

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/22/2024
NAME OF PROVIDER OR SUPPLIER  Eastside Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  516 MT Hope Avenue Bangor, ME 04401	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>17282</p> <p>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]).</p> <p>Findings:</p> <p>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.</p> <p>On 4/22/24 at 11:00 a.m., in an interview with R1, he/she stated that salt packets have been on their meal trays.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17282</b></p> <p>Based on observations and interview, the facility failed to ensure that the resident's environment was free from accident hazards related to baseboard heaters in disrepair with heating elements exposed for 5 of 16 room observations.</p> <p>Findings:</p> <p>On 4/22/24 between 11:30 a.m. and 11:50 a.m., the following accident hazards were observed:</p> <p>room [ROOM NUMBER]-baseboard heater end cap off.</p> <p>room [ROOM NUMBER]-baseboard connector missing exposing heating elements.</p> <p>room [ROOM NUMBER]-baseboard connector missing exposing heating elements.</p> <p>room [ROOM NUMBER]- baseboard connector missing exposing heating elements.</p> <p>room [ROOM NUMBER]- baseboard connector missing exposing heating elements, and mattress bumper torn creating an uncleanable surface.</p> <p>B-Unit dining room-baseboard connectors missing exposing heating elements.</p> <p>On 4/22/24 at 12:45 p.m., the above findings were discussed with the Director of Nursing and maintenance corrected findings promptly.</p>