

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

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 05/01/2025
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)		
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>35904</p> <p>Based on record reviews, facility policy review, and interviews, the facility failed to ensure a resident's Advanced Directive documentation was accurate and in the clinical record for 20 of 24 records sampled.</p> <p>Findings:</p> <ul style="list-style-type: none">- A review of Resident #20s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.- A review of Resident #35s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.- A review of Resident #36s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.- A review of Resident #45s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.- A review of Resident #65s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative. <p>37440</p> <ul style="list-style-type: none">- A review of Resident #1s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative. <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 205098	Facility ID: 205098 If continuation sheet Page 1 of 18

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- A review of Resident #16s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>- A review of Resident #27s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>- A review of Resident #33s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>- A review of Resident #43s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>- A review of Resident #57s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>44049</p> <p>- A review of Resident #9s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>-A review of Resident #46s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate advanced directive to the resident and/or resident representative.</p> <p>-A review of Resident #29s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate and advanced directive to the resident and/or resident representative.</p> <p>- A review of the Resident #226s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>-A review of Resident #227s electronic medical record and their paper record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>-A review of Resident #230s electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>51331</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- A review of Resident #30s electronic medical record and their paper medical record lacked evidence that facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>- A review of Resident #31s medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>-A review of Resident #51s medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>On 5/1/25 at approximately 10:30 a.m. in an interview with the Director Nursing and the Administrator, the lack of Advanced Directive documentation was confirmed. They stated that they had identified Advance Directives as an issue that they were having problems with it and had developed an Action Plan, but as yet no audits have been done for review.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440</p> <p>Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in a sanitary, orderly, and comfortable environment on 3 of 4 units ([NAME], [NAME] and Somerset) and the laundry room for 2 of 2 facility tours (4/28/25 and 5/5/25).</p> <p>Findings:</p> <p>1. On 4/28/25 at 12:20 p.m., a surveyor observed in Resident room [ROOM NUMBER] that the bathroom floor was black around the base of the toilet and there was a pink wash bucket on floor under the sink. On 4/28/25 at 12:33 p.m., in an interview, a Registered Nurse confirmed the findings.</p> <p>2. On 5/01/25 from 8:43 a.m. to 9:30 a.m., an Environmental tour was completed with the Administrator and the Director of Nursing in which the following findings were observed:</p> <p>Laundry: > There were 2 laundry carts that had untreated wooden wheeled bases.</p> <p>[NAME]: > Resident room [ROOM NUMBER]- The privacy curtain was missing hooks, hanging down and in disrepair. > Resident room [ROOM NUMBER] - The floor around the base of the toilet was stained and dirty. The flooring was lifting next to the wall around the room. >The wheelchair scale, in the sitting area, had a ripped/missing non-skid surface creating an uncleanable surface.</p> <p>[NAME]: > The dining room baseboard heater had chipped/missing paint creating an uncleanable surface. > The nurse's station baseboard heater has chipped/missing paint creating an uncleanable surface. > Resident room [ROOM NUMBER] - The laminate was peeling off from the bottom of the bathroom door and the bathroom door was missing finish on a large area around door handle creating an uncleanable surface. The floor was stained and dirty around the base of the toilet. > Resident room [ROOM NUMBER] - The baseboard heater had broken parts that had fallen on the floor. The floor was stained and dirty around the base of the toilet. > Resident room [ROOM NUMBER] - The sink was rusty around the sink faucet. The transition strip at the base of the bathroom door was stained and dirty. The floor was stained and dirty around the base of the toilet.</p> <p>> Resident room [ROOM NUMBER]- The floor and caulking were stained and dirty around the base of the toilet. The room wall fan was dusty/dirty.</p> <p>Somerset: > Resident room [ROOM NUMBER] - The walls behind the resident's beds were marred with black marks and had chipped/missing paint exposing sheetrock.</p> <p>On 5/01/25 at 9:30 a.m., in an interview, the Administrator and the Director of Nursing confirmed the findings.</p>		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities 35904 Based on record reviews and interview, the facility failed to coordinate assessments for the Pre-Admission Screening and Resident Review (PASRR) Level I and Level II program for 1 of 3 sampled residents with a possible serious mental disorder (Resident #45). Findings: During review of Resident #45s clinical record, a surveyor noted that a PASRR Level I completed by Maximus on 4/19/24 required a face-to-face Level II evaluation. The surveyor could not find evidence that the PASRR Level II instructions were followed to ensure completion of a PASRR Level II for determination of potential recommended specialized services. In an interview with the Administrator on 4/30/25 at 12:35 p.m., a surveyor confirmed that there is no evidence that a face-to-face Level II evaluation was completed to ensure completion of a PASRR Level II for determination of potential recommended specialized services.		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>51331</p> <p>Based on record review and interviews, the facility failed to adequately follow physician orders for 15 minute checks for 1 of 1 resident reviewed for 15 minute checks (Resident #30).</p> <p>Findings:</p> <p>Review of Resident #30s clinical record shows a physician order for 15 minute checks. Ensure 15 minute check paper sheet is filled out which was initiated on 3/27/25 and discontinued on 4/16/25 for suicidal ideation.</p> <p>Review of Resident #30s 15 minute checks from 3/27/25 through 4/16/25 shows missing checks on the below dates:</p> <ul style="list-style-type: none">-On 3/30/25 there are 29 missing checks.-On 3/31/25 there are 59 missing checks.-On 4/1/25 there are 26 missing checks.-On 4/3/25 there are 11 missing checks.-On 4/7/25 there are 75 missing checks.-On 4/9/25 there are 28 missing checks.-On 4/11/25 there are 7 missing checks. <p>On 4/30/25 at 10:30 a.m., the above information was confirmed with the Director of Nursing.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51331</p> <p>Based on observations and interviews, the facility failed to ensure that the resident's environment was free of accident hazards by ensuring that cleaning supplies were secured, a toilet was secured to the floor room, closet and bathroom doors had laminate that was not gouged and splintered creating sharp edges, medication and wound care supplies, and a sharp object secured on 3 of 4 units ([NAME] Unit, Geriatric Psychiatric Kennebec Unit (GPKU), and [NAME] Unit) for 1 of 2 environmental tours (4/28/25, and 4/29/25). In addition, the facility failed to store oxygen tanks securely for 1 of 4 days (4/28/25).</p> <p>1. On 4/28/25 at 10:04 a.m., a surveyor observed a unsecured container of Sani-Cloth Plus Germicidal Disposable Cloth on Resident #51s nightstand. At this time, after surveyor intervention, the Unit Manager of the GPKU removed the chemical from the residents room.</p> <p>The Safety Data Sheet for Sani-Cloth Plus Germicidal Disposable Cloth states in Section 4: First Aid Measures Eyes: Flush eyes with large quantities of water for several minutes. Remove contact lenses if easy to do so. Continue rinsing. Get medical attention if irritation persists Skin: No first aid should be required. Wash skin with water. Get medical attention if irritation develops or persists Inhalation: Not a normal route of exposure. If symptoms develop move victim to fresh air. Get medical attention if symptoms develop Ingestion: Ingestion is unlikely for solid products. No first aid is required for small amounts transferred from hands to mouth.</p> <p>On 4/28/25 at 11:25, the above information was confirmed with the Quality Improvement Manager.</p> <p>2. On 4/28/25 at 11:25 a.m., observation, with the House Keeping Team Lead and the Quality Improvement Manager on the Geriatric Psychiatric Kennebec Unit, of a spray bottle containing Virex TB Ready-To-Use Disinfectant Cleaner sitting on a railing in the common area, available to use for all residents residing on the unit. At this time the House Keeping Team Lead removed the chemical from the unit.</p> <p>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.</p> <p>37440</p> <p>3. On 4/28/25 at 12:20 p.m., a surveyor observed on [NAME] Unit the toilet in Resident room [ROOM NUMBER] to be loose and not secured to the floor.</p> <p>On 04/28/25 at 12:33 p.m., in an interview, a Registered Nurse confirmed that the toilet was loose and not secured to the floor which created an accident hazard.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/28/25 at 12:50 p.m., in an interview the Administrator, the surveyor discussed the loose and unsecured toilet, which created an accident hazard.</p> <p>35904</p> <p>4. On 4/29/25 at 11:42 a.m. a surveyor observed wound care for Resident #30, on the GPKU room [ROOM NUMBER]. The treatment nurse brought a two shelf utility cart that had 2 tubes of Antifungal cream, 1 can of Brava skin barrier spray, 2 bottles of Vashe, 1 Tuberculin Purified Protein vial, and Cavilon barrier cream on the top shelf of the utility cart that was left in the hallway, accessible to resident's on the GPKU. The surveyor confirmed, with the treatment nurse, an accident hazard when the treatment nurse closed the door to room [ROOM NUMBER], Resident #30's room leaving the utility cart unattended and accessible to other residents wandering on the unit. The treatment nurse took the utility cart to a locked room behind the nursing station at this time.</p> <p>5. On 4/29/25 at 11:45 a.m., a surveyor observed wound care for Resident #30, on the GPKU room [ROOM NUMBER]. The treatment nurse was observed removing a pair of scissors from Resident #30 bedside drawer to use during wound care treatment for Resident #30. Once the nurse was done with wound care, she left the scissors on the windowsill accessible to other residents wandering on the unit. The scissors were left out in the open creating an accident hazard and was confirmed with the treatment nurse by the surveyor at the time of observation. The treatment nurse stated that staff usually leave the scissors in the room.</p> <p>6. On 4/29/25 at 3:09 p.m. a surveyor observed on the [NAME] Unit in room [ROOM NUMBER], Resident #45 wearing headphones that has a cord plugged into a television on a dresser at the opposite end of the room. The cord is taped to the floor crossing the walkway from the dresser to the bed with the tape lifting up on both ends of the tape creating a tripping, accident hazard.</p> <p>On 4/29/25 at 3:35 p.m. in an interview with the Administrator, a surveyor confirmed the accident hazard in [NAME] Unit room [ROOM NUMBER], Resident #45. Maintenance removed the accident hazard immediately.</p>		

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. 51331 Based on performance evaluation reviews and interviews, the facility failed to complete annual performance evaluations at least every 12 months for 3 of 5 sampled employees. (Certified Nursing Assistant (CNA) #1, #3, #4) Findings: 1. CNA#1 was hired in 7/2001. The facility was unable to provide evidence of completed annual performance evaluations for 2024. 2. CNA#3 was hired in 7/2023. The facility was unable to provide evidence of completed annual performance evaluations for 2024. 3. CNA#4 was hired in 3/1990. The facility was unable to provide evidence of completed annual performance evaluations for 2024. On 4/30/25 at 10:20 a.m., the above information was confirmed with the Facility Administrator.		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44049</p> <p>Based on observations and interviews, the facility failed to ensure expired medications were removed from the supply available for use in 1 of 4 medication carts observed ([NAME] Unit).</p> <p>Findings:</p> <p>On 4/29/25 at 7:34 a.m., a surveyor observed a medication cart on the Long Hall of the [NAME] Unit. A surveyor observed a medication punch card of Codeine Sulfate 30mg that expired on 1/2025, still in the medication cart and available for use.</p> <p>This was called to the attention of Certified Nursing Assistant - Medications #1 that was administering medications from the cart that day and then given to Registered Nurse #2.</p> <p>This was confirmed with the Director of Nursing on 4/29/25 at approximately 9:00 a.m.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440</p> <p>Based on observations, interviews, and review of the facility's Dish Machine Temperature policy/procedure(High Temp Dishwashers), the facility's Refrigerator and Freezer Temperatures policy/procedure, and the facility's Food Storage policy/procedure, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for ceiling lights, table legs, floors, chemical hoses, sink drains, and a standing floor mixer: failed to ensure dishes and cups were not wet stacked; failed to ensure foods were dated and labeled in the walk-in refrigerators, the walk-in freezer and the dry storage area and failed to ensure that liquids on a juice/liquid delivery cart, used for unit service, were not expired for 2 of 2 observations on 1 of 4 days of survey ([DATE]).</p> <p>Findings:</p> <p>The facility's Dish Machine Temperature policy/procedure(High Temp Dishwashers) dated 2021 noted: Policy: Dishwashing staff will monitor and record dish machine wash and rinse temperatures to assure proper sanitizing of dishes. 2. Staff will monitor dish machine temperatures throughout the dishwashing process. 4. Staff will record dish machine temperatures for the wash and rinse cycle each meal. 5. The director of food and nutrition services will spot check this log to assure temperatures are appropriate and staff is correctly monitoring and documenting dish machine temperatures.</p> <p>The facility's Refrigerator and Freezer Temperatures policy/procedure revised [DATE] noted: Policy: refrigerators and freezers are to be kept at adequate temperatures to ensure food safety. Temperatures are to be taken twice per day to verify temperatures are being sustained throughout the day. 1. Each temperature will be documented and any concerns or corrective actions will be noted.</p> <p>The facility's Food Storage policy/procedure dated 2021 noted: Procedure: 7. b. Food should be dated as it is placed on the shelves if required by state regulation. c. Date marking will be visible on all high-risk food to indicate the date by which a ready-to-eat food should be consumed, sold, or discarded. 8. All containers must be legible and accurately labeled and dated.</p> <p>1. On [DATE] from 9:10 a.m. to 9:45 a.m., an Initial Kitchen Tour with the morning cook in which the following findings were observed:</p> <p>> The dish room had a 4-foot ceiling light that had a broken lens. > The legs of the dish machine tables had dried liquid residue on them and were extremely rusty. > There was an approximately 4-foot long by 1-foot-wide section of floor tiles missing under one of the dish machine tables exposing untreated cement.</p> <p>> There was a basin of approximately 45 desert cups that were wet stacked and available for use(interview with kitchen staff at this time in which they stated they were just washed and ready for use).</p> <p>(continued on next page)</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>> There were 2 trays of approximately 70 stacked plastic glasses that were stained/spotted with dried liquid residue that were available for use (interview with kitchen staff at this time in which they stated they were just washed and ready for use). > The triple bay pot sink had a chemical hose hanging down in the center bay touching the bottom of the sink. > The vegetable sink with an appropriate air gap had a bus bucket under it, which was ,d+[DATE] full of drain water, due to the drain line overflowing when the sink is drained. > The kitchen floor had food debris and dirt on the entire floor and under the equipment and shelving. > The standing floor mixer had dried liquid residue on the base and the shroud. > The dry storage room had 2 large bags of noodles, 5 large bags of cereal and a small, covered bin of cereal that were not dated and labeled. > The dry storage room floor had food debris and dirt on the entire floor and under the equipment and shelving. > The walk-in refrigerator had a previously opened bag of what appeared to be coleslaw that was not dated and labeled. The floor had dried liquid residue, spilled liquids and dirt on the floor and under the equipment and shelving. > The walk-in freezer had a large package of what appeared to be ravioli and a large package of what appeared to be chicken patties that were not labeled and dated.</p> <p>On [DATE] at 9:45 a.m., in an interview with a surveyor, the morning cook confirmed the findings. At this time, the surveyor asked for the monitoring and documenting of February, March and [DATE] dish machine temperature checks, and temperature checks for refrigerators and freezers on the Somerset, [NAME], Kennebec and [NAME] units.</p> <p>On [DATE] at 10:00 a.m., in an interview, the surveyor discussed the findings with the Administrator.</p> <p>2. On [DATE] at 12:47 p.m., a surveyor observed, on the [NAME] juice/liquid cart, a 46-ounce container of Thickened Orange juice with a best if used by date of [DATE]. At this time, in an interview, Certified Nursing Assistant #6 (CNA #6) confirmed that the juice was 10 days past its best use by date.</p> <p>3. On [DATE] at 3:45 p.m., a surveyor reviewed the monitoring and documenting of dish machine temperature checks for the kitchen and temperature checks for refrigerators/freezers for February, March and [DATE] on the Somerset, [NAME], Kennebec and [NAME] units. February - No documentation was provided by the facility for dish machine and refrigerators/freezers.</p> <p>March: Dish machine missing dates: Breakfast: 1, 2, ,d+[DATE], ,d+[DATE], 20, 21, ,d+[DATE], 29 and 31. Lunch: 1, 2, ,d+[DATE], 10, ,d+[DATE], 21, 22, 26, 29 and 31. Dinner: ,d+[DATE], 24 and ,d+[DATE].</p> <p>Refrigerator/Freezer Temperatures:</p> <p>Missing monitoring and documentation Somerset - 1, 2, 3, 6, ,d+[DATE], 13, 15, 16, 18, 20, 22, 23, 25, 29 and 30. [NAME] - 1, 2, 4, 6, 8, 9, 11, 15, 16, 19, 20, 22, 23, 25, 29 and 30. Kennebec - 1, 2, 4, 6, 8, 9, 13, 15, 16, 18, 20, 22, 23, 25, 27, 29 and 30. [NAME] - 1, 2, 4, 9, 13, 15, 18, 22, 23, 25 and 29.</p> <p>April: No documentation was provided by the facility for dish machine and refrigerators and freezers.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 05/01/2025
NAME OF PROVIDER OR SUPPLIER Hawthorne House		STREET ADDRESS, CITY, STATE, ZIP CODE 6 Old County Rd Freeport, ME 04032	
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 4:05 pm., in an interview with a surveyor, the Administrator confirmed the findings of missing/low monitoring/documenting for dish machine temperature checks and temperature checks for refrigerators/freezers of [DATE]. Additionally, the Administrator confirmed there was no documentation of temperatures for refrigerators/freezers for February and [DATE] on the Somerset, [NAME], Kennebec and [NAME] units.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440</p> <p>Based on observation, interview and facility policy review, the facility failed to maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases for residents, staff and visitors regarding linen handling on 1 of 4 units([NAME]) for 1 of 4 days of survey (4/28/25).</p> <p>Findings:</p> <p>The facility's Laundry and Bedding, Soiled policy and procedure revised 03/2025 noted: Policy: Soiled laundry/bedding shall be handled, transported and processed according to the best practices for infection prevention and control. Handling: 1. All used laundry is handled as potentially contaminated using standard precautions (e.g., gloves and gowns when sorting). a. Contaminated laundry is bagged or contained at the point of collection (i.e., location where it was used).</p> <p>On 4/28/25 at 11:11 a.m., a surveyor observed Certified Nursing Assistant (CNA #5) exit Resident room [ROOM NUMBER] carrying unbagged soiled linen with her bare hands and take it to the soiled linen room and place it in a soiled linen hamper. At this time, CNA #5 confirmed she had carried unbagged soiled linen with her bare hands out of the resident room and had taken it to the soiled room.</p> <p>On 4/28/25 at 11:29 a.m., in an interview, the surveyor discussed the finding with a Registered Nurse/Unit Manager.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>35904</p> <p>Based on record reviews, and interviews, the facility failed to implement an Antibiotic Stewardship Program (ASP) that includes protocols and a system to effectively monitor antibiotic use. This has the potential to affect all residents receiving an antibiotic.</p> <p>Findings:</p> <p>Review of the Infection Preventionist monthly log for antibiotics Infections 2025 spreadsheet lists a total of 13 resident infections from 1/1/25 through 3/11/25. The spreadsheet includes the Resident name, antibiotic given with start and stop date; however, the spreadsheet is not complete. There are six columns that have the headings, Bacteria, UTI, Soft tissue, Blood, Influenza, Surgery that are blank. Review of Infection Preventionist monthly log for antibiotics lacks evidence of the Infection Preventionist following through on the antibiotic use, the trends of infections and/or organisms, clusters of infections, and type of antibiotics used.</p> <p>On 5/1/25 at 12:08 p.m., during an interview with a surveyor, the Administrator and Director of Nursing discussed tracking infections of what residents have and what antibiotic they are originally on, but the infections tracking is not complete. It does not include if a culture was completed, what the culture indicated/what the organism is, and if it is the correct antibiotic. The Administrator stated that the previous Infection Preventionist quit with no notice, and a current employee was hired as the Infection Preventionist and started on 5/1/25. The surveyor confirmed at this time that the facility failed to implement an ASP.</p>		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. 35904 Based on clinical record review, immunization record review, and interview, the facility failed to administer vaccines for 1 of 5 residents whose immunization records were reviewed (Resident #45). Finding: On 10/4/24 Resident #45s clinical record included a form, Pneumonia, Covid, and Influenza Vaccines that was checked off, I understand the information provided and would like the pneumonia vaccine. Resident #45s immunization records lack evidence that a pneumococcal vaccine was reviewed and/or administered. On 4/30/25 at 3:04 p.m. in an interview with the Administrator, a surveyor confirmed that the pneumococcal vaccine has not been reviewed and/or administered to Resident #45.		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>35904</p> <p>Based on record review, and interview, the facility failed to review and/or offer a Coronavirus (COVID-19) vaccine for 1 of 5 residents reviewed for immunizations (Resident #45).</p> <p>Findings:</p> <p>On 10/4/24 Resident #45s clinical record included a form, Pneumonia, Covid, and Influenza Vaccines that was checked off, I understand the information provided and would like the Covid vaccine.</p> <p>Resident #45s immunization records lack evidence that a Covid-19 immunization was reviewed and/or administered. On 4/30/25 at 3:04 p.m. in an interview with the Administrator, a surveyor confirmed that the Covid-19 vaccine has not been reviewed and/or administered to Resident #45.</p>		

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 51331 Based on Certified Nursing Assistant (CNA) employee education record review and interview, the facility failed to monitor and ensure that the CNA attended the mandatory yearly dementia training for 1 of 5 CNA's reviewed. (CNA#2) Findings: On 4/40/25 a surveyor reviewed the following employee files: CNA #2 was hired in 6/2022. Review of the CNA's employee in-service/attendance record lacked evidence of dementia training for the year 2024. On 4/30/25 at 10:20 a.m., the above information was confirmed with the Facility Administrator.		