

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

PRINTED: 04/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205176		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/23/2024	
NAME OF PROVIDER OR SUPPLIER FOREST HILL MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 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			F 000			
F 684 SS=D	On 4/23/24, an unannounced on-site visit was conducted at Forest Hill Manor for the purpose of investigating a facility reported incident, #ME00047091 and to determine if the facility was in compliance with the Medicare and Medicaid Federal Conditions of Participation requirements for nursing homes. There were regulatory deficiencies identified as a result of the 4/23/24 investigation of facility reported incident #ME00047091. 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 interview and record review, the facility failed to follow physician orders to obtain a urine sample for 1 of 2 residents reviewed for resident to resident abuse (Resident #24 [R24]). Findings: Review of Resident #24's medical record contained a provider order dated 4/18/24 to obtain an u/a (urinalysis, or urine sample to rule out urinary tract infection), due to change in mental status.			F 684			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 On 4/23/24 at 11:46 a.m. in an interview with the Administrator, a surveyor confirmed that a urine sample was not obtained, as ordered, 5 days after the provider's order, and there is no record of attempt or completion of urine sample.	F 684			