STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205146	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastport Memorial Nursing Home	23 Boynton Street Eastport, ME 04631

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair in 2 of 2 environmental tours. Findings: On 2/09/26 at 12:00 p.m., an environmental tour was done with the Administrator and Director of Nursing. The following were observed and confirmed by the administrator at the time of observation. Facing room [ROOM NUMBER] and to the right, the flooring was peeled up creating a potential tripping hazard. Facing the threshold to the nurse's station and toward the left, the flooring was peeled up creating a potential tripping hazard. In front of room [ROOM NUMBER], the flooring is lifted creating an area of potential tripping hazard. In the laundry room, the clothes drier with the open back was covered heavily with dust inside the back and on top of the drier. In addition, the metal tubing leading into the back of the second drier was covered with dust. On 2/9/26 and 2/10/26 during the initial and a second tour of the kitchen the surveyor observed yellow and black tape on the floor around the stove and other kitchen fixtures. On 2/10/26 at approximately 8:00 a.m. This was identified with the Food Service Director and it was identified as an uncleanable surface, The above finding was confirmed at that time.

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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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on record reviews and interviews, the facility failed incorporate recommendations from the Preadmission Screening Resident Review (PASRR) level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care, and ensure that the State mental health authority for Pre-admission Screening and Resident Review (PASRR) was notified after a resident was newly diagnosed and/or experienced symptoms related to a mental disorder to determine if a change in services was required for 2 of 3 sampled resident (Resident #12 and Resident #2 [R12, and R2]). Findings: On 2/10/26 at 12:40 p.m., during a clinical record review for R12, the PASRR II dated 6/2/25 has the PASRR determination explanation that R12 met the State of Maine's definition for serious mental illness due to a diagnosis of schizophrenia over the past three to six months, your diagnosis has led to intermittent functional limitations in interpersonal functioning, concentration or adaptation to change. Onset of symptoms and persistence causes significant distress and impairment in your ability to function independently. R12's PASRR Level II required: Ongoing psychiatric services by a psychiatrist to evaluate response and effectiveness of psychotropic medications on target symptoms, modify medication orders, and to evaluate ongoing need for additional behavioral health services. Ongoing psychiatric services by a psychiatrist to evaluate response and effectiveness of psychotropic medications on target symptoms, modify medication orders, and to evaluate ongoing need for additional behavioral health services: you may benefit from ongoing medication management and behavioral health treatment to be sure your mental health medications continue to work for you and you are getting the services you need. Rehabilitative services: You will need to be provided with the following services and/or supports Service or Support for socialization/leisure/recreation activities, Family involvement in the individual's care and Supportive Counseling from NF Staff. The reasons for these supports are below. Socialization/Leisure/Recreation Activities: Being around others is important to reduce loneliness and isolation and provide support. You also enjoy music. Supportive Counseling from NF staff: Support and validation from caregivers is important for emotional wellbeing and could assist with symptoms as they occur. Family involvement in the individual's care: your family is very important to you. Your caregivers should promote a continued connection with your sister. On 2/10/26 12:40 p.m., during an interview and a review of R12's care plan and clinical record with the Minimum Dats Set (MDS) nurse there is no evidence that the Level II services were included in R12's care plan or provided to R12. During the interview with the MDS nurse she stated the Mental Health Nurse Practitioner that sees other residents in the facility has not seen R12. The facility failed to make the referral for R12 to receive the specialized services as outlined in his/her PASRR level II. The above finding was confirmed with the MDS nurse at this time. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. On 2/11/26, R2's clinical record indicated, on 4/6/21, R2 was diagnosed with a new mental health disorder. The clinical record lacked evidence that R2 was referred to the State mental health authority for a new PASRR level II determination after a new qualifying diagnosis. On 2/11/26 at 12:46 p.m., during an interview with a surveyor and the MDS Nurse, R2's PASRR was reviewed. At this time, the surveyor confirmed that an updated PASRR was not submitted to the State mental health authority for a new PASRR level II determination after a new qualifying diagnosis.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on record reviews and interviews, the facility failed to ensure baseline care plans was developed and implemented within 48 hours that included the instructions needed to provide minimum healthcare information necessary to properly care for 2 of 4 sampled residents reviewed for baseline care plans (Resident #12 [R12], R15). Findings: 1. On 2/11/26, a review of R15's clinical record was completed. Documentation in R15's clinical record indicated the resident was a recent admission to the facility. There was no evidence that a baseline care plan was developed within 48 hours to direct staff as to what R15's care needs were. On 2/11/26 at 10:50 a.m., in an interview with the surveyor, the Director of Nursing confirmed that a baseline care plan was not developed. 2. On 2/10/26 at 10:00 a.m., during a clinical record review, surveyor asked for R12's Baseline Care plan, surveyor was told they are in a paper form kept in front of the clinical records. Review of R12's clinical record with the charge nurse LPN1 and RN2 the form used for Baseline Care Plans is labeled Interim Plan of Care was found, this form was not completed or filled out it did not include the instructions needed to provide minimum healthcare information necessary to properly care. There is no evidence in the clinical record that a Baseline Care Plan was completed and no evidence of the resident or resident representative being informed of or provided a copy of his/her Baseline Care plan within 48 hours. The surveyor confirmed the above finding at that time.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations and interviews, the facility failed to maintain an infection prevention and control program to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable disease and infections for 2 of 3 days of survey (2/9/26 and 2/10/26).Findings:On 2/9/26 at 11:12 a.m., a surveyor observed a soiled bed pan stored on the floor under R3's bed. On 2/10/26 at 10:37 a.m., during an interview with a surveyor, the Licensed Practical Nurse (LPN1) stated that bed pans are reused, they are washed, then bagged and should not be stored under a resident's bed. At 10:41 a.m., a surveyor and LPN1 observed and confirmed that a used bed pan was stored under R3's bed.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. Based on record reviews and interview, the facility failed to implement its Antibiotic Stewardship Program (ASP) that includes antibiotic use protocols and a system to monitor antibiotic use for 2 of 2 months reviewed (December 2025 and January 2026). This has the potential to affect all residents receiving an antibiotic.Finding:Review of the facility's Antibiotic Stewardship policy, Last Revised: 08/2024, indicated: 14. The [Infection Preventionist (IP)], or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics. Therapy may require further review and possible changes if: a. The organism is not susceptible to the antibiotic chosen; b. The organism is susceptible to narrow spectrum antibiotics; c. Therapy was ordered for prolonged surgical prophylaxis; or d. Therapy was started awaiting culture, but culture results and clinical findings do not indicate the continued need for antibiotics. 15. After the review, the provider will be notified of the review findings.On 2/10/26 from 3:10 p.m., during an interview with a surveyor, the IP stated she was unable to provide evidence that the antibiotic stewardship was completed because the pharmacist took the only copy. The IP stated that she would track which residents were on an antibiotic to ensure the order was placed correctly but did not track culture and sensitivity results for the ASP. At 3:56 p.m., the IP reconfirmed with the surveyor that after looking in multiple locations she was unable to find evidence of antibiotic stewardship monitoring.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to ensure residents were offered influenza and pneumococcal vaccinations in accordance with the Centers for Disease and Prevention Control (CDC) recommendations for 4 of 5 residents reviewed for immunizations (Resident #2 [R2], R3, R5 and R10).Findings:On 2/10/26 at 2:30 p.m., record review indicated:1. R2 was admitted on [DATE]. The CDC recommendation was to review, offer and/or receive one dose of PCV15, PCV20, or PCV21 to complete the vaccine series. The clinical record lacked evidence that R2 had received, been offered, or refused a pneumococcal vaccination.2. R3 was admitted on [DATE]. The clinical record lacked evidence that R3 had received, been offered, or refused the Influenza Vaccination.3. R5 was admitted on [DATE]. The clinical record lacked evidence that R2 had received, been offered, or refused a pneumococcal vaccination.4. R10 was admitted on [DATE]. The CDC recommendation was based on shared clinical decision-making, administer one dose of PCV20 or PCV21 to complete the vaccine series. The clinical record lacked evidence that R10 had received, been offered, or refused a pneumococcal vaccination.On 2/10/26 at 3:00 p.m., during an interview, a surveyor and the Infection Preventionist (IP) reviewed the vaccine records and confirmed the above findings.

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F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program for all new and existing staff members. Based on interview and employee personnel record reviews, the facility failed to implement and maintain an effective training program by failing to ensure that 5 of 5 Certified Nursing Assistant's (CNA) employed, completed training (CNA1, CNA2, CNA3, CNA4 and CNA5).Findings:1.CNA1 was hired on 4/22/2010. A review of CNA1's education records her record lacked evidence that she has received the required in-service trainings for dementia, behavioral trainings Infection control (IC), communication and Quality Assurance and Performance improvement (QAPI).2. CNA2 was hired on 2/1/2022. A review of CNA2's education records her record lacked evidence that she has received the required in-service trainings for Abuse, Neglect and Exploitation, Dementia, communication, IC, behavioral trainings, and QAPI.3. CNA3 was hired on 7/20/2020. A review of CNA3's education record her record lacked evidence that she has received the required in-service trainings for Abuse, Neglect and Exploitation, Dementia, communication, IC, behavioral trainings, and QAPI.4. CNA4 was hired on 4/19/2021. A review of CNA4's education record her record lacked evidence that she has received the required in-service trainings for Abuse, Neglect and Exploitation, Dementia, communication, IC, behavioral trainings, and QAPI.5. CNA5 was hired on 12/8/2025. A review of CNA5's education record her record lacked evidence that she has received the required in-service trainings for Abuse, Neglect and Exploitation, Dementia, communication, IC, behavioral trainings, Resident Rights and QAPI.On 2/11/26 at 11:30 a.m., during an interview and a record review of CNA trainings with the Administrator, the records reviewed showed the missing or incomplete trainings. She also stated that she had not assigned all trainings required, she was using the list on the Health Care Academy system and was not aware they needed additional trainings. It did not include Dementia, communication, behavioral training and QAPI. The surveyor confirmed the above findings during this interview.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation and interview, the facility failed to ensure residents were treated with respect and dignity while providing care for 2 of 2 residents reviewed for Dignity [Resident #10 (R10) and R3].Findings: 1. On 2/9/26 at 11:55 a.m., a surveyor observed Certified Nursing Assistant #5 (CNA5) place R10's lunch tray on their bedside table. CNA5 removed 2 cups, one with water and one with a brown beverage. R10 complained to CNA5 that CNA3 brought the beverages to him/her but did not boost him/her up in bed or lift the HOB to drink the beverages. R10 stated he/she still wanted the hot cocoa. CNA5 stated the hot cocoa was cold and would make R10 a new hot cocoa. R10 complained to CNA5 that he/she had not been washed up and cannot eat or drink without sitting up.On 2/9/26 at 11:58 a.m., CNA3 came to R10's room and stated, just so you know [he/she] keeps refusing to let me wash [him/her] up. [He/she] won't let me touch [him/her], so I don't know what to tell you. CNA5 stated, if [he/she] is refusing for you to provide [him/her] care we need to change the assignment so [he/she] is not on your care list. CNA3 stated, I've tried to trade [him/her] off, but no one will take [him/her]. CNA3 then walked away leaving CNA5 to care for the Resident. 2. On 2/10/26 at 8:56 a.m., during an observation of R3's morning care, a surveyor and the Assistant Director of Nursing (ADON) observed the following: the curtain between Bed A and Bed B was pulled for privacy, but the curtain between the foot of R3's bed and the door to R3's room was not pulled to provide privacy from door. At 9:12 a.m., while R3 was exposed from the waist down CNA6 pressed the call bell for the nurse and CNA5 left the room to find the nurse. At 9:13 a.m., 2 additional staff opened R3's door, and held the door open to inquire about the call bell. CNA6 dismissed them and shut off the call bell. The 2 staff closed the door, but it opened again as CNA5 returned to the room. At 9:14 a.m., the Licensed Practical Nurse (LPN1) entered the room, leaving the door ajar. LPN assessed R3 then left the room to obtain supplies. At 9:16 a.m., the surveyor requested the curtain be pulled to protect R3's privacy from the door.On 2/10/26 at 9:30 a.m., during an interview with the ADON, a surveyor discussed and confirmed the above findings.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interviews and clinical record reviews, the facility failed to follow a Physicians order for in-house Physical Therapy for 1 of 2 sampled residents reviewed for position, mobility (Resident #24).Finding:On 2/9/26 at 1:35 p.m. during an interview with R24 he/she was observed to have a deficit on his/her right side, R24 stated that staff do not help with any Range of Motion (ROM) exercises and that he/she was told they are not allowed to do therapy here in the facility. On 2/10/26 during a review of Resident #24's clinical record, there is a physician order dated 1/20/26 for a request for in-house occupational (OT) and physical therapy (PT) for strengthening and behavioral modification. Review of therapy notes that is in a binder outside the Administrators office, the notes reflect that the OT evaluation was completed on 1/20/26 and will receive OT up to 16 times in 8 weeks. Review of PT notes indicates that he/she has not had a PT eval completed.On 2/10/26 at 3:30 p.m., during an interview with the Charge Nurse RN2, OT has been working with R24 but PT has not been working with R24.On 2/10/26 at 3:59 p.m. during an interview with the Administrator the surveyor confirmed that the PT eval and tx have not occurred for R24 as of this date. On 2/11/26 at 12:00 p.m. PT came in to talk to surveyors stating that he did not complete the evaluation because he thought it was for OT only. He acknowledged that he had not completed an evaluation until today 2/11/26.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility policy review, Centers for Disease Control and Prevention (CDC) recommendations, and interview, the facility failed to offer the updated Coronavirus (COVID-19) vaccine for 1 of 5 residents reviewed (Resident #3 [R3]).Finding:On 2/10/26 at 3:00 p.m., during an interview, a surveyor and the Infection Preventionist reviewed and confirmed that clinical record review indicated R3 was admitted on [DATE], and the clinical record lacks evidence that R3 had received, been offered, or refused the updated COVID-19 vaccination.