STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Commons	100 Commons Drive Rockland, ME 04841

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531 Based on observations and interviews, the facility failed to ensure that a call bell was accessible to 1 of 3 sampled residents observed for accommodation of needs. (Resident #3). Findings: Review of Facility assessment dated (4/5/24 currently under revision) states .Typed of Disease and Conditions: .Below is a list of common diseases, conditions, physical and cognitive disabilities .that require complex medical care and management that we commonly provide care .Vision: Cataracts, Glaucoma, Macular Degeneration, Blindness . Review of facility email dated 8/10/23 at 6:36 p.m. states .Subject: division for blind FYI: Finally made contact with Division of the blind for our visually impaired resident that has fallen outside and has ADA complaints The person is out next week for training but will be in the following week to map the building and outside . The facility did not provide any further information for this visit. Resident 3 was originally admitted to facility on 3/1/22 with diagnoses to include blindness, history of stroke and left sided hemiplegia. Review of quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident 3 had a Brief Interview for Mental Status (BIMS) of 7 of 15 indicating he/she is not cognitively intact. Further review of MDS revealed he/she needs partial to moderate assistance with Activities of Daily Living and has a severe visual impairment. Review of Resident 3's clinical record revealed the following: Review of Resident 3's care plan, updated 3/16/24 states, Goal: [Resident 3] is at risk for falls r/t low vision, impaired mobility, poor safety awareness, impulse control; Goals: . call bell in reach at all times . Progress note dated 4/04/2024 states During patient checks resident was observed with call bell clipped to [his/her] shirt and the cord looped around [his/her] neck one time loosely. Call bell removed from around [his/her] neck and clipped to his bottom sheet near [his/her] hand for safety. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Commons	100 Commons Drive Rockland, ME 04841

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 4/9/24 at 11:00 a.m., Resident 3 was observed in bed in a 90 degree position. At this time this writer asked if he/she could demonstrate how he/she would use the call bell. Resident 3 indicated his/her call bell is usually on the right side of his/her bed where he/she can reach it and was then observed using his/her right hand to pat around his/her right side and was unable to locate the call bell . Call bell noted to be affixed to the right-side rail, behind residents elevated mattress and not in reach. Resident 3 then states that he/she sometimes will wrap the cord around his/her neck so he/she has easy access to it. States that staff tell him/her that it isn't safe, but he/she does it anyway. When asked what he/she would do if he/she wasn't able to reach the call bell, Resident #1 indicated that he/she would just scream really loud and they come eventually. During an interview on 4/9/24 at 12:34 p.m., Licensed Practical Nurse (LPN) indicated that if Resident 3 feels that they aren't attending to his/her needs fast enough he/she will yell really loud. At 10:59 a.m. This writer and LPN entered Resident 3's room and LPN confirmed his/her call bell was affixed to side rail, behind residents' right side and not in reach. LPN indicated that Resident 3 is often found with the cord around his/her neck as that is where he/she puts it so it can be reached. LPN indicated that there are other residents in the building that use hand bells. During an interview on 4/9/24 at 1:24 p.m., Certified Nursing Assistant (CNA1) indicated that Resident 3 has been found with call bell hanging around his/her neck and had to remove it on multiple occasions. During an interview on 4/9/24 at 1:34 p.m., CNA2 indicated that Resident 3 needs his/her call bell placed on the right side as he/she has left side weakness from a stroke and he/she puts the call bell around his/her neck loosely, and they will remove it and remind him/her that it's not safe to do that. CNA2 further indicated that management staff are aware. During an interview on 4/9/24 at 2:28 p.m., Facility Nurse Practitioner (FNP) indicated that Resident 3 is able to use his/her call bell and the expectation that it is reach. Has had increased cognitive deficit since last stroke and has no Insite to his/her limitations and tends to wrap the call bell cord around his/her neck. FNP states he/she was opened to Division for the Blind for services but daughter canceled them. FNP further indicated that the facility should make accommodations for blindness. During an interview on 4/10/24 at 12:08 p.m., Unit manager Long Term care (LTCUM) indicated that she is new to the Unit Manager role as of 10/2/23 and was aware Resident 3 liked to wrap the call bell around his/her neck so he/she could easily find it. They did have the call bell affixed to his/her right-side rail but was unaware that he/she could not reach it when he/she was sitting straight up. States she is aware of other residents in building that use hand bells for assistance. During an interview on 4/9/24 at 10:05 a.m., Social Worker (SW) indicated that the Division of the Blind (DOB) was just in for Resident 3, and his/her daughter actually canceled any services on 3/18/24. SW then indicated that she was not in the facility when the DOB came in and was not sure if any recommendations were made as they have not called her back. When asked if there is a call bell alternative for Resident 3 that would be safer for him/her and could stay in his/her reach, SW indicated that there are some residents in the facility that use hand bells and that may work for Resident 3. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Commons	100 Commons Drive Rockland, ME 04841

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/10/ on 4/10/23 at 1:02 p.m., with Administrator and Director of Nursing (DNS), DNS confirmed that she was aware that Resident 3 was putting the call bell around his neck, and were trying to find something that would work with their current call system and haven't found anything yet so they decided to affix his/her call bell to the right side rail in order for him/her to find it. DNS indicated that a staff member just told her that he/she was unable to reach the call bell if he/her was sitting up in bed. DNS indicated that Division of the Blind came to see Resident 3 and was not aware if any recommendations were made for accommodations. At this time DNS confirmed above findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Commons	100 Commons Drive Rockland, ME 04841

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531 Based on interview, record review, the facility failed to notify the State Agency after two (2) falls that resulted in head injury. (Resident 1, and Resident 2.) Findings: 1. Resident 1 was originally admitted on [DATE] with diagnoses to include diabetes myelitis, Heart failure, hypertension, aphasia, dementia, hemiplegia, and seizure disorder. On 11/2/24 Resident 1 was found on the floor in his/her room after an unwitnessed fall. Resident 1 was sent to the emergency room and subsequently admitted with a brain bleed. Review of quarterly Minimum Data Set (MDS), dated [DATE], revealed Resident 1 has a Brief Interview for Mental Status (BIMS) of 0 of 15 indicating he/she is not cognitively intact. Further review of MDS revealed Resident 1 had a history of falls and needs substantial assistance with Activities of Daily Living. Review of Resident #1's clinical record revealed the following progress note dated 11/2/23 stating Resident was found face down on the floor by writer. Resident stated [he/she] fell off the bed. [He/she] was A&0 [alert and orientated] x2. [He/she] was covered in blood that came from the top of [his/her] head. Resident also has a cut above the R [right] eye and bleeding out of [his/her] mouth . Resident sent to ED [emergency department] via ambulance for evaluation. Progress Note dated 11/3/23 at 7:52 p.m., Spoke to ER nurse, pt is admitted and was transferred to Maine Health for brain bleed. 2. Resident 2 was admitted on [DATE] with diagnoses to include Alzheimer disease, depression, and is open to hospice for end-of-life care. Review of quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident had a Brief Interview for Mental Status (BIMS) of 0 of 15 indicating he/she is not cognitively intact. Further review of MDS revealed he/she is nonverbal and is dependent for all Activities of Daily Living [ADL]. Review of Resident 2's clinical record revealed progress note dated 10/30/23 20:42 At approximately 1630, CNA called for this nurse to see Resident on the floor with blood beside [him/her] head. Per CNA in room, Resident fell from a lift during transfer. Resident noted to have blood from an abrasion on [his/her] right side of head. During an interview on 4/10/24 at 3:26 p.m. with the Director of Nursing (DNS) and Administrator, the DNS confirmed that the facility did not report the events as she did not think they were reportable.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Commons	100 Commons Drive Rockland, ME 04841

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531 Based on interviews and record review and facility policy, the facility failed to thoroughly investigate two falls with head injury (Resident 1 and Resident 2). Findings: Review of facility policy Accidents/Incidents Involving Residents dated 12/14/21 states, Each incident or accident must be detailed in the medical record. This includes happening or experience which may be traumatic or inflict bodily injury to a resident . Each incident, accident . must be investigated immediately for determination of root cause. The DNS (or designee) will audit the system for completion/compliance . 1. Resident 1 was originally admitted on [DATE] with diagnoses to include diabetes myelitis, Heart failure, hypertension, aphasia, dementia, hemiplegia, and seizure disorder. On 11/2/24 Resident 1 was found on the floor in his/her room after an unwitnessed fall. Resident 1 was sent to the emergency room and subsequently admitted with a brain bleed. Review of quarterly Minimum Data Set (MDS), dated [DATE], revealed Resident 1 has a Brief Interview for Mental Status (BIMS) of 0 of 15 indicating he/she is not cognitively intact. Further review of MDS revealed Resident 1 had a history of falls and needs substantial assistance with Activities of Daily Living. Review of Resident #1's clinical record revealed the following progress note dated 11/2/23 stating Resident was found face down on the floor by writer. Resident stated [he/she] fell off the bed. [He/she] was A&0 [alert and orientated] x2. [He/she] was covered in blood that came from the top of [his/her] head. Resident also has a cut above the R [right] eye and bleeding out of [his/her] mouth. VS [vital signs] taken .Pressure was applied to top of the head and EMS [emergency medical services] was called [power of attorney] was notified and [provider]. Resident sent to ED [emergency department] via ambulance for evaluation. Progress Note dated 11/3/23 at 7:52 p.m., Spoke to ER nurse, pt is admitted and was transferred to Maine Health for brain bleed. Further review of Resident 1's clinical record lacked evidence that an incident report was completed for this fall. 2. Resident 2 was admitted on [DATE] with diagnoses to include Alzheimer disease, depression, and is open to hospice for end-of-life care. Review of quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident had a Brief Interview for Mental Status (BIMS) of 0 of 15 indicating he/she is not cognitively intact. Further review of MDS revealed he/she is dependent for all Activities of Daily Living [ADL]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Commons	100 Commons Drive Rockland, ME 04841

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 2's clinical record revealed progress note dated 10/30/23 20:42 At approximately 1630, CNA called for this nurse to see Resident on the floor with blood beside [him/her] head. Per CNA in room, Resident fell from a lift during transfer. Resident noted to have blood from an abrasion on [his/her] right side of head. Further investigation of Resident 2's clinical record lacked evidence that an incident report was completed for this fall. During a telephone interview on 4/10/24 at 11:50 a.m., Certified Nursing Assistant (CNA3) indicated that on 10/30/23 around 4:20 p.m. she and a coworker were preparing to get Resident 2 out of bed using a Hoyer lift. CNA3 further indicated that as she was lifting Resident 2 out of bed with the Hoyer, her coworker left the room indicating they were going to get someone else up. It wasn't until Resident 2 slid out of the Hoyer pad and fell on the floor, striking his/her head that she realized she had not crossed the pad under his/her legs. During an interview on 4/10/24 at 12:08 p.m. Unit manager Long Term care (LTCUM) indicated that she is new to the role as of 10/2/23 but is now aware that if there is an accident a nurse would go into the to do list and fill out an incident report, as a unit manager it is her responsibility to go in and ensure that it was completed. On 4/9/24 between 9:00 a.m. and 3:26 p.m., Director of Nursing (DNS) indicated that a complete investigation with root cause was completed for Resident #1 and Resident #2's falls and would provide it to this writer. After multiple attempts to obtain the facility investigations, on 2/9/23 at 2:59 p.m., DNS indicated I'm working on it, at 3:26 p.m., DNS provided this writer with copies of progress notes written by the nurse regarding the falls but did not provide this writer with copies of investigation notes. When asked if she had anything in writing regarding the incidents, DNS replied I did them at that moment in time. When asked if she had any notes/documents at all, DNS indicated that she did and would go get them. As of 4:00 p.m. on 4/9/24 nothing had been received. On 4/10/24 this writer was provided with a copy of Review of Toileting Sling Education dated 12/12/23. During an interview on 4/10/24 at 3:26 p.m., with Administrator and DNS, DNS indicated that when she spoke with CNA3, she was told that CNA3 was using the Hoyer alone, and CNA3 had told her a different story other than what this writer was told. This writer again asked if she had any documentation to support this and DNS was unable to provide any information. At this time DNS confirmed that the facility did not thoroughly investigate the above concerns.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Commons	100 Commons Drive Rockland, ME 04841

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531 Based on interviews, record review and policy review the facility failed to update/implement care plans in the area of falls for 2 of 3 residents reviewed for falls (Resident's 1 & 2) and in the area of psychotropic medication use for 1 of 3 residents reviewed for medications (Resident 3). Findings: Review of facility policy Falls Management Policy dated 7/19 states .DNS or designee will review fall incident reports regularly and identify potential patterns or trends. Resident's care plan will be updated with all new interventions. Review of facility policy Psychoactive Medication Use Policy dated 9/18 states .A psychoactive drug is any medication affecting brain activity associated with mental processes and behavior . Psychoactive medications will only be used in conjunction with the Individual Care Plan. 1. Resident 1 was originally admitted on [DATE] with diagnoses including dementia, left sided hemiplegia, and seizure disorder. On 11/2/24 had an unwitnessed fall and was transferred to the emergency room and subsequently admitted with a brain bleed. Review of Resident 1's physician orders effective April 2024 revealed: -Order with start date of 11/27/24 for Potassium chloride ER 20 Meq tablet. Oral. One tab daily for stage 3 chronic kidney disease (CKD). -Order with start date of 3/27/24 for Tradjenta 5mg tablet orally one time daily for type 2 dm with CKD. -Order with start date of 11/27/24 for Timolol maleate 0.5% eye drops (1drop) Drops both eyes One time daily for glaucoma. Review of Resident 1's care plan most recently updated 3/31/24 lacked evidence that his/her care plan was updated to reflect goals and interventions for brain bleed, hemiparesis, vision and chronic kidney disease. 2. Resident 2 was admitted on [DATE] with diagnoses to include Alzheimer disease, depression, and is open to hospice for end-of-life care. Review of Resident 2's clinical record revealed progress note dated 10/30/23 states At approximately 1630, CNA called for this nurse to see Resident on the floor with blood beside [him/her] head. Per CNA in room, Resident fell from a lift during transfer. Resident noted to have blood from an abrasion on [his/her] right side of head. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Commons	100 Commons Drive Rockland, ME 04841

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 2's Care plan initiated on 7/14/20, most recently reviewed on 3/26/24 revealed Resident 2 is a dependent of staff for all ADL needs. Further review of care plan revealed Falls: [Resident] is at risk for falls r/t impaired mobility, poor safety awareness .Interventions: keep environment free from clutter, and pathways clear of obstacles; encourage [resident 2] to ask for assist with transfers. Further review of Resident 2's care plan lacked evidence that Resident 2's care plan was updated with goals and interventions after the fall and failed to update care plan with his/her current transfer and communication status. During an interview on 4/9/24 at 12:40 p.m., Licensed Practical Nurse (LPN) indicated that Resident #2 is totally dependent on staff to meet his/her needs and is nonverbal. Unable to walk for some time and is a Hoyer lift for all transfers. LPN further states that she believes the Unit Manger is responsible to update care plans and they should reflect the residents current care needs. During an interview on 4/9/24 at 1:26 p.m. Certified Nursing Assistant (CNA1) indicated that Resident #2 is nonverbal, but can make noises for yes and no. Unable to use his/her call bell and is a Hoyer lift for all transfers. 3. Resident 3 was originally admitted to facility on 3/1/22 with diagnoses to include blindness, history of stroke and left sided hemiplegia. Review of Resident 3's April 2024 orders reveled the following: -Order with start date of 2/27/24 for donepezil 10 mg tablet (1 tab) Tablet oral one time daily for major depressive disorder. -Order with start date of 3/28/24 for sertraline 50 mg tablet (1) tablet oral one time daily for anxiety disorder. Progress note dated 4/04/2024 states During patient checks resident was observed with call bell clipped to [his/her] shirt and the cord looped around [his/her] neck one time loosely. Call bell removed from around [his/her] neck and clipped to his bottom sheet near [his/her] hand for safety. Review of Resident 3's care plan, updated 3/16/24 states, Goal: [Resident 3] is at risk for falls r/t low vision, impaired mobility, poor safety awareness, impulse control . call bell in reach at all times. During an observation on 4/9/24 at 11:00 p.m. Resident 3 was observed in bed in a 90 position. At this time this writer asked if he/she could demonstrate how he/she would use the call bell. Resident 3 indicated his/her call bell is usually on the right side of his/her bed where he/she can reach it. At this time Resident 3 was observed using his/her right hand to pat around his/her right side and was unable to locate the call bell . Call bell noted to be affixed to the right-side rail, behind his/her elevated mattress and not in reach. At this time Resident #3 indicated that he/she sometimes will wrap the cord around his/her neck so he/she has easy access to it. States that staff tell him/her that it isn't safe, but he/she does it anyway. When asked what he/she would do if he/she wasn't able to reach the call bell, Resident #1 indicated that he/she would just scream really loud, and they come eventually. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Breakwater Commons	100 Commons Drive Rockland, ME 04841

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/9/24 at 1:24 pm., Certified Nursing Assistant (CNA1) indicated that Resident 3 has a habit of throwing him/herself on the floor when he/she doesn't get his/her way. CNA1 further indicated that he/she has been found with call bell hanging around his/her neck and remove it/ and provide education for safety. CNA1 indicated this has happened multiple times. During an interview on 4/9/24 at1:34 p.m., CNA2 indicated that Resident 3 puts the call bell around his/her neck loosely, and they will remove it and remind him/her that it's not safe to do that and indicates that management staff are aware. During an interview on 4/10/24 at 12:08 p.m., Unit Manager, Long Term care (LTCUM) indicated that she is new to the role as of 10/2/23 and states it is her responsibility to update resident care plans. LTCUM further indicated that care plans should be updated within 7 days of any incident and should reflect residents' current care needs. At this time LTCUM confirmed care plans were not updated with goals and interventions to reflect current needs of Resident 1 in the area of brain bleed, hemiparesis, vision and chronic kidney disease, Resident 2 to reflect transfer and ambulation, and Resident 3 to reflect psychotropic medication use and behaviors. During an interview on 4/10/24 at 3:26 p.m., with Administrator and Director of Nursing (DNS), DNS indicated that the Unit Manger is responsible to update care plans. At this time DNS confirmed care plans were not updated to reflect residents' current care needs.