

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 03/11/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observations and interviews the facility failed to promote care to residents in a manner that maintains each resident's dignity for 1 of 2 lunch dining services observed (3/9/26). Findings: On 3/9/26 at 11:35 a.m., a surveyor observed a Registered Nurse (RN1) standing while assisting R23 to eat. The surveyor confirmed this finding with RN1 at the time of the observation. RN1 stated she knew she should be sitting but was only assisting for a couple minutes to cover for another staff member who had to step away. On 3/9/26 at 11:37 a.m., a surveyor observed the Director of Nursing (DON) assisting R23 to eat while standing. At 11:40 a.m a surveyor observed the DON pull up chair to assist R23 to eat. On 3/11/26 at 8:00 a.m., during an interview a surveyor and the DON, the above findings were confirmed.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, record review, and interviews, the facility failed to obtain a provider order, complete an assessment, and monitor for the use of a seatbelt while in a motorized wheelchair for 1 of 1 residents reviewed for restraints (Resident #40 [R40]). Findings: On 3/9/26 at 3:36 p.m., a surveyor observed R40 wearing a seatbelt while sitting in a wheelchair. On 3/10/26, R40's clinical record was reviewed. R40's diagnoses included Cerebral Palsy (a group of conditions that affect movement and posture). The care plan indicated, I use a seatbelt on my new motorized wheelchair to prevent falls (slipping out of my wheelchair) due to my body habitus [the general shape, build, and physical constitution of a person's body, significantly influencing organ placement, size, and weight distribution]. The clinical record lacked evidence of a provider's order for the use of the seatbelt, an assessment for use of the seatbelt, and monitoring of the resident while using the seatbelt. On 3/11/26 at 9:34 a.m., during an interview with a surveyor, the Licensed Social Worker stated R40 received his/her new wheelchair on 2/23/26. On 3/11/26 at 8:00 a.m., during an interview with 3 surveyors, the Director of Nursing stated that R40 is able to release the seatbelt while in use, and that R40 was assessed for the use of the wheelchair and seatbelt, but the assessment was not documented. At this time, a surveyor confirmed that R40's clinical record lacked evidence of a provider order, assessment, and monitoring for the use of a seatbelt while in the wheelchair.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interviews, the facility failed to prepare food under sanitary conditions for 1 of 3 days of survey. (3/9/26) Finding: On 3/9/26 at approximately 11:45 a.m., a surveyor observed the cook take a small skillet off a shelf, the small skillet was observed to have been encrusted with a baked/fried on substance. On the shelf there were 2 additional small frying pans and a medium frying pan that were encrusted with a baked/fried on substance. In addition, the cooking surface of the frying pans were observed to have Teflon (a nonstick coating) on the outer borders of the cooking surface but bare metal (silver) on the bottom/middle of the cooking surface. On 3/9/26 at the time of the observation and during an interview with the cook and the dietary aide it was stated that the pans were non-stick at one time, but the Teflon wore off from cooking and cleaning the pans. This finding was confirmed by the surveyor at this time with the cook and dietary aide and later at 12:15 p.m. with the Food Service Director.</p>		