

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  01/02/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>17282</p> <p>Based on record review and interview, the facility failed to develop a care plan for a current problem of Atrophic Vaginitis for 1 of 4 residents reviewed for care planning a current medical problem requiring physician ordered treatment (Resident #1[R1]).</p> <p>Finding:</p> <p>On 1/2/25, a review of R1's clinical record was completed. In the physician progress note, dated 10/1/24 and 12/5/24, Atrophic Vaginitis was addressed as a current problem and requires daily treatment with creams and a gel. Documentation indicated R1 experiences vulva pain and vulvovaginal irritation. Documentation in the nurse's notes indicate that the resident goes to a medical center outside the facility for women's wellness and is being followed by a Gynecologist. A review of R1's care plan was completed and there was no evidence of a problem, goal or interventions related to R1's current problem of Atrophic Vaginitis.</p> <p>On 1/2/25 at 11:15 a.m., in an interview with the surveyor, the Director of Nursing confirmed that she was unable to locate information in the care plan that directly addressed the Atrophic Vaginitis.</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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