

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER EASTSIDE CENTER FOR HEALTH & REHABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP 516 MT HOPE AVENUE BANGOR, ME 04401	
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)		
F 0881 Level of harm - Potential for minimal harm Residents Affected - Some	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on Interview and Record Review the facility failed to implement a facility-wide system to monitor the use of antibiotics within the facility. This affects 1 of 3 residents reviewed and has the potential to affect all residents placed on antibiotics in the facility. Findings Include: Record Review of Resident #1's clinical record revealed that Resident #1 was diagnosed with [REDACTED]. On 02/20/2020 the facility was provided a culture sensitivity report from the hospital stating that the resident's urine was colonized with ESCHERICHIA species that was resistant to [MEDICATION NAME]. Resident #1 was discharged later on 02/20/2020 to the hospital due to [MEDICAL CONDITION]. Record Review of the Infection Preventionist's Infection Control Log for the months of February and March 2020 revealed that the infection preventionist did not track on their Infection Control Log that Resident #1 had a UTI, the infectious agent, the antibiotic prescribed, whether or not the infectious agent was resistant to the antibiotic prescribed, and any feedback for the prescribing provider. Interview with the Infection Preventionist on 07/16/2020 at 11:50am confirmed that the Resident #1's UTI and antibiotic prescribing was not tracked on the Infection Control log and should have been. The Infection Preventionist stated that he/she did not know why Resident #1's UTI and antibiotic prescribing was not tracked on the log and that he/she did not have Resident #1 tracked for antibiotic use on any other log in the facility. Record Review of the facility Antibiotic Stewardship Binder revealed that the facility did not have an antibiogram describing the types of infectious bacteria and their resistance to antibiotics in the Binder (there was a blank page that stated place antibiogram here.) Interview with the Director of Nursing (DON) confirmed that the Infection Preventionist had to call the hospital to obtain the 2019 antibiogram for the facility. Interview with the facility Infection Preventionist confirmed that she did not have the antibiogram and had to call the hospital to obtain it.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.