

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Hawthorne House		STREET ADDRESS, CITY, STATE, ZIP CODE  6 Old County Rd Freeport, ME 04032	

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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48648</b></p> <p>Based on record reviews and interviews, the facility failed to provide effective treatment for 1 resident (Resident #1) reviewed for care in the area of mental disorders and a post-traumatic stress disorder (PTSD). (Resident #1)</p> <p>Findings:</p> <p>On 1/14/25, the Division of Licensing and Certification (DLC) received a referral from Adult Protective Services regarding Resident #1 and became aware of allegations of neglect in the area of Behavioral Health.</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses that included schizophrenia, bipolar, PTSD along with a Preadmission Screening and Resident Review (PASRR) Level II assessment indicating care needs that required a Medical Psychiatric Long-Term Care Unit.</p> <p>A record review of Resident #1's medical record showed a Trauma Screening form with the date of 1/6/25 that indicated a Trauma History. The rest of the form was incomplete, missing the assessment of trauma triggers. There is no indication a trauma assessment was completed upon admission or prior to 1/6/25.</p> <p>On 1/28/25 at 11:45 a.m., a surveyor interviewed RN #1 and was shown the form used for 15-minute checks that are initiated for safety. RN#2 stated that this form would be filed in the Medical Record once completed.</p> <p>On 1/29/25 at 9:35 a.m., a surveyor interviewed Registered Nurse (RN) #2 by phone and confirmed RN#2 had worked with Resident #1. It was shared with this surveyor that Resident #1 felt re-traumatized every time Emergency Medical Services (EMS) and the police came to take her to the hospital because in the past it was men who would hold her down and abuse her and that was why she fought so much. Male staff are also very triggering. This was not documented in Resident #1's medical record. RN #2 stated this should have been documented in the medical record.</p> <p>A record review of Resident #1's care plan showed it failed to include a focus, goals and interventions in the area of PTSD.</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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident #1's Electronic Medical Record (EMR) under progress notes found the following:</p> <ul style="list-style-type: none"> <li>- 11/26/24 at 8:54 p.m., showed a Behavior note Resident is stating that the voices in his/her head are telling him/her to kill him/herself. He/She states he/she can't stop them or make them go away. He/She states that he is telling him/her how to kill him/herself. Telling him/her to hang him/herself or take a fork and stab him/herself with it until he/she bleeds to death. Resident #1 stated he/she doesn't plan on harming him/herself but does state he/she doesn't want to live like this anymore. He/She says the voices are getting stronger and harder to ignore. There is no documentation that the provider was notified. There is no documentation that any additional safety measures were put in place to ensure Resident #1's safety.</li> <li>- 11/29/24 at 1:21 p.m., a CNA reported to RN #1 that resident stated I am having hallucinations, and the voices are telling me to hurt myself. The documentation indicates the unit manager was notified and safety checks were performed. There is no documentation indicating when or if those safety checks were done. There is no documentation that the provider was notified.</li> <li>-12/3/24 at 7:47 pm., the physician was notified that the resident is complaining that the voices she/he is hearing are getting stronger and more frequent. They are telling resident to kill self and telling resident ways to do it. An order for Hydroxyzine, a medication used for anxiety, was changed. The documentation does not show any additional measures were taken to ensure resident safety.</li> <li>- 1/8/25 around 10:00 a.m Resident #1 stated to a provider that she/he had suicidal thoughts and a plan with intent to carry out the plan. The provider's note indicates that Resident #1 stated they told a CNA last night. There is no record of this. Orders for 15-minute checks for safety and replace the oxygen tubing with a shorter tube were immediately implemented. There is no documentation that 15-minute checks were performed. Resident #1 was transferred to the ER around 7:30 p.m. due to safety concerns.</li> <li>- 1/9/25 at 11:30 a.m., Resident #1 returned to the facility. There were no changes to his/her care plan following the return. No documentation that additional safety measures were initiated. A safety plan was located in the Medical Record with a date of 1/8/25. There is no evidence this prompted any new orders or updates to the care plan. RN #2, during interview above, stated that she/he was unaware of the safety plan. A safety plan is completed with the patient and outlines what to do in the event of self-harm thoughts, it includes warning signs, interventions and is in the patient's own words.</li> <li>- 1/10/25 at 5:30 a.m Resident #1 was found with a pillow case and a sheet tightly around his/her neck. When assisted, Resident #1 yelled Leave me alone, I want to die 911 was called and Resident #1 was transferred to the hospital.</li> <li>- 1/17/25 that Resident #1 returned from the hospital with a new prescription for an antipsychotic medication and a plan for the hospital Nurse to fax the safety plan and psych notes. Following Resident #1's return, the care plan was not updated with additional safety measures. No documentation that additional safety measures were initiated. The facility was unable to locate Resident #1's safety plan.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 1/21/25 at around 3:00 p.m Resident #1 was again found on the floor with a blue sheet tied tightly around his/her neck. 911 was called and Resident #1 returned to the hospital where she/he remained at the time of this investigation.</p> <p>On 1/28/25 at 12:40 p.m. a surveyor met with the Administrator and the Director of Nursing to discuss the above findings.</p>