STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205103	A. BUILDING _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEAL ROCK HEALTH CARE	88 HARBOR DRIVE SACO, ME 04072

(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 August 8, 2023, an unannounced on-site visit was conducted at Seal Rock for the purpose of an investigation of complaint #ME00044421. It was determined that Seal Rock was not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities	F 000		
F 550 SS=C	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.	F 550		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jessica Tedesco — TITLE: Administrator — (X6) DATE: 8/30/23

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.

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F 550	Continued From page 1 §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to serve residents meals in a homelike manner by serving meals on paper/plastic dishware plates and plastic cutlery. That has the ability to effect all residents in facility. Findings: On 8/8/2023, during and interview with Resident #3, the resident stated "I am tired of always being served on paper plates and plastic. It makes me feel like a kid, and not in a good way." On 8/08/2023, during an interview with Resident #4, the resident stated "It is very bad, and everyone knows it. And then they serve it to you in 'doggie dishes' which makes it even worse." On 8/8/2023 at 11:10 a.m., during an interview with Food Service Manager(FSM) he stated , the dishwasher is broken and are awaiting on a new dishwasher. The FSM also stated "We have not had the staff for that for a long time." "For over a year." FSM said that he had no idea and no	F 550	No residents were harmed by this finding. All residents have the potential to be affected. Dishwasher was replaced as stated and meal service returned to non-paper products. All dietary staff were educated on no paper product use without management approval. In the event of acute crisis, paper products may be utilized if required and all residents will be notified in writing with expected time frame. Audits will be completed by FSM and/or designee to ensure compliance and reviewed at QAPI until 3 months of 100% compliance is achieved.	9/4/2023

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F 550	Continued From page 2 documentation of when the dishwasher might be repaired. On 8/8/2023 at 11:20 a.m., a surveyor discussed the finding of plastic/paper dishware and plastic cutlery with the Administrator.	F 550		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the facility's Bowel Maintenance Program was followed, and the staff did not notify the physician of resident's condition for 1 of 8 sampled residents (#1). Finding: Review of Resident #1's clinical record indicated on Physician's Notes from 6/5/2023 to 7/24/2023 list diagnosis of Chronic Diarrhea and Constipation. Resident #1's Stool Output record demonstrated that the resident had no documented bowel movement (BM) for a period of 5 days (7/10/2023, 7/11/2023, 7/12/2023, 7/13/2023, and 7/14/2023. Medical record indicates resident was	F 684	All residents have the potential to be affected by this finding. Resident #1 had the potential to be affected. All nurses educated on how to run and interpret a bowel movement report. Date: 8/9 initial training completed and ongoing. Nurses and medication technicians reeducated on the bowel protocol. Date: 8/25/23 initial training and ongoing.	9/4/2023

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F 684	Continued From page 3 hospitalization on 7/24/2023. The Medication Admission Record (MAR) demonstrated that the resident continued to receive Imodium 2mg (milligrams) twice daily until the resident was hospitalized on 7/24/2023. The Bowel Maintenance Program states: "If no bowel movement for 3 days, follow physicians orders for bowel management. Constipation: No BM times 3 days check for impaction. If impacted, notify MD, if not impacted, Give MOM (Milk of Magnesia) 30cc PO (by mouth) 1st day. If no results from MOM. On 2nd day may repeat MOM 30cc x1 (times one) or Administer Dulcolax 10mg suppository PR (rectally) x1. If no results on 3rd day from Dulcolax or MOM give Mineral Oil enema PR x1, if no results call physician." The resident's clinical record contained no documentation of communication to the provider the lack of BMs, as stated in the facilities Bowel Maintenance Program. On 8/8/2023 at 9:35 a.m., the surveyor confirmed the facility failed to implement their Bowel Maintenance Program after the Resident #1 was without a BM for five days days with the Director of Nursing and the Administrator	F 684	CNAs reeducated on the importance of proper and accurate bowel movement documentation. CNAs reeducated on how to gather bowel movement information from our continent, self-toileting residents. Date 8/9/23 initial training and ongoing. Licensed nurse to monitor and direct course of care. DON/Designee to complete bowel movement report auditing to ensure appropriate CNA documentation and use of bowel movement protocol and identify sustainability of compliance. The audits will be reviewed in QAPI Committee meeting and once 3 months of 100% compliance is achieved. This will be reevaluated by QAPI Committee for ongoing monitoring.	