STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205106	A. BUILDING _____ B. WING _____	C 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTSIDE CENTER FOR HEALTH & REHABILITATION, LLC	516 MT HOPE AVENUE BANGOR, ME 04401

(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 1/2/25, an unannounced visit was conducted at Eastside Center for Health and Rehabilitation for the purpose of investigating complaint #ME00050024. It is determined that Eastside Center for Health and Rehabilitation is not in Substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.	F 656	See attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
LNHA	Administrator	1/15/25

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 656	Continued From page 1 (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to develop a care plan for a current problem of Atrophic Vaginitis for 1 of 4 residents reviewed for care planning a current medical problem requiring physician ordered treatment (Resident #1[R1]. Finding: On 1/2/25, a review of R1's clinical record was completed. In the physician progress note, dated 10/1/24 and 12/5/24, Atrophic Vaginitis was addressed as a current problem and requires daily treatment with creams and a gel. Documentation indicated R1 experiences vulva pain and vulvovaginal irritation. Documentation in the nurse's notes indicate that the resident goes to a medical center outside the facility for women's wellness and is being followed by a	F 656		

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F 656	Continued From page 2 Gynecologist. A review of R1's care plan was completed and there was no evidence of a problem, goal or interventions related to R1's current problem of Atrophic Vaginitis. On 1/2/25 at 11:15 a.m., in an interview with the surveyor, the Director of Nursing confirmed that she was unable to locate information in the care plan that directly addressed the Atrophic Vaginitis.	F 656		

Eastside Center for Health & Rehabilitation

F656 Develop/Implement Comprehensive Care Plan

Resident #1's care plan was updated on the date of the complaint investigation, 1/2/25, to reflect Atrophic Vaginitis.

An audit was completed to ensure there are care plans in place for current medical problems requiring a physician ordered treatment.

Education to be completed with licensed staff members in regards to ensuring proper care plans in place for a current medical problem requiring a physician ordered treatment.

An order listing report will be reviewed during morning meeting to identify new medical problems requiring a physician ordered treatment and ensure proper care plan in place.

Random weekly audits will be completed by the Director of Nursing or designee of care plans and reported to the facility's Quality Assurance Performance Improvement committee for a period of three months.

Compliance Date: 1/22/25

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