| 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 09/04/2024 |

| 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<br><br>On 9/4/24 an unannounced on-site visit was conducted at Forest Hill Manor to investigate a complaint #ME00048284. It was determined that Forest Hill Manor was not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities. | F 000 | | |
| F 677 SS=D | ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)<br><br>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;<br>This REQUIREMENT is not met as evidenced by:<br>Based on interviews, the facility's bathing schedule, and facility's bathing documentation, and electronic medical record the facility failed to ensure that resident's preferences were being followed in the area of bathing for 1 of 1 resident reviewed. (Resident's #1 [R1]).<br><br>Findings:<br><br>On 9/4/24 at 10:07 a.m. in an interview with a surveyor, R1 indicated that he/she should be getting whirlpools every evening, that it is care planned, and he/she did not receive whirlpools for 7 days in the past 31 days. R1 further indicated that he/she only refused a whirlpool bath 1 time due to being sick, and 1 time because he/she returned from an outing late and knew it was late for staff to give him/her a whirlpool.<br><br>Review of "LTC IPOC (plan of care)" for R1, last evaluated on 8/27/24, indicates under ADL (activities of daily living), I request a daily | F 677 | 1. EMR documentation adjusted to indicate type of bath provided.<br><br>2. In person education to nursing staff regarding need to document type of bath provided. Memo sent to all nursing staff.<br><br>3. KPI on 10 random residents monthly to determine if whirlpools given as care planned. Results reported at next scheduled QAPI Meeting. | 09/05/24<br><br>09/24/24<br><br>09/24/24 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: A.L. B. | TITLE: ADMINISTRATOR | (X6) DATE: 9/26/2024

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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| F 677 | Continued From page 1 | F 677 | | |

whirlpool in the evening. I may decline at times, if my schedule changes or I don't feel up to it.

Review of facility "Whirlpool Schedule" indicates under Miscellaneous, R1, WP (whirlpool) every evening before 9 pm [9:00 p.m.].

Review of "CORP - Section GG (MDS 3.0) - Detail Report for R1, printed on 9/4/24, dated 8/25/24 9:30 PM (p.m.), Inpatient, indicates, "please describe the resident's shower/bathe performance., Substantial/maximal assistance". The detail report does not specify what type of bathing R1 received.

On 9/4/24 at 11:53 a.m. in an interview with a surveyor, Registered Nurse #1 [R1] indicated that last October things changed with the documentation and as a facility they decided to choose how they document bathing according to Section GG of the Material Data Set (MDS) 3.0. which doesn't specify the type of bath a resident receives. The surveyor confirmed that R1's documentation does not indicate if he/she received a bed bath, whirlpool bath, or shower.

Review of R1's clinical record lacked evidence that he/she received any whirlpools in the past 31 days.

On 9/4/24 at 1:04 p.m. in an interview with the Administrator, a surveyor confirmed that there is no evidence that R1 received any whirlpool baths in the past 31 days.