

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Eastport Memorial Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 23 Boynton Street Eastport, ME 04631	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>Based on record review and interviews, the facility failed to ensure that the current resident representative was notified of a change in the resident's representative status and a change in the resident's medical plan of care for 1 of 1 resident representative not notified of resident changes. (Resident #1 [R1])</p> <p>Finding:</p> <p>On 7/1/25, a review of R1's clinical record was completed. An advanced directive indicted that family member #1 (FM1) was designated by R1 in 2017 to be his/her legal representative.</p> <p>On 6/10/25, R1's primary physician made a medical visit. At that time, family member #2 (FM2) was visiting and requested that R1 be transitioned to end of life care. FM2 delivered a copy of a legal document indicating that FM2 is the Power of Attorney (POA). There is no evidence in R1's clinical record that the facility contacted FM1 to discuss the conflict of who is R1's legal representative and if FM1 wanted medical care changes.</p> <p>On 6/25/25, the primary physician documented in R1's progress note that they had discovered in the physician's office file a legal document that revoked FM2's POA status in 2015. The current legal representative is FM1.</p> <p>On 6/30/25, in an interview with FM1, they stated they had not been notified of a change in the resident's representative status and a change in the resident's medical plan of care until visiting R1 on 6/23/25.</p> <p>On 7/1/25, in an interview with the Director of Nursing, she confirmed that the facility did not contact the current legal resident representative (FM1) on 6/10/25 regarding R1's conflicting POA status and the physician's order to implement comfort care and discontinue medications.</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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