DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/09/2024

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 4/9/24, an unannounced visit was conducted at Eastside Center for Health and Rehabilitation for the purpose of completing an investigation for complaint #ME00047012. It was determined that Eastside Center for Health and Rehabilitation was not in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
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 follow a Physician Assistant order for 1 of 1 sampled resident (Resident #1 [R1]). Finding: On 4/9/24, R1's clinical record was reviewed. In the Provider order section, R1 had an order dated 3/14/24 for a neurological follow-up, post COVID Syndrome/neuropathy lower extremities autonomic dysfunction. There was no evidence in the clinical record that an appointment with neurology had been made. On 4/9/24 at 1:10 p.m., in an interview with the surveyor, the Administrator confirmed he was	F 684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	5/1/24

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 684	Continued From page 1 unable to find evidence that this order was followed.	F 684		

Eastside Center for Health & Rehabilitation

F684 Quality of Care

Resident #1 is no longer a resident at Eastside Center for Health and Rehabilitation.

An audit was performed of residents orders to address any outstanding or pending appointment requests. Identified outstanding or pending appointments and or referrals have been addressed.

Education was provided with licensed staff on order process in regards to referrals and follow up appointments. Referral binders have been initiated and placed on each unit.

Random audits of referral order follow through will be completed by DON or designee and reported to the facility's Quality Assurance Performance Improvement Committee for a period of three months.

Compliance Date: 4/19/24

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