

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER Forest Hill Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 25 Bolduc Ave Fort Kent, ME 04743	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>35904</p> <p>Based on interviews, the facility's bathing schedule, and facility's bathing documentation, and electronic medical record the facility failed to ensure that resident's preferences were being followed in the area of bathing for 1 of 1 resident reviewed. (Resident's #1 [R1]).</p> <p>Findings:</p> <p>On 9/4/24 at 10:07 a.m. in an interview with a surveyor, R1 indicated that he/she should be getting whirlpools every evening, that it is care planned, and he/she did not receive whirlpools for 7 days in the past 31 days. R1 further indicated that he/she only refused a whirlpool bath 1 time due to being sick, and 1 time because he/she returned from an outing late and knew it was late for staff to give him/her a whirlpool.</p> <p>Review of LTC IPOC (plan of care) for R1, last evaluated on 8/27/24, indicates under ADL (activities of daily living), I request a daily whirlpool in the evening. I may decline at times, if my schedule changes or I don't feel up to it.</p> <p>Review of facility Whirlpool Schedule indicates under Miscellaneous, R1, WP (whirlpool) every evening before 9 pm [9:00 p.m.].</p> <p>Review of CORP - Section GG (MDS 3.0) - Detail Report for R1, printed on 9/4/24, dated 8/25/24 9:30 PM (p. m.), Inpatient, indicates, please describe the resident's shower/bathe performance., Substantial/maximal assistance. The detail report does not specify what type of bathing R1 received.</p> <p>On 9/4/24 at 11:53 a.m. in an interview with a surveyor, Registered Nurse #1 [R1] indicated that last October things changed with the documentation and as a facility they decided to choose how they document bathing according to Section GG of the Material Data Set (MDS) 3.0. which doesn't specify the type of bath a resident receives. The surveyor confirmed that R1's documentation does not indicate if he/she received a bed bath, whirlpool bath, or shower.</p> <p>Review of R1's clinical record lacked evidence that he/she received any whirlpools in the past 31 days.</p> <p>On 9/4/24 at 1:04 p.m. in an interview with the Administrator, a surveyor confirmed that there is no evidence that R1 received any whirlpool baths in the past 31 days.</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
---	-------	-----------