STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. BUILDING _____ B. WING _____	C 10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BREAKWATER COMMONS	100 COMMONS DRIVE ROCKLAND, ME 04841

(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 10/30/24 an unannounced onsite visit was conducted at Breakwater Commons to investigate a complaint #ME00049125, and a facility reported incident #ME00049138. It was determined that Breakwater Commons was in substantial compliance with 483.21 (a) also known as F655, however; the finding at F655 does require that a Plan of Correction "POC" be submitted.	F 000		
F 655 SS=B	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's	F 655	F- 655: Baseline Care Plan Baseline Care Plans will be completed and/or reviewed within 48 hours of admission by a nurse leadership team member for completeness. Nurse Managers will be educated on completion and process of Baseline Care Plans. 12/13/24 Charge Nurses will be educated on process of Baseline care plans. 12/20/24 Audit of baseline care plans will be completed weekly x 8 weeks and then monthly x 6 months. Audit results will be reported out to the facility QAPI Committee on a monthly basis x 6 months.	

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

ADMINISTRATOR 11/26/24

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 655	Continued From page 2 and administration schedule; dietary orders; therapy services to be provided; Social Service needs; PASRR recommendations (if any). ... Resident #3 was admitted on 10/10/24 and has diagnoses to include Diabetes Mellitus, chronic kidney disease, history of falls, pulmonary hypertension, respiratory failure, atrial fibrillation, benign prostatic hyperplasia (BPH) Review of Resident #3's active orders for October 2024 revealed: -Order with start date of 10/10/24 for "Trulicity 3 mg/0.5 mL subcutaneous pen injector (0.5ml) pen injector (ML) Subcutaneous One Time Weekly" for Type II Diabetes mellitus -Order with start date of 10/28/24 for "Jardiance 25 mg tablet 1 Time Daily" for type II diabetes with chronic kidney disease. Review of Resident #3's baseline care plan initiated 10/10/24 lacked evidence that goals and interventions were put into place in areas to include diabetes and nutrition. During an interview with 2 surveyors on 10/30/24 at 3:17 p.m., the Director of Nursing reviewed Resident #3's care plan and confirmed it lacked goals and interventions in the areas of diabetes and nutrition.	F 655		