

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2024
NAME OF PROVIDER OR SUPPLIER  Breakwater Commons		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0655</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42531</p> <p>Based on interview and record review, the facility failed to ensure a baseline care plan was developed and implemented within 48 hours that included the instructions needed to provide minimum healthcare information necessary to properly care for 1 of 3 residents reviewed during a complaint investigation (Resident #3).</p> <p>Findings:</p> <p>Review of facility policy 48 Hour Baseline Care Plan dated 10/18 states A baseline care plan will be created within 48 hours of admission .Based on the admission assessment, physician orders and resident preferences a care plan will be created to facilitate a smooth transition of care and provide effective, person centered care. The Care Plan will contain the following 6 key elements: initial goals based on admission orders; all physician orders, including medications and administration schedule; dietary orders; therapy services to be provided; Social Service needs; PASRR recommendations (if any).</p> <p>Resident #3 was admitted on [DATE] and has diagnoses to include Diabetes Mellitus, chronic kidney disease, history of falls, pulmonary hypertension, respiratory failure, atrial fibrillation, benign prostatic hyperplasia (BPH)</p> <p>Review of Resident #3's active orders for October 2024 revealed:</p> <ul style="list-style-type: none"> <li>-Order with start date of 10/10/24 for Trulicity 3 mg/0.5 mL subcutaneous pen injector (0.5ml) pen injector (ML) Subcutaneous One Time Weekly for Type II Diabetes mellitus</li> <li>-Order with start date of 10/28/24 for Jardiance 25 mg tablet 1 Time Daily for type II diabetes with chronic kidney disease.</li> </ul> <p>Review of Resident #3's baseline care plan initiated 10/10/24 lacked evidence that goals and interventions were put into place in areas to include diabetes and nutrition.</p> <p>During an interview with 2 surveyors on 10/30/24 at 3:17 p.m., the Director of Nursing reviewed Resident #3's care plan and confirmed it lacked goals and interventions in the areas of diabetes and nutrition.</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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