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 04/22/2024

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 4/22/24, an unannounced visit was conducted at Eastside Center for Health and Rehabilitation for the purpose of completing an investigation for complaint #ME00047092. It was 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 684 SS=E	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 interviews, the facility failed to follow Physician orders to provide a low sodium diet and assist a resident out of bed to a chair for meals for 1 of 1 sampled resident (Resident#1[R1]). Findings: 1. On 4/22/24, R1's clinical record was reviewed and in the physician order section, on 4/8/24, R1's Cardiologist wrote an order for the resident to receive a low sodium diet. A review of R1's current dietary slip indicated the resident receives a House (general) regular diet. On 4/22/24 at 11:00 a.m., in an interview with R1,	F 684		

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

LNHA — Administrator — 5/16/24

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 689	Continued From page 2	F 689		

was free from accident hazards related to baseboard heaters in disrepair with heating elements exposed for 5 of 16 room observations.

Findings:

On 4/22/24 between 11:30 a.m. and 11:50 a.m., the following accident hazards were observed:
Room 101-baseboard heater end cap off.
Room 103-baseboard connector missing exposing heating elements.
Room 111-baseboard connector missing exposing heating elements.
Room 116- baseboard connector missing exposing heating elements.
Room 120- baseboard connector missing exposing heating elements, and mattress bumper torn creating an uncleanable surface.
B-Unit dining room-baseboard connectors missing exposing heating elements.

On 4/22/24 at 12:45 p.m., the above findings were discussed with the Director of Nursing and maintenance corrected findings promptly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 684	Continued From page 1 he/she stated that salt packets have been on their meal trays. On 4/22/24 at 2:00 p.m., a Food Service Supervisor stated that she discovered on 4/15/24, R1 had gone to the hospital. Since then, R1 has not received a low sodium diet from 4/15/24 through to 4/22/24. 2. On 4/8/24, R1's Cardiologist also wrote an order for the resident to get out of bed and into a chair for all meals. On 4/22/24 at 11:00 a.m., the resident stated he/she has not been getting out of bed for meals until recently. Documentation on R1's April Treatment Administration Record (TAR) was reviewed. The documentation indicated a new entry started on 4/19/24 indicated the resident is to get out of bed in a chair for meals. On 4/22/24 at 2:15 p.m., the surveyor discussed this order with the Director of Nursing, and that the order was not followed from 4/8/24 through to 4/19/24.	F 684		
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure that the resident's environment	F 689		

F684 Quality of Care

Resident #1's diet slip was updated to reflect a low sodium diet.

An audit was completed of diet orders to ensure orders and diet slips match.

During morning meeting an order listing report will be pulled for new diet orders and this will be compared to the diet slips to ensure they match.

A random audit will be completed by the Administrator or designee to ensure diet slips match diet orders and reported to the facility's Quality Assurance Performance Improvement committee for a period of three months.

Compliance Date: 5/20/24

Resident #1 will be up for all meals unless contraindicated.

An audit was completed for residents who need to be out of bed for all meals to ensure appropriate care is provided.

Charts reviewed, orders for resident being out of bed have been tasked for requested times, and care plans updated to reflect onto the Kardex.

Education on reading Kardex/tasks will be provided to staff.

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

Compliance Date: 5/20/24

F689 Free of Accident Hazards/Supervision/Devices

The identified baseboard heaters were repaired.

An audit of all baseboard heaters was conducted and appropriate repairs were made.

Education was completed with staff on baseboard heaters and the need to report to repair needs to a supervisor.

A random audit will be completed by the Maintenance Director or Designee of baseboard status and report to the facility's Quality Assurance Performance Improvement committee for a period of three months.

Compliance Date: 5/20/24