STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1957	A. BUILDING: _____ B. WING _____	11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTGATE CENTER FOR REHAB & ALZHEIM	750 UNION ST BANGOR, ME 04401

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P 000	Initial Comments On 11/12/25, an unannounced onsite visit was conducted at Westgate Center-Residential Care for the purpose of completing the State Re-licensure survey. It was determined that Westgate Center-Residential Care is not in compliance with 10/144, Chapter 113-Regulations Governing the Licensing and Functioning of Assistive Housing Programs-Level IV, Private Non-Medical Institutions.	P 000		
P 435	11.1.1.4 Administrative and Resident Records Religious affiliation; This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the resident's religious affiliation was identified on the resident's identification and summary sheet (Admission Record) for 2 of 4 sampled residents (Resident #2 and Resident #3). Findings: 1. On 11/12/25, a surveyor reviewed Resident #2's identification and summary sheet (Admission Record). The resident's religious affiliation was not identified on the resident's identification and summary sheet. 2. On 11/12/25, a surveyor reviewed Resident #3's identification and summary sheet (Admission Record) The resident's religious affiliation was not identified on the resident's identification and summary sheet. On 11/12/25 at 2:03 p.m. in an interview with the Residential Care Director (RCD), two surveyors confirmed with the RCD that Resident #2, and	P 435		

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P 435	Continued From page 1 Resident #3's religious affiliation were not identified. This provision has changed in the rule effective 9/18/25. See new provisions of the rule Section 8.A.1.d.	P 435		
P 494	12.3 Standards for Resident Care Service plan: A service plan shall be developed and implemented within thirty (30) calendar days of admission for each resident based upon the findings of the resident assessment instrument (RAI). The plan shall address those areas in which the resident needs encouragement, assistance or an intervention strategy. The resident, his/her legal representative (if applicable) and others chosen by the resident shall be actively involved in the development of the service plan, unless he/she is unable or unwilling to participate. There shall be documentation in the resident's record identifying who participated in the development of the service plan. The service plan shall describe strategies and approaches to meet the resident's needs, names of who will arrange and/or deliver services, when and how often services will be provided and goals to improve or maintain the resident's level of functioning. Residents shall be encouraged to be as independent as possible in their functioning, including ADLs and IADL's if they choose, unless contraindicated by the resident's duly authorized licensed practitioner. The service plan shall be modified, as necessary, based upon identified changes. Residents shall never be required to perform activities specified in the residential service plan or any other activities and cannot be used to replace paid	P 494		

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P 494	Continued From page 2 staff. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a resident's service plan was updated and complete to meet the needs of 2 of 4 residents sampled for review (Resident #1 [R1] and R2). Findings: 1. On 11/12/25, clinical record review for R1 indicated a diagnosis of Post Traumatic Stress Disorder (PTSD). The service plan does not describe intervention strategies and/or approaches to meet the resident's needs, identify who will arrange and/or deliver services, when and how often services will be provided, and/or goals to improve or maintain the resident's level of functioning related to the diagnosis of PTSD, in order to prevent re-traumatization. 2. On 11/12/25, clinical record review for R2 indicated diagnoses including Post Traumatic Stress Disorder (PTSD) and seizures. The service plan does not describe intervention strategies and/or approaches to meet the resident's needs, identify who will arrange and/or deliver services, when and how often services will be provided, and/or goals to improve or maintain the resident's level of functioning related to the diagnosis of PTSD, in order to prevent re-traumatization, and or the monitoring and management of seizures.	P 494		

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P 494	Continued From page 3 On 11/12/25 at 2:21 p.m., during an interview with a surveyor and the Residential Care Director (RCD), the service plans for R1 and R2 were reviewed. At this time a surveyor confirmed with the RCD the above findings. This provision has changed in the rule effective 9/18/25. See new provisions of the rule Section 13.C.	P 494		
P 532	13.9 Staffing Registered nurse services. Each facility shall retain a registered nurse, either on staff (other than the Administrator) or on a contractual basis, to provide the following services: This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide Registered Nurse Services to observe residents' signs and symptoms, review resident records for completeness and accuracy, to review medication records, review medication administration practices and procedures, review therapeutic diets and recommend staff trainings as required in the regulation 13.9.1 through 13.9.7. Findings: 1. On 11/12/25, Resident #1 (R1)'s clinical record was reviewed. There was no documentation that a Registered Nurse reviewed the services outlined in Sections 13.9.1 through 13.9.7 of this regulation a minimum of monthly, as required by this regulation. The clinical record lacked evidence that a Registered Nurse review was completed for the month of April 2025. At the	P 532		

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time of survey, the clinical record indicated the last Registered Nurse review completed for R1 was on 9/19/25 (54 days prior to survey).

On 11/12/25 at 12:l41 p.m., during an interview with a surveyor and the Residential Care Director (RCD), R1's clinical record was reviewed. The RCD stated the October review had not been completed because the policy was changed, reviews are now to be completed in the following month. At this time the surveyor confirmed that the Registered Nurse reviews were not completed a minimum of monthly.

2. On 11/12/25, Resident #2 (R2)'s clinical record was reviewed. There was no documentation that a Registered Nurse reviewed the services outlined in Sections 13.9.1 through 13.9.7 of this regulation a minimum of monthly, as required by this regulation. The clinical record lacked evidence that a Registered Nurse review was completed for the month of April 2025. At the time of survey, the clinical record indicated the last Registered Nurse review completed for R1 was on 9/19/25 (54 days prior to survey).

On 11/12/25 at 4:40 p.m., during an interview with the Administrator, the RCD, and 2 surveyors, the clinical record for R2 was reviewed. The Registered Nurse Documentation dated 4/1/25 reviewed the month of March 2025. The next review completed was on 5/31/25, which reviewed the month of May 2025. The Administrator stated the Registered Nurse has until the end of the following month to complete the reviews based on facility policy. The last completed Registered Nurse review was observed to be 9/19/25 (54 days prior to survey). At this time the surveyor confirmed the Registered Nurse did not review R2's review for

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P 532	Continued From page 5 services outlined in Sections 13.9.1 through 13.9.7 of this regulation a minimum of monthly, as required by this regulation. This provision has changed in the rule effective 9/18/25. See new provisions of the rule Section 9.D.	P 532		