STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205176	A. BUILDING _____ B. WING _____	C 10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL MANOR	25 BOLDUC AVE FORT KENT, ME 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
F 000	INITIAL COMMENTS (Census 44 Capacity 45) On September 30, 2024, the Division of Licensing and Certification conducted an on-site visit at Forest Hill Manor for the purpose of investigating a facility reported incident #ME00048882, and a complaint #ME00048898, and on October 16, 2024 an off-site document review was conducted. It was determined Forest Hill Manor was in past non-compliance with 42 Code of Federal Regulations, Part 483, Subpart B, 483.12 (a)(1) Freedom from Abuse, Neglect, and Exploitation. Non-compliance with this requirement constituted a determination of Immediate Jeopardy (IJ) at past non-compliance, beginning on September 17, 2024 and corrected on September 17, 2024. Immediate Jeopardy is defined as a situation in which a recipient of care has suffered or is likely to suffer serious injury, harm, impairment, or death as a result of a provider's noncompliance with one or more health and safety requirements. See 483.12 (a)(1) also known as F600 for details. On October 15, 2024 at 1:39 p.m., the Administrator was provided a written notification (IJ template for F600) related to the IJ situation and a removal plan was requested. On October 16, 2024, the facility submitted a removal plan. The removal plan was reviewed an approved by the State Agency on October 16, 2024 at 10:06 a.m.. [On September 30, 2024 a surveyor verified that the facility took immediate action to ensure the safety of residents by observations of residents, interviews with staff and review of the event documents. The surveyor determined that the IJ was removed on September 17, 2024.]	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
A.L.B.	Administrator/COO	10/29/2024

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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The removal plan indicated the following:

-On September 17, 2024, the CNA who witnessed the event took the resident immediately out of the room to an area away from the abuser and ensured [the resident's] safety.
-The event was immediately investigated and the employee [abuser] was terminated after [abuser] confirmed what the CNA reported. The employee's [abuser] badge access to the building was removed and they were informed that they were to refrain from entering the premises moving forward.
-The event was reported to the Department of Health and Human Services-Licensing and Certification, Adult Protective Services as well as the local Police authorities and the resident's [spouse] was notified.
-A mandatory Department Head meeting was called on September 17 to review the Abuse and Neglect Policy and instruct Department Heads to educate their staff on the policy, what to look for with regards to various types of abuse or neglect and how to report any potential abuse or neglect situation. Departments educated included Nursing Staff, Social Services, Dietary, EVS, Maintenance, Activities, and Administrative Support Staff.
-A mandatory nursing staff meeting took place on the morning of September 18 where the policy was reviewed with staff and instructions about how to report any suspicion of abuse and neglect was reviewed with staff.
-The facility holds daily stand up meetings in the morning reviewing the previous 24 hours overall conditions of all residents. A focus on any new development of agitation, sadness, emotional outbursts to name a few, for all residents was

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F 000	Continued From page 2 made a priority to identify any other potential victims. -Upon admission, all residents and/or guardians are educated on how to report any suspicion of abuse and neglect. -Upon beginning of employment, all employees are educated on our policy related to Abuse and Neglect and covers the mandatory reporting laws, what constitutes abuse and neglect, how to report any suspicion to name a few. This education is also provided annually to staff.	F 000		
F 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on the facility reported incident dated 9/17/24, review of the facility's investigation report dated 9/17/24, facility's investigation follow-up report dated 9/20/24, facility policy, record review, and interviews, the facility failed to protect a resident from being sexually harmed, and potentially being emotionally harmed and causing	F 600	Past noncompliance: no plan of correction required.	

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F 600	Continued From page 3	F 600		

the resident to sustain emotional fear, sadness, and embarrassment for 1 of 1 resident sampled for abuse (Resident #1 [R1]). A reasonable person could have psychosocial harm.

Finding:

On 9/17/24, the facility reported to the Maine Department of Health and Human Service, Division of Licensing and Certification a facility reportable incident of staff to resident sexual abuse. Documentation in the facility's "Investigation Summary Report" indicates that on 9/17/24, a Certified Nursing Assistant #1 (CNA1) reported to the facility's Director of Nursing (DON) that on 9/17/24 at 10:30 a.m. CNA1 noted R1's room door was closed and noted she had not seen R1 recently. CNA1 entered the room without knocking and states she saw an employee, the Transporter, [Facility] Activities sitting in front of R1 and describes that the Transporter, [Facility] Activities appeared to be startled to see CNA1 entering the room and removed his hands from under R1's shirt. CNA1 states, "I saw [the Transporter] had his hands in R1's shirt on [his/her] breast."

Documentation in R1's clinical record, under a physician progress note indicates that R1 has diagnoses to include generalized anxiety disorder, major depressive disorder, PTSD [post-traumatic stress disorder], agitation, dementia, major neurocognitive disorder, Alzheimer's disease, and vascular dementia.

Documentation in the resident's clinical record, showed no outward signs of emotional distress from the incident. R1 is incapable of giving his/her consent to sexual activity. It would be reasonable

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F 600	Continued From page 4	F 600		

that R1 would be very distraught that his/her dignity was violated by a staff placing his hands on R1's breast.

Documentation in the facility's current Abuse, Neglect, Exploitation and Misappropriation of Property policy indicates that residents will be free from sexual abuse.

On 9/30/24 at 12:00 p.m., in an interview with a surveyor, CNA1 states that she was searching for R1, went into R1's room and observed the Transporter, Activities staff with his hands up the front of R1's shirt, under R1's clothing on his/her breasts. CNA1 states the Transporter, Activities staff removed his hands from under R1's shirt, then fixed R1's shirt when she entered the room. CNA1 took R1's hand and led him/her to the hallway where R1 continued to walk down the hallway. CNA1 states that R1 had a dazed look on his/her face, and she immediately reported the incident to the Director of Nursing (DON).

On 9/30/24 at 11:36 a.m. in an interview with a surveyor, the Administrator, Chief Operating Officer confirmed that the Transporter, Activities staff admitted to him that, "he [Transporter, Activities staff] had his hands between R1's breasts and touching his/her breasts. He did admit to me that [R1] was not of [his/her] normal state of mind, could not consent."

R1 did not have the cognitive ability to get out of the situation of being sexually touched and was under the control of the Transporter [Facility] Activities. Potential long-lasting embarrassment and emotional distress would occur knowing that he/she was sexually touched. A reasonable person would suffer from anger and deep

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F 600	Continued From page 5 sadness due to lack of control over the situation and would experience fear of the Transporter [Facility] Activities. As a result of the facility's investigation the following correction actions were immediately taken on 9/17/24: -The facility immediately took action by ensuring the resident was safe and the resident was assessed and showed no signs of distress. - The Transporter [Facility] Activities was immediately terminated from employment on 9/17/24 after meeting with the Administrator, Chief Operating Officer, and the DON. The local police were notified, Licensing and Certification and the Adult Protective Agency were notified, the resident's physician and the resident representatives were notified. -The DON began to hold in-service education reviewing Abuse Reporting and Investigation, with more training to take place next week. The DON documented on an attendance record, which contained staff names, and the completion of the in-services attended. Additionally, based on the above information, Immediate Jeopardy (IJ) at past non-compliance was called on 10/15/24 for the facility's failure to ensure that a resident was free from abuse [sexual]. Please see F-0000- Initial Comments related to the IJ removal plan.	F 600		
F 943 SS=D	Abuse, Neglect, and Exploitation Training CFR(s): 483.95(c)(1)-(3) §483.95(c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12,	F 943		

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F 943	Continued From page 6 facilities must also provide training to their staff that at a minimum educates staff on- §483.95(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12. §483.95(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property §483.95(c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement and maintain an effective training program which includes, at a minimum, training on abuse, neglect, exploitation and misappropriation of resident property by failing to ensure that 2 of 3 unlicensed staff reviewed for in-service training completed the required training (Staff #1, and Staff #2). Findings: During a review of facility staff education records the following was identified: 1. Transporter, [Facility] Activities, staff #1 was hired on 3/28/16. The education record lacks evidence of mandatory abuse, neglect, exploitation and misappropriation of resident property education/training in within the past year. 2. Housekeeping and Engineer Services, Handyman, staff #2 was hired on 1/5/23. The education record lacks evidence of mandatory abuse, neglect, exploitation and misappropriation	F 943	1. We have assured all staff have received abuse, neglect, and exploitation training. 2. All FH Staff annual online competency training now to include abuse, neglect, and exploitation training. 3. Quarterly review of all new hired employees to verify completion of abuse, neglect, and exploitation training. Yearly report provided to confirm that all employees have completed mandatory annual abuse, neglect, and exploitation training.	10/15/24 10/24/24 10/24/24

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F 943	Continued From page 7 of resident property education/training in within the past year. On 9/30/24 at 4:44 p.m. in an interview with a surveyor, the Director of Nursing confirmed that not all of the mandatory training required was completed for Staff #1, and staff #2 within the past year.	F 943		