

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Coastal Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 20 West Main Street Yarmouth, ME 04096	

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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>33639</p> <p>Based on interview and record review, the facility failed to review and update the facility assessment at least annually (between 10/2022 and 04/2024) to determine what resources are necessary to care for its residents competently during day-to-day operations.</p> <p>Finding:</p> <p>On 4/10/24, the Director of Nursing provided the surveyor with the Coastal Manor, Corp. Facility Assessment, reviewed on 10/2022. The surveyor could not locate any further evidence that a review or update of the assessment was completed by 10/2023.</p> <p>On 4/10/24 at 2:15 p.m., the surveyor confirmed in an interview with the Director of Nursing that the review and revision of the facility assessment was not completed since 10/2022.</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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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>33639</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on review of the quarterly Quality Performance Improvement Committee meeting attendance sheets and interview, the facility failed to ensure that the Administrator attended 5/5 quarterly meetings.</p> <p>Finding:</p> <p>The Coastal Manor Quality Assurance and Professional Improvement (QAPI) Plan dated 11/16/17, page 2 under C. QAPI Leadership: The QAPI council provides the backbone and structure of QAPI. This council will consist of an executive leadership team including the Administrator, Director of Nursing (DON) Assistant Director of Nursing, Social worker, Minimum Data Set (MDS) Coordinator, Medical Director, Pharmacist and Physician, etc. The QAPI committee will meet on a quarterly basis.</p> <p>A review of the quarterly QAPI committee meeting attendance sheets also indicate that the Administrator did not attend the 6/2/23, 9/18/23, 12/18/23, 1/29/24 and 3/18/24 quarterly meetings.</p> <p>On 4/10/24 at 1:30 p.m , during an interview with the Director of Nursing, the surveyor confirmed the above findings.</p>		