STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING _____ B. WING _____	C 04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	**20 WEST MAIN STREET YARMOUTH, ME 04096**

(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 4/10/24, an unannounced on-site visit was conducted at Coastal Manor for the purpose of an investigating complaint #ME00047024. It was determined that Coastal Manor was not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities	F 000		
F 838 SS=D	Facility Assessment CFR(s): 483.70(e)(1)-(3) §483.70(e) Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include: §483.70(e)(1) The facility's resident population, including, but not limited to, (i) Both the number of residents and the facility's resident capacity; (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population; (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population; (iv) The physical environment, equipment,	F 838		

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

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F 838	Continued From page 1 services, and other physical plant considerations that are necessary to care for this population; and (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services. §483.70(e)(2) The facility's resources, including but not limited to, (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and non- medical); (iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies; (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations. §483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to review and update the facility assessment at least annually (between 10/2022 and 04/2024) to determine what resources are necessary to care for its residents competently during day-to-day operations.	F 838		

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F 838	Continued From page 2 Finding: On 4/10/24, the Director of Nursing provided the surveyor with the "Coastal Manor, Corp. Facility Assessment," reviewed on 10/2022. The surveyor could not locate any further evidence that a review or update of the assessment was completed by 10/2023. On 4/10/24 at 2:15 p.m., the surveyor confirmed in an interview with the Director of Nursing that the review and revision of the facility assessment was not completed since 10/2022.	F 838		
F 868 SS=D	QAA Committee CFR(s): 483.75(g)(1)(i)-(iii)(2)(i); 483.80(c) §483.75(g) Quality assessment and assurance. §483.75(g) Quality assessment and assurance. §483.75(g)(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (iv) The infection preventionist. §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: (i) Meet at least quarterly and as needed to	F 868		

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F 868	Continued From page 3	F 868		

coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary.

§483.80(c) Infection preventionist participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced by:
Based on review of the quarterly Quality Performance Improvement Committee meeting attendance sheets and interview, the facility failed to ensure that the Administrator attended 5/5 quarterly meetings.

Finding:

The Coastal Manor Quality Assurance and Professional Improvement (QAPI) Plan dated 11/16/17, page 2 under C. QAPI Leadership: The QAPI council provides the backbone and structure of QAPI. This council will consist of an executive leadership team including the Administrator, Director of Nursing (DON) Assistant Director of Nursing, Social worker, Minimum Data Set (MDS) Coordinator, Medical Director, Pharmacist and Physician, etc. The QAPI committee will meet on a quarterly basis.

A review of the quarterly QAPI committee meeting attendance sheets also indicate that the Administrator did not attend the 6/2/23, 9/18/23,

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F 868	Continued From page 4 12/18/23, 1/29/24 and 3/18/24 quarterly meetings. On 4/10/24 at 1:30 p.m.., during an interview with the Director of Nursing, the surveyor confirmed the above findings.	F 868		