

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  03/24/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interviews, and a review of Safety Data Sheets (SDS), the facility failed to ensure hazardous chemicals were properly secured on 1 of 1 day of survey. (3/24/26) Findings: During the environmental tour on 3/24/26 at 11:50 a.m. a soiled utility closet door on the Somerset unit was observed unlocked. The door was equipped with a keypad locking mechanism. The following chemical products stored on a shelf inside the soiled utility closet were observed: Tropiclean, Virex TB Ready-To-Use Disinfectant Cleaner, Hang [NAME] Plus Clinging Disinfectant Bowl Cleaner, Damp Rid Moisture Absorbers. At the time of observation CNA #1 and CNA #2 indicated the keypad lock had not been functioning properly and were unaware of how long it had been inoperable. Staff acknowledged the door should have been secured due to the hazardous chemicals and presence of residents with cognitive impairment on the unit. The Safety Data Sheet for Tropiclean states in Section 4.1 First aid measures: skin contact: Remove affected clothing and wash all exposed skin area with mild soap and water, followed by warm water rinse. eye contact: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists: Get medical advice/attention. Get medical advice/attention. ingestion: Rinse mouth. Do NOT induce vomiting. Obtain emergency medical attention. The Safety Data Sheet for Virex TB Ready-To-Use Disinfectant Cleaner states in Section 4: First Aid Measures. Eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing for at least 15 minutes. If eye irritation persists: Get medical advice/attention Skin: In case of contact, immediately flush with plenty of water. If irritation occurs or persists, get medical attention Inhalation: no specific first aid measures are required Ingestion: if swallowed: rinse mouth. Drink a cupful of water or milk. The Safety Data Sheet (SDS) Hang [NAME] Plus Clinging Disinfectant Bowl Cleaner Section 4: Eye: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control center or doctor for treatment advice. Skin: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor for treatment advice. Ingestion: Call a poison control center or doctor immediately for treatment advice. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by the poison control center or doctor. The Safety Data Sheet for Damp red moisture absorbers. Skin contact Immediately flush skin with. Plenty of water. Remove contaminated clothing. Get medical attention if irritation develops or persists. Eye Contact Immediately flush eyes with water for at least 15 minutes while holding eyelids open. If swallowed, do not induce vomiting unless directed to do so by medical personnel. On 3/24/26 at 12:00 p.m., the Administrator confirmed the concern at the time of observation and the Maintenance Director immediately repaired the keypad lock to ensure the door was secured properly.</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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