

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 08/14/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44049</p> <p>Based on observations and interviews, the facility failed to maintain a safe, clean, comfortable and homelike environment on 2 of 2 units.</p> <p>Findings:</p> <p>On 8/14/24 at 9:30 a.m., during tour of the facility with Director of Nursing and the Maintenance Director, the following were observed and confirmed:</p> <p>First floor:</p> <p>Upper Dining Room - Stained ceiling around speaker in the middle of the room.</p> <p>Hallway connecting Upper Dining Room and Lower Dining Room has stained ceiling tiles.</p> <p>First floor living room has stained and damaged ceiling.</p> <p>First floor resident hallway at North end has stained ceiling tile near external door. There are also stained ceiling tiles across from rooms 102, 104, the Nurses Station, 108, 109, and at the Main entrance.</p> <p>Resident Rooms on the first floor:</p> <p>room [ROOM NUMBER] - The curtains in room are dirty and have brown stains.</p> <p>Bathroom shared by rooms 108/110, Resident sink does not work and has a sign on it that says it is out of order.</p> <p>room [ROOM NUMBER] - There are stained ceiling tiles over bed near window, and in the corner near second bed. The wallpaper above bed near window is torn with a piece approximately 3 x 5 missing, exposing the bare wallboard.</p> <p>room [ROOM NUMBER] - The floor mat beside bed and in front of the recliner has dirt/debris. The heater behind the edge of the bed is exposed, there are 3 metal safety straps along the register; however, the heating element is exposed.</p> <p>(continued on next page)</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</p> <p>Based on record reviews and interviews, the facility failed to ensure that the Minimum Data Set (MDS) 3.0 was coded accurately in the area of Active Diagnosis for 1 of 3 sampled residents with the diagnosis of Post Traumatic Stress Disorder (PTSD) (Resident #9).</p> <p>Finding:</p> <p>On 8/13/24, R9's clinical record was reviewed and indicated the resident was admitted to the facility on [DATE]. The provider's admission progress note dated 4/19/24 states under Problem List/Past Medical History, ongoing: Nightmares, from PTSD. HX of abusive relationship . PTSD, Pt states from horrible divorce, husband abusive mentally and physically suffers nightmares . Pt fears leaving home. States only drives to get groceries. Suffers from PTSD.</p> <p>The Admission minimum data set (MDS) 3.0 dated 4/22/24 and the most recent Quarterly MDS dated [DATE] indicates, under Active Diagnosis Section I6100, states that the resident did not have PTSD. The surveyor was unable to find information in the clinical record that indicated what R9's PTSD trigger(s) might cause re-traumatization.</p> <p>On 8/13/24 at 11:15 a.m., the above was discussed with the Administrative Assistant.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</p> <p>Based on record review and interview, the facility failed to develop a care plan for a resident with a current diagnosis of Post-Traumatic Stress Disorder (PTSD) for 1 of 3 sampled residents reviewed (Resident #9).</p> <p>Finding:</p> <p>Resident #9 was admitted to the facility on [DATE]. The provider's admission progress note dated 4/19/24 states under Problem List/Past Medical History, ongoing: Nightmares, from PTSD. HX of abusive relationship . PTSD, Pt states from horrible divorce, husband abusive mentally and physically suffers nightmares . Pt fears leaving home. States only drives to get groceries. Suffers from PTSD.</p> <p>A review of Resident #9's care plan did not include a care area with interventions for the diagnosis of PTSD. On 8/13/24 at 10:19 a.m., the above was discussed with the Director of Nursing. The surveyor confirmed that there was no evidence addressing what might trigger the PTSD symptoms and there was no evidence of interventions that indicated what staff should or should not do that may cause re-traumatization from the resident's PTSD.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</p> <p>Based on record review and interview, the facility failed to identify a resident's past history of Post-Traumatic Stress Disorder (PTSD)/trauma to determine what trigger(s) might cause re-traumatization for 2 of 3 sampled residents reviewed with a current diagnosis of PTSD (Resident #9, and #31).</p> <p>Findings:</p> <p>1. On 8/13/24, R9's clinical record was reviewed and indicated the resident was admitted to the facility on [DATE]. The provider's admission progress note dated 4/19/24 states under Problem List/Past Medical History, ongoing: Nightmares, from PTSD. HX of abusive relationship . PTSD, Pt states from horrible divorce, husband abusive mentally and physically suffers nightmares .Pt fears leaving home. States only drives to get groceries. Suffers from PTSD.</p> <p>On 8/13/24 at 10:16 a.m., during an interview, the Licensed Social Worker confirmed she does not complete a trauma assessment on residents other than Veterans.</p> <p>On 8/13/24 at 10:19 a.m., the above was discussed with the Director of Nursing.</p> <p>2. On 08/12/24 at 9:50 a.m., a surveyor observed Resident #31 yelling and in distress. Resident #31 was admitted to the facility on [DATE] with dementia from his/her home. A record review of Resident #31's progress notes showed Resident #31 had a significantly difficulty adjustment to the recent changes in his/her life. In addition, a note from the hospice medical social worker (MSW) dated 6/2/24 located in Resident #31's medical record indicated the behaviors were most likely stemming from a trauma background from their childhood as opposed to his/her dementia deficits.</p> <p>A review of Resident #31's Minimum Data Set (MDS) admission assessment dated [DATE] indicated behavioral symptoms that interfered significantly with resident care and participation in activities or social interactions.</p> <p>On 08/12/24 at 1:41 p.m. a surveyor met with the facility MSW and learned that Resident #31 was not screened for trauma upon admission to the facility despite the behavioral indications that trauma may be a factor, and unless the resident is a veteran, they don't screen for any other resident's for trauma history or attempt to determine triggers to avoid re-traumatization.</p> <p>On 8/12/24 at 2:03 p.m. a surveyor requested the trauma informed care policy for the facility. A policy was not presented by the end of survey.</p> <p>48648</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>44049</p> <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observations, review of 4-week menu cycle, and interviews, the facility failed to follow the printed menu for 3 of 3 days of the survey, and not complying with regulation S483.60(c)(2) that menus be prepared in advance; and S483.60(c)(3) that menus must be followed. This has the potential to effect all 33 of the residents in the facility.</p> <p>Findings:</p> <p>On 8/12/24 at 8:56 a.m. a surveyor met with a resident who states it feels like we have the same meal every week, the variety is not a lot</p> <p>On 8/12/24 at 10:34 a.m. a surveyor met with a resident in his/her room. He/She also said the same things are served all the time and they never know what it's going to be because they don't get a menu.</p> <p>On 08/13/24 at 12:16 p.m. a surveyor met with a resident who stated The variety is lacking. It feels like we get the same thing every week. I get tired of the same food.</p> <p>A surveyor reviewed the notes from the food committee meeting held on Monday August 5, 2024 with the permission of Resident Council president. The activities Director and 5 residents were in attendance. The following was recorded:</p> <p>The residents would like to see more variety and choices with varying alternative choices</p> <p>Which are always egg salad or peanut butter and jelly</p> <p>On 8/13/24 at 11:14 a.m. a surveyor met with the facility cook regarding the variety of food. A 4-week rotated menu was provided but the cook said that it's not followed, and they write the menu on the dry erase board outside the kitchen every day. The menus were not followed for lunch or dinner for 3 out of 3 survey days. If the resident doesn't like the meal served, they have a choice of chicken noodle soup, tomato soup, and/or sandwich of the day.</p> <p>On 08/13/24 at 12:43 p.m. a surveyor met with the Director of Nursing regarding the menu not being followed. He was unaware the menu was not being followed but was aware of complaints about the variety of food served.</p> <p>On 8/13/24 at 9:45a.m. - the cook, was asked what week they were on in the printed 4-week cycle? She stated that they never follow that. When asked why the meal that is served is different from the printed menu, she stated that she cooks what the manager tells her to. She is on vacation this week and before she left she gave me a hand written menu for the week. She stated that the chicken the facility ordered did not come in so she, the manager told her to cook something different, But that is not unusual because we hardly ever follow the printed menu.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>8/14/24 at 9:50a.m. - Called placed to the dietitian, she stated that she had no idea that the facility was not following the published menu. She stated that when she is in the facility she spends about 2 hours there and that is divided between the kitchen and the residents. She stated that she makes her nutritional assessments based on the published menus and she has no knowledge that they were not being followed.</p> <p>48648</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>48648</p> <p>Based on observations and interviews, the facility failed to serve food that was at an appetizing temperature to residents on 2 of 2 floors.</p> <p>Findings:</p> <p>On 8/12/24 at 8:56 a.m. a surveyor interviewed a resident in the dining room and was told the food is not hot enough and it feels like the same foods are served every week.</p> <p>On 08/12/24 at 09:40 a.m. a surveyor asked a resident in her bed about breakfast and was told Breakfast was not good. It's cold</p> <p>On 8/12/24 at 10:34 a.m. a surveyor met with a resident in [his/her] room who had a piece of French Toast on a plate. [He/She] held up the French Toast and said it was cold this morning. The food is always cold. [He/She] also said the same things are served all the time and they never know what it's going to be.</p> <p>On 8/13/2024 at 11:00 a.m. a surveyor interviewed the cook in the kitchen and learned that the food is temperature checked as it's plated, a cover is placed over the plate and the tray is moved to the carts for transporting by the designated time for each meal. She often sees the carts sit there 30-40 minutes before the CNAs take them to be passed.</p> <p>On 08/13/24 at 11:18 a.m. a surveyor met with a resident who requested to speak with a surveyor. This resident stated that the food is not delivered to the residents on time to keep the hot foods hot and the cold foods cold. [He/She] can see the trays delivered to the second-floor unit by elevator and it sits in the hallway for sometimes 30 minutes or more before the CNAs start passing the trays. [He/She] never sees anyone, but the CNAs pass the trays. Also, this resident stated its unappetizing to see the same foods all the time. There is no variety. The residents recently started a food committee led by this resident about the food complaints.</p> <p>A surveyor reviewed the notes from the food committee meeting held on Monday August 5, 2024 with the permission of Resident Council President. The Activities Director and 5 residents were in attendance. The following was recorded:</p> <ol style="list-style-type: none"> 1. Food is often served cold or less than lukewarm 2. Ice cream is often melted by the time residents eat dessert. 3. The residents would like to see more variety and choices with varyng alternative choices 4. Which are always egg salad or peanut butter and jelly 5. snacks be available in the evening. In the past, a snack cart was brought to the rooms one or two times a day <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. Presentation is important. Often the food may taste ok, but the presentation makes it unappealing</p> <p>On 8/13/2024 a surveyor observed the lunch meal tray pass on the first floor. Two CNAs were passing the trays to residents in their rooms. Residents were also seen in the dining room at tables waiting for food. A licensed nurse was at the desk, when this surveyor asked if licensed nurses ever helped pass the trays she responded affirmatively. I did not see any licensed staff passing trays at any point during the survey.</p> <p>On 8/13/2024 at 1:00 p.m. a surveyor interviewed a CNA and was told that CNAs pass the meal trays. I was told that by the time all the trays are delivered, and he/she is able to assist those that need help eating, the food isn't very warm for those residents.</p> <p>On 8/13/2024 at 1:30 p.m. a surveyor met with the Director of Nursing about the above issues and was told that food was an issue they were addressing.</p> <p>On 08/13/24 at 1:43 p.m., a surveyor spoke with a family member for a resident who has lived at the facility since 2015. This family member visits 5 days a week for several hours at a time and helps to feed her family member lunch. When asked about the temperature and quality of the food. He/She stated that the food temperature was not very warm and the variety was poor.</p>		