or the EMAR that he/she	F 694		

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F 694	Continued From page 16 received Meropenem 1 gram as ordered even when the dose was available in the E-Kit or when it arrived from pharmacy as ordered On 2/25/25 at 2:13 p.m. during a record review and interview with DON the surveyor confirmed that R163 did not receive his/her 2100 dose of Meropenem on 2/18/25. On 2/25/25 during a clinical record review of R163's signed physician orders with a review date of 2/19/25 had an order for Normal Saline Flush use 10 milliliters (ml) intravenously as needed and before and after each medication administration. Review of R163's EMAR lacked evidence that the Normal Saline Flush was completed as ordered from 2/18/25 to 2/23/25 On 2/25/25 at 11:00 a.m. during a review of R163's EMAR with RN2 the surveyor confirmed there is no documentation or evidence that R163 received the treatment of Normal Saline Flush as ordered	F 694		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.	F 725		

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F 725	Continued From page 17 §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on Payroll Based Journal staffing report and interviews, the facility failed to ensure sufficient direct care staff were scheduled and on duty to meet the needs of residents that reside in the facility for weekends of the fourth quarter (July 1 - September 30, 2024). Finding: A payroll based journal (PBJ) report for the fourth quarter of 2024 indicated the facility triggered for low weekend staffing. On 2/23/25 at 11:07 a.m., during an interview with the Administrator, the surveyor stated that the facility triggered for low weekend staffing for the 4th quarter per the PBJ report. The Administrator stated that Human Resources was responsible for the PBJ data. On 2/24/25 at 1:35 p.m., during an interview with a surveyor, Human Resources stated that the	F 725		

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F 725	Continued From page 18 facility's (payroll) system computes the data for the PBJ report. No additional information was provided to indicate that the PBJ information was incorrect which identified low weekend staffing.	F 725		