STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205074	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seaside Healthcare LLC	850 Baxter Boulevard Portland, ME 04103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews the facility failed to ensure that physicians' orders were obtained for treatment of an existing wound for 1 of 1 resident who was admitted on [DATE] resulting in a delay of treatment for the wound (R165).Findings: 1. On 11/18/25 at 1:34 p.m. the surveyor reviewed R165's medical records that contained a pre-admit nurse to nurse note dated 2/13/25 that states the resident has a stage II coccyx wound that occurred at home.On 11/18/25 at 2:16 p.m. the surveyor reviewed R#165's medical record that contained a consult from the hospital with a date range of 2/2/25 to 2/3/25 that states, skin concerns; noted small 0.3 cm (centimeter) open area over gluteal cleft. On 11/18/25 at 1:45 p.m. the surveyor reviewed orders for wound treatment dated 2/27/25, written 14 days after admission to the facility.On 11/18/25 at 1:45 p.m. the surveyor interviewed the Wound Nurse who presented pictures of the resident's wound that was evaluated 2/26/25 and confirmed the finding that orders for treatment of the wound were not written until 2/27/25.On 11/18/25 at 3:49 p.m. during an interview with the Administrator the surveyor confirmed these findings.

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.

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