

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 12/30/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on review of the Complete IDDSI [International Dysphagia (difficulty swallowing) Diet Standardisation Initiative] Framework guidance, record review, and interviews, the facility failed to provide a resident with a minced and moist meal as ordered by a physician for 1 of 2 residents reviewed with a therapeutic diet (Resident #1 (R1). Findings:Review of the Complete IDDSI [International Dysphagia Diet Standardization Initiative] Framework Detailed definitions 2.0 2019 are to describe texture modified foods and thickened liquids used for individuals with dysphagia [difficulty swallowing] of all ages, in all care settings, and all cultures. IDDSI Level 5, minced & moist, listed under the heading, BREAD, states, No regular, dry bread, sandwiches or toast of any kind. On 9/29/25 at 10:06 a.m. R1's Physician Assistant-Clinical (PA-C) order stated under, Assessment and Plan, Patient recently seen in the ER twice for increased cough congestion as well as dysphagia concerning for aspiration pneumonia.will get speech therapy involved due to concerns for stricture (narrowing) in his/her esophagus (swallowing tube). Did speak with speech therapy and changed diet to minced and moist with thin liquids. Upright with all meals.On 9/30/25 at 12:30 p.m. R1's Nursing observations, evaluation, and recommendations are: Pt [R1] was given a roll for lunch while on a minced and moist diet. Now unable to swallow own secretions and vomits anytime he/she swallows a drink or food.On 9/30/25 at 13:18 (1:18 p.m.) R1's Health Status Note states, During lunchtime pt [R1] began vomiting and it was noted that pt [R1] had a half eaten roll on plate (pt [R1] attempted to eat again and instantly vomited. Pt [R1] unable to swallow own secretions. Concerned about an esophageal stricture-sent to ED (emergency department).On 12/30/25 at 11:44 a.m. in an interview with a surveyor, the Rehab Director stated the facility follows the IDDSI and stated that Level 5, minced and moist does not include bread.On 12/30/25 at 4:18 p.m. in an interview with the Director of Nursing, a surveyor confirmed that after R1's ED visits over the weekend, R1's diet was changed on 9/29/25 by the PA-C to minced and moist, thin liquids. On 9/30/25 R1 received a roll and attempted to eat it causing further coughing and vomiting which necessitated another visit to the emergency department on 9/30/25, and subsequent return to the facility.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 205106	If continuation sheet Page 1 of 5

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility failed to store, prepare, and serve food in accordance with professional standards for food service safety, by not storing food in a sanitary manner and not maintaining a clean kitchen floor for 1 of 1 days of survey (12/30/25). Findings: On 12/30/25 at 11:25 a.m., during a tour of the kitchen and food storage, a surveyor and the Food Service Director observed and confirmed the following: -In the meal prep area food debris was observed on the floor under kitchen surfaces and shelves that was not associated with the current meal service. -Behind the stove a large pile of food debris was observed on the floor against the wall with cooking utensils partially buried in the debris. -In dry food storage area across from the walk-in freezer, loose fries and a biscuit were observed on the floor. -In the walk-in freezer, food debris was observed on the floor including a fish filet and loose fries, an open box containing packages of green beans was stored on the floor, and boxes of hamburger patties, chicken breasts, and creamer were observed to be stacked in a pile, and stored on the floor. -Within the walk-in refrigerator, a large mesh bag of onions was observed to be stored on the floor.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observations and interviews, the facility failed to ensure that garbage and refuse were disposed of in a manner to prevent pest infestation for 1 of 1 survey days. (12/30/25). Findings:On 12/30/25 at 11:00 a.m. , 2 surveyors observed several bags of trash stored on the ground next to the facility dumpsters. The hinges for the lids of the dumpster on the right were observed to be broken and did not cover the refuse. At 11:04 a. m., 2 surveyors observed, in the outside area by the loading dock, a used food container frozen in the snow on top of a snow covered cooler, and a round trash barrel without a lid containing trash/debris and a milk crate frozen in place with accumulated ice expanding over the edges of the barrel.On 12/30/25 at 12:12 p.m., during an interview with 2 surveyors and the Regional Director of Clinical Operations, the above findings were confirmed.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview, the facility failed to maintain an Infection Control Program designed to help prevent the development and spread of infection related to laundry room storage for 1 of 1 laundry room tour (12/30/25). Finding: On 12/30/25 at 12:12 p.m. a surveyor observed a buildup of lint behind the dryer, and the floor in the laundry room was covered with dirt and debris. Slings (devices used to place residents on/in while being transported via a mechanical device) were observed piled up on the floor between a door and a wall leading out of the laundry area, and there were slings on wall hooks near the dryer hanging in such a way that part of the slings were touching the floor and touching the inside of a lint filled garbage can. On 12/30/25 at 12:26 p.m. during an interview and tour of the laundry room, a surveyor confirmed with the Regional Director of Clinical Operations that slings were stored on the floor and on wall hooks touching the floor.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observations and interview, the facility failed to maintain a clean/sanitary environment on 1 of 1 days of survey (12/30/25). This has the potential to effect all residents. Findings: On 12/22/25 at 8:00 a.m., the State of Maine, Division of Licensing and Certification received an anonymous complaint including an allegation that there was standing water in the basement. On 12/30/25 at 12:12 p.m., during the environmental tour 2 surveyors and the Regional Director of Clinical Operations observed and confirmed the presence of standing water in a basement storage room located below the kitchen and in the basement space located below resident rooms. On 12/30/25 at 12:40 p.m., during an interview with a surveyor, the Maintenance Director stated the standing water located in the storage closet is from water leaking in from the loading dock (connected to the kitchen), and the water traveled down through the wall to the storage room. On 12/30/25 at 3:00 p.m., during an interview with a surveyor, the Maintenance Director stated the water in the basement below the resident rooms is from leaking windows, and that the landscaping angles toward the building sending snow melt and/or runoff water in.</p>