STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(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	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL MANOR	25 BOLDUC AVE , FORT KENT, Maine, 04743

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS From 3/9/26 through 3/11/26, on-site visits were conducted at Forest Hill Manor for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification. It was determined that Forest Hill Manor is not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F0000		
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without	F0550	1. Education provided to all nursing staff regarding resident's dignity and feeding. 2. Resident dignity and feeding added to nursing orientation check list. 3. Monitoring of dining room by DON/Charge RN 3 times per week to ensure proper adherence. Results reported at FH QAPI Meeting.	4/3/26 3/23/26 4/21/26

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 reverse for further 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
A. B.	COO/Admin	3/23/2026

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F0550 SS = D	Continued from page 1 interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: 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.	F0550		
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: 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:	F0684		

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F0684 SS = D	Continued from page 2 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.	F0684	1. Physician Order obtained for use of seat belt. 2. Assessment completed for use of seat belt while in motorized wheelchair. 3. Consent form completed with resident for use of seat belt while in motorized wheelchair. 4. Treatment entered in EMR for ongoing monitoring of resident ability to remove seat belt independently daily when using motorized wheelchair. 5. Procedure for residents with seat belts on wheelchair added to RN orientation checklist. 6. DON to complete random audit of resident charts to verify completed assessments. Results reported at FH QAPI Meeting.	3/11/26 3/11/26 3/11/26 3/11/26 3/24/26 4/21/26
F0812 SS = D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F0812		

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F0812 SS = D	Continued from page 3 §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: 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.	F0812	1. All pans with baked/fried on substance were discarded and replaced with new pans. 2. Education provided to all dietary staff to discontinue the use of inappropriate cookware when identified. 3.Observation added to weekly head cook checklist to identify Teflon deterioration and to ensure there is no evidence of any baked/fried substances.	3/10/26 3/23/26 3/25/26