STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205176	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL MANOR	25 BOLDUC AVE , FORT KENT, Maine, 04743

(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
F0000	INITIAL COMMENTS On 7/15/25 an unannounced on-site visit was conducted at Forest Hill Manor to investigate a complaint #ME00052163. It was determined that Forest Hill Manor was not in compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F0000		
F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on clinical record reviews, and interviews, the facility failed to provide physician ordered respiratory services requiring specific types of respiratory care and services including supplemental oxygen and continuous positive airway pressure (CPAP) and/or bilevel positive airway pressure (BIPAP) treatments for 1 of 3 residents reviewed for respiratory care (Resident # 1 [R1]). 1.R1's clinical record has a provider written order dated “6/30/25 at 1305 [1:05 p.m.] 1. Please check pulse ox (oxygen saturation rate) 4x [times]/shift. Call covering provider if SpO2 (peripheral capillary oxygen saturation rate) < [less than] 90% while awake or < [less than] 88% when sleeping.” R1’s clinical record “Nursing Narrative Note: dated 7/3/25 at 3:30 p.m. states, “SpO2 88%, 89%, 93%, 94%”. The clinical record lacks evidence that the covering provider was called when SpO2 was less than 90% while awake or less than 88% when sleeping.	F0695		

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 reverse for further 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205176	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL MANOR	25 BOLDUC AVE , FORT KENT, Maine, 04743

(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
F0695 SS = D	Continued from page 1 R1's clinical record "Nursing Narrative Note" dated 7/12/25 at 21:21 (9:21 p.m.) states, "Writer went in to see resident at 0745 [7:45 a.m.] R1 resting in bed in less than 45-degree position. CPAP on with oxygen set at 4L/min. NP ([nasal prong] nasal canula). From 0747 [7:47 a.m.] to 750 [7:50 a.m.] O2 Sat via pulse oximetry read 79%, 80%, 83%, 84%, 85%, 86%, 87%, 88%, 90%, 92%", and "1112 [11:12 a.m.] to 1114 [11:14 a.m.] O2 Sat 56%, 57%, 59%, 60%, 73%, 75%, 79%, 80%, 83%, 88%, 89%, 92%. It took 2 minutes for oxygen sat to go from 56% to 92%." The clinical record lacks evidence that the covering provider was called when SpO2 was less than 90% while awake or less than 88% when sleeping. R1's clinical record "Nursing Narrative Note" dated 7/13/25 at 8:17 a.m. states, "[R1] is wearing the NP oxygen set at 4L/min. Pulse oximeter form 0800 to 0801 readings are 80%, 84%, 85%, 87%, 89%, 86%, 88%, 90%, 91%. The clinical record lacks evidence that the covering provider was called when SpO2 was less than 90% while awake or less than 88% when sleeping. R1's clinical record "Nursing Narrative Note" dated 7/13/25 at 22:03 (10:03 p.m.) "1501 (3:01 p.m.) P65. O2 Sat 88%, 87%, 89%, 90%, wearing CPAP at 4 L/Min. It took 3 minutes to reach 90%. 1843 (6:43 p.m.) to 1844 (6:44 p.m.): P64, O2 Sat 79%, 80%, 81%, 84%, 88%, *7%, 90%. [R1] is wearing the CPAP at 4L/min." The clinical record lacks evidence that the covering provider was called when SpO2 was less than 90% while awake or less than 88% when sleeping. 2. R1's clinical record contains written orders dated 7/10/25 "Continuous Positive Airway Pressure (CPAP) 06/14/23 10:00:00 EDT [eastern daylight time], every day at bedtime". On 7/15/25 at 10:13 a.m. during an observation and interview with a surveyor, R1 was observed using a CPAP (or BIPAP) machine with a mask that covered the nose and mouth with tubing attached to a CPAP (or BIPAP) machine that had supplemental oxygen via an oxygen concentrator unit set at 3L [liters]/min. [minute]. The surveyor observed R1 remove the mask, unattached the oxygen tubing from the CPAP (or BIPAP) machine and reattach the oxygen tubing to a nasal canula, which he/she then used for supplemental oxygen. There was no evidence in the clinical record whether R1 is supposed	F0695		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205176	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL MANOR	25 BOLDUC AVE , FORT KENT, Maine, 04743

(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
F0695 SS = D	Continued from page 2 to use a CPAP (or BIPAP) machine other than at bedtime, and there is no evidence in the clinical record that supplemental oxygen is supposed to be attached to the CPAP (or BIPAP) machine during use. On 7/15/25 at 2:18 p.m. in an interview with the Director of Nursing (DON), a surveyor confirmed that R1's clinical record lacks evidence that the covering provider was called when R1's SpO2 was less than 90% while awake or less than 88% when sleeping on 7/3/25, 7/12/25, and 7/13/25, and confirmed that the order for CPAP (or BIPAP) is not clear. The DON stated that the provider orders were not clear as to when R1 needs to use the CPAP and/or BIPAP, and if supplemental oxygen is supposed to be used with the CPAP and/or BIPAP.	F0695		