

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/17/2024
NAME OF PROVIDER OR SUPPLIER  Edgewood Rehab & Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 221 Fairbanks Rd Farmington, ME 04938	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440</b></p> <p>Based on observations and interviews, the facility failed to maintain adequate housekeeping and maintenance services to maintain a sanitary, orderly, and comfortable interior in 9 of 18 resident rooms, a dining room, a whirlpool room, a bathroom and the laundry room for 1 of 1 Environmental Tour.</p> <p>Findings:</p> <p>On 10/17/24 from 8:33 a.m. to 9:00 a.m., an Environmental Tour was conducted with the Administrator and the Maintenance Director in which the following findings were observed:</p> <ul style="list-style-type: none"> <li>&gt; The laundry room had debris in the two ceiling lights by the dryers. The wooden stand, under the washing machine's chemicals, was untreated creating an uncleanable surface.</li> <li>&gt; The standing floor fan in large dining room was heavily soiled with dust/dirt.</li> <li>&gt; The bathroom by the nurses station had a chipped/worn toilet seat and the floor was heavily soiled with dirt around the edges and over the entire floor.</li> <li>&gt; The whirlpool room was missing floor tiles along the edge of the wall and had a large brown stain on one ceiling tile.</li> <li>&gt; Resident room [ROOM NUMBER] - The bed footboard laminate and edging was peeling off the bed by the window. The standing floor fan was heavily soiled with dust/dirt.</li> <li>&gt; Resident room [ROOM NUMBER] - The bathroom had a urinal on the floor and a bed pan stored on the back of the toilet</li> <li>&gt; Resident room [ROOM NUMBER] - The room entrance door jamb had broken surface protectors.</li> <li>&gt; Resident room [ROOM NUMBER] - Resident #29's wheelchair seat was soiled and stained.</li> <li>&gt; Resident room [ROOM NUMBER] - The walls around the entire room and in the bathroom were marred, chipped and gouged creating uncleanable surfaces. The standing floor fan was soiled with dust/dirt.</li> <li>&gt; Resident room [ROOM NUMBER] - Resident #26's wheelchair had ripped/torn armrests.</li> </ul> <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>&gt; Resident room [ROOM NUMBER] - The walls around the entire room were marred, chipped and gouged creating uncleanable surfaces. The baseboard heater had chipped/missing paint creating an uncleanable surface. The room entrance door jamb had broken surface protectors.</p> <p>&gt; Resident room [ROOM NUMBER] - The base board heater had marred/chipped paint. The room entrance door jamb had broken surface protectors.</p> <p>&gt; Resident room [ROOM NUMBER] - The room entrance door had chipped/gouged wood and paint. The room entrance door jamb had broken surface protectors.</p> <p>On 10/17/24 at 9:00 a.m., in an interview, the Administrator and the Maintenance Director confirmed the findings.</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>51331</p> <p>Based on interview and record review, the facility failed to ensure that a baseline care plan was developed and implemented within 48 hours, that included instructions needed to provide minimum healthcare information necessary to properly care for 1 of 1 residents reviewed for new admissions (Resident #31).</p> <p>Finding:</p> <p>Resident #31 was admitted to this facility on 7/12/24. The admission history and physical states Resident #31 had a diagnosis of Acute Ischemic Stroke where the Medical Doctor (MD) noted that he/she had mild left upper extremity weakness along with reports of difficulty swallowing, mixed Alzheimer's and Vascular Dementia with some agitation requiring the resident to be redirected and newly anticoagulated for Atrial Fibrillation. Resident #31 had medication orders for an anticoagulant, antidepressant, beta blocker, and an opioid. As of 10/17/24 there was no evidence of a baseline care plan that included instructions necessary to provide safe and effective care to Resident #31.</p> <p>On 10/17/24 at 9:39 a.m., the above information was confirmed with the Director of Nursing.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51331</p> <p>Based on facility policy, record review and interviews, the facility failed to complete post fall neurological assessments along with appropriate fall assessments for 3 of 3 residents reviewed for falls (#17, #3, #333). In addition, the facility failed to follow physician orders for 1 of 2 residents reviewed for positioning (#18).</p> <p>Findings:</p> <p>Section V. Procedure of the Fall Management Policy (dated 7/2019), subsection E states to, Complete Post Fall Observation tool, following a fall and subsection F states Documentation must be completed in the nurse's note on each shift X3 following the fall.</p> <p>The Neurological Assessment Policy (dated 1/2019) states, Residents with suspected neurological compromise will have a neurological sign monitored and recorded for a minimum of 12 hours. Subsection III Procedures states A neurological assessment following resident head injury will be completed for all residents sustaining head trauma or suspected head trauma. In EMR: Neuro Checks will be conducted-every 15 minutes x4, every 30 minutes x4, every 1 hr. x4, every 4 hr. x2, and every 8 hr. x1. Frequency of neuro checks after 24 hours is determined by resident's observed signs and symptoms of neurological compromise.</p> <p>1. Resident #17 was admitted on [DATE] with a diagnosis of Dementia with Behavioral Disturbances and has a Brief Interview of Mental Status (BIMS) score of 4, indicating severe cognitive impairment. Nurse documentation states Resident #17 had four unwitnessed falls one on 9/1/24, 9/29/24,10/2/24, and 10/14/24. Further review of Resident #17's medical record lacked evidence of the facility continuing to monitor him/her for further injuries and/or neurological changes after the unwitnessed fall.</p> <p>On 10/16/24 at 10:53 a.m., during an interview, the Director of Nursing (DON) stated all unwitnessed falls with a resident with a low BIMS score should have a neurological check's done per the facilities neurological assessment policy.</p> <p>On 10/16/24 at 1:13 p.m., during an interview, the Quality Improvement Specialist (QIS) stated that the post fall observation tool is what triggers nurses to do the neurological assessments, and the nurses should document in a nurses note daily for three days following a fall. At this time, the QIS confirmed Resident #17's record lacked evidence of a post fall observation tool being completed and daily nursing notes for each shift for 3 days following all 4 of the falls.</p> <p>37440</p> <p>2. Resident #3 was admitted on [DATE] with a diagnosis to include Dementia, Cerebral Infarction, Neurocognitive Disorder with Lewy Bodies, Vertigo and had a BIMS score of 11, indicating moderate cognitive impairment. Nurse documentation indicated Resident #3 had an unwitnessed fall on 5/27/24. The clinical record lacked evidence that documentation was completed in the nurse's note on each shift x3 following the fall.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/17/24 at 10:25 a.m., the DON confirmed that there were no nursing notes about the incident initially and for the next three shifts as facility policy states.</p> <p>3. Resident #18 was admitted on [DATE] with a diagnosis to include Dementia, difficulty walking, Kidney Disease, Delirium and had a BIMS score of 7, indicating severe cognitive impairment. Current signed physician orders, dated 9/24/24, noted the following: 6/18/2024 Active (Current)Treatment, Knee brace - left knee -on when out of bed</p> <p>On 10/15/24 at 9:30 a.m., a surveyor observed Resident #18 in his/her wheelchair eating breakfast in the dining room and he/she was not wearing a knee brace on his/her left knee.</p> <p>On 10/16/24 at 8:50 a.m., a surveyor and the QIS interviewed Certified Nurse's Assistant, (CNA #1) who stated that she has taken care of the resident for a long time and the resident has never had a knee brace and doesn't wear one.</p> <p>On 10/16/24 at 9:00 a.m., a surveyor and the QIS observed and interviewed Resident #18, who stated that he/she was supposed to get a left knee brace a long time ago but never got one so he/she does not wear one.</p> <p>On 10/16/24 at 9:10 a.m., a surveyor and the QIS reviewed the resident clinical record and the physician's order for a left knee brace at all times when resident out of bed. At this time, the QIS confirmed that the facility was not following the physician's order for a left knee brace for the resident to be worn while he/she is out of bed.</p> <p>37648</p> <p>4. Resident #333 was admitted to the facility on [DATE] with diagnosis of Dementia, walking difficulty, muscle weakness, osteoporosis and had a BIMS score of 6, indicating severe cognitive impairment. The medical record states on 7/25/23 Resident #333 was found on the bedroom floor after an unassisted attempt at ambulation which resulted in bruising. Further review of the medical record lacked evidence of the facility continuing to monitor him/her for further injuries and/or neurological changes after the unwitnessed fall.</p> <p>On 10/16/24 at 2:15 p.m., during an interview, the Director of Nursing confirmed the above.</p>		

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<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> 33639</p> <p>Based on observation, interviews, and Material Safety Data Sheet (MSDS) review, the facility failed to ensure doors were locked where potentially dangerous chemicals were stored for 1 of 3 days of survey.</p> <p>Findings:</p> <p>On 10/15/24 at 9:48 a.m., a surveyor observed the Soiled Utility room, located on the Long-Term Care unit unlocked. Inside the Soiled Utility room, were four cabinets with four unlocked padlocks that contained the following: 1 bottle of Eco lab Rapid Multi Surface Disinfectant cleaner, 1 can of 3M Glass cleaner, 1 container of Simplex scour power and instant chlorine bleach, 1 can of WD-40, 1 bottle of True Clean Emerald Optically Enhanced floor cleaner and 1 bottle of Apollos Power Clean Industrial Grade cleaner &amp; detergent.</p> <p>The Material Safety Data Sheets, each dated 1/1/2007, were reviewed and indicated the following:</p> <p>1. Eco Rapid Multi Surface Disinfectant cleaner</p> <p>Section 4 First Aid Measures</p> <p>Eyes: Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Continue rinsing. Get medical attention immediately.</p> <p>Skin contact: Wash off immediately with plenty of water for at least 15 minutes. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.</p> <p>Ingestion: Rinse mouth with water. Do not induce vomiting. Get medical attention immediately.</p> <p>Section 7 - Handling and Storage</p> <p>Conditions for safe storage: Keep out of reach of children. Store in suitable labeled containers.</p> <p>2. 3M Glass cleaner Concentrate</p> <p>Section 4 First Aid Measures</p> <p>Eyes: Immediately flush with large amounts of water. Get medical attention.</p> <p>Skin contact: Immediately wash with soap and water, if signs/symptoms develop, get medical attention.</p> <p>Ingestion: Rinse mouth. If you feel unwell, get medical attention.</p> <p>Precautions for safe handling: Keep out of reach of children.</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 - Few</p>	<p>3. Simplex scour power and instant chlorine bleach</p> <p>Section 4 First Aid Measures</p> <p>Eyes: Flush eyes with plenty of water for at least 15 minutes. Continue rinsing. Get immediate medical advice/attention.</p> <p>Skin: Flush skin with plenty of water. If skin irritation occurs get medical advice/attention</p> <p>Ingestion: not induce vomiting. Rinse mouth with water. If victim is conscious and alert, give 2 to 4 capfuls of water. Get medical attention immediately.</p> <p>Section 2. Hazards Identification</p> <p>Keep out of reach of children.</p> <p>4. WD-40 Multi-Use Product Aerosol</p> <p>Section 4 First Aid Measures</p> <p>Eyes: Flush thoroughly with water. Get medical attention if irritation persists.</p> <p>Skin: Wash with soap and water. If irritation develops and persists, get medical attention.</p> <p>Ingestion: Aspiration Hazard. Do not induce vomiting. Call physician.</p> <p>Section 7 Handling and Storage</p> <p>Keep out of reach of children.</p> <p>5. True clean Emerald Optically Enhanced floor cleaner</p> <p>Section 4 First Aid Measures</p> <p>Eyes: Rinse immediately with water for 15 minutes. Consult physician if symptoms occur.</p> <p>Skin: Rinse with soap and water. Consult physician if symptoms occur.</p> <p>Ingestion: Do not induce vomiting. Get medical attention.</p> <p>Section 7 Handling and Storage</p> <p>Wash thoroughly after handling. Avoid repeated contact with skin. Keep out of reach of children.</p> <p>6. [NAME] Power clean Industrial Grade cleaner &amp; detergent</p> <p>Section 4 First Aid Measures</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 - Few</p>	<p>Eyes: Flush eyes thoroughly with plenty of water for 15 minutes.</p> <p>Skin: Sensitive-skinned persons should wash off with soap and water.</p> <p>Ingestion: Do not induce vomiting. Give lots of water and call a physician if necessary.</p> <p>On 10/15/24 at 9:49 a.m. during an interview with Certified Nursing Assistant #1 (CNA) and CNA #2, the surveyor confirmed this finding. CNA #1 and CNA #2 stated that the key to the Soiled Utility room is kept above the door and the door should be locked. The cabinets inside the Soiled Utility room are supposed to have the padlocks locked.</p> <p>On 10/15/24 at 9:59 a.m. a surveyor discussed the above finding with the Administrator.</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>37648</p> <p>Based on observation and interview, the facility failed to post nurse staffing information on a daily basis including: the total number and the actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care per shift for 2 of 3 survey days.</p> <p>Finding:</p> <p>On 10/15/24 and 10/16/24, a surveyor observed the nurse staffing information, posted in the main entrance, the posting lacked the total number of hours and the actual hours worked for the Registered Nurse, Licensed Practical Nurse and unlicensed nursing staff responsible for direct resident care.</p> <p>On 10/16/24 at 9:26 a.m., the above was confirmed with the Director of Nursing.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>51331</p> <p>Based on facility policy, record review and interviews, the facility failed to adequately ensure medications and biologics were monitored and stored at appropriate temperatures in 1 of 1 refrigerator observed and 3 of 3 months of medication refrigerator logs reviewed.</p> <p>Findings:</p> <p>Facility policy and procedure for Omnicare Storage and Expiration of Medications, Biologicals, Syringes and Needles, revised 8/1/24 states, Facility should ensure that medications and biologicals are stored at their appropriate temperatures according to the United States Pharmacopeia (USP) guidelines for temperature ranges and manufacturer guidance . refrigeration: 36 to 46 F.</p> <p>On 10/15/24 at 12:15 p.m., observation of the medication storage room with Registered Nurse (RN) contained a refrigerator containing insulin, 8 boxes of influenza vaccinations, and Tuberculin Purified Protein. At this time, the RN states that refrigerator temperatures are checked twice daily.</p> <p>The facilities Medication Refrigerator log indicates temperatures are to be monitored twice daily. Review of the temperature logs from 8/2024 through 10/2024 lacked evidence of temperatures being monitored twice daily, or maintained at the appropriate temperature ranges for the following dates:</p> <ul style="list-style-type: none"> <li>- August 2024 lacked evidence of temperature readings for 16 out of 31 days and temperatures were out of range for 11 out of 31 days.</li> <li>- September 2024 lacked evidence of temperature readings for 17 out of 30 days and temperatures were out of range for 11 out of 30 days</li> <li>- October 2024 lacked evidence of temperature readings for 5 out of 15 days and temperatures were out of range for 2 out of 15 days reviewed.</li> </ul> <p>On 10/16/24 the above was confirmed with the Director of Nursing.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37440</p> <p>Based on observations, interviews, and review of the facility's Dish Machine Temperature and Sanitizer Log Form, the Refrigerator/Freezer Food Storage and Temperature policies and procedures, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for fans, a food mixer, ceiling vents, ceiling lights, ceiling tiles and a door thresh hold; failed to ensure foods were sealed in the walk-in freezer; failed to monitor the temperatures of the walk-in freezer and the walk-in refrigerator; failed to monitor the dishwasher wash and rinse cycle temperatures as well as the chemical sanitizer levels for the sanitizing sink and the sanitizing buckets for 1 of 1 kitchen tour and for 1 of 1 survey days (10/15/24). This has the potential to affect all residents.</p> <p>Findings:</p> <p>The facilities Dish Machine Temperature and Sanitizer Log Form noted: Policy: Dishwashing staff will monitor and record dish machine temperatures to assure proper sanitizing of dishes. Procedure: 1. Staff will monitor dish machine temperatures throughout the dishwashing process. 2. Staff will record dish machine temperatures for the wash and rinse cycles after each meal.</p> <p>The facilities Refrigerator/Freezer Food Storage policy and procedure noted: 13. Refrigerated food storage: b. Thermometers should be checked at least two times each day. d. Refrigerator/freezers on nursing units should be supplied with thermometers and monitored for appropriate temperatures. f. All foods should be covered, labeled and dated. 14. Frozen foods: c. All foods should be covered, labeled and dated</p> <p>The facilities Refrigerator/Freezer Temperature policies and procedures noted: 9. Refrigerator/freezer temperatures a period take the internal temperatures of each unit and document.</p> <p>1. On 10/15/24 from 8:50 a.m. to 9:40 a.m., during an initial kitchen tour, a surveyor observed the following findings: &gt; The standing floor fan was heavily soiled with dust and dirty.</p> <p>&gt; The food mixer had chipped/missing paint on the mix arm and the base.</p> <p>&gt; The dish room had two ceiling vents and a small wall mounted fan that were dirty and heavily soiled with dust. &gt; There were 3 ceiling vents in the kitchen and 1 ceiling vent in the kitchen office heavily soiled with dust and dirty.</p> <p>&gt; The kitchen office had a ceiling light missing the lens and didn't have bulb protectors on them.</p> <p>&gt; There were 2 ceiling tiles with brown stains on them over the hood system.</p> <p>&gt; There was 1 ceiling tile with a brown stain on it over the reach-in freezer by the kitchen bathroom.</p> <p>&gt; The ceiling vent by the ice machine was heavily soiled with dust.</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 - Some</p>	<p>&gt; There was a cracked/broken ceiling light lens in the middle of the kitchen.</p> <p>&gt; The reach-in freezer, by the ice machine, had a bag of french fries that had been ripped open to the air. &gt; The walk-in cooler door thresh hold was rusty, broken and spongy when stepped on.</p> <p>On 10/15/24 at 9:40 a.m., in an interview, the Administrator confirmed the findings.</p> <p>2. On 10/16/24 at 2:40 p.m., the Kitchen Refrigerator/Freezer temperatures, Sink/Bucket Sanitizer, and Daily High-temp Ware Wash Logs were requested by a surveyor for July, August, September and October 2024 and reviewed with the Food Service Director. The following findings were observed:</p> <p>Missing monitoring and documentation of Refrigerator/Freezer Temperatures: Snack Refrigerator/Freezer-2024</p> <p>&gt;July: Snack Freezer - 23-25</p> <p>&gt;August: Refrigerator - 1-21(am and pm), 24(pm) Freezer - 1-21(am and pm)</p> <p>&gt;September: Big Freezer - 24 and 25(am); 26-28(pm)</p> <p>Vegetable Freezer - 24 and 25(am); 30(pm)</p> <p>Bread Freezer - 24 and 25(am); 30(pm) Walk-in Refrigerator - 24 and 25(am); 30(pm) Walk-in Refrigerator IFT - 24 and 25(am); 30(pm)</p> <p>Missing monitoring and documentation of Sink/Bucket Sanitizer-2024</p> <p>&gt;July: 5:00 a.m. - 28 9:00 a.m. - 28 1:00 p.m. - 2, 14, 20, 21 and 28 5:00 p.m. - 1-3, 9, 12, 18, 19, 28 and 31</p> <p>&gt;August: 5:00 a.m. - 11, 13-15, 23, 28 and 31 9:00 a.m. - 4, 9-11, 15, 16, 23, 28 and 31 1:00 p.m. - 2, 3, 5, 9, 10, 22, 26, 29 and 31 5:00 p.m. - 2, 5, 10, 22, 29-31</p> <p>&gt;September: 1-30</p> <p>&gt;October: 9:00 a.m. - 6 and 9 5:00 p.m. - 1</p> <p>Missing monitoring and documentation of Daily High-Temperature Ware Wash Checklist - 2024</p> <p>&gt;July: Breakfast wash/rinse - 20-22 and 28</p> <p>Lunch wash/rinse - 20 and 28</p> <p>Supper wash/rinse - 1-3, 10-12, 18, 19, 28 and 31</p> <p>&gt;August: Breakfast wash/rinse - 10, 11, 15, 16, 25, 28, 30 and 31</p> <p>Lunch wash/rinse - 16, 25, 28, 30 and 31 Supper wash/rinse - 2, 4, 5, 14, 24-26, 30 and 31</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/17/2024
NAME OF PROVIDER OR SUPPLIER  Edgewood Rehab & Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  221 Fairbanks Rd Farmington, ME 04938	
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>&gt;September: 1-30</p> <p>October: Breakfast wash/rinse - 5 and 6</p> <p>On 10/16/24 at 2:40 p.m., in an interview, the Food Service Director confirmed the findings.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>37440</p> <p>Based on observations and interviews, the facility failed to maintain garbage storage areas in a sanitary condition to prevent the harborage and feeding of pests for 1 of 2 dumpsters for 3 of 3 days and 2 of 2 dumpsters for 1 of 3 days of survey. (10/15/24, 10/16/24 and 10/17/24)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>On 10/15/24 at 9:30 a.m., a surveyor observed the large trash dumpster had left side slide door missing/open and the top left front door open both exposing trash, a small dumpster which had the front right top open on it and plastic and paper trash on the ground around the dumpsters. Additionally, trash was observed stored in an open top cart outside the laundry room exit. On 10/15/24 at 9:40 a.m., in an interview, the Administrator confirmed the findings.</li> <li>On 10/16/24 at 7:35 a.m., a surveyor observed the left side door missing and the right side door of the large trash dumpster to be fully open, exposing trash. The surveyor also observed plastic and paper trash on the ground around the dumpster. On 10/16/24 at 8:30 a.m., in an interview, the Administrator confirmed the findings.</li> <li>On 10/17/24 at 7:35 a.m., a surveyor observed the left side door missing of the large trash dumpster to be fully open, exposing trash. The surveyor also observed plastic and paper trash on the ground around the dumpster. Additionally, trash was observed stored in an open top cart outside the laundry room exit. On 10/17/24 at 8:00 a.m., in an interview, the Administrator confirmed the findings.</li> </ol>

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>51331</p> <p>Based on record review, observations and interviews, the facility's Quality Assurance Committee failed to ensure that the Plan of Correction (POC) for identified deficiencies from the annual Long Term Care Recertification Survey, dated 10/17/24, was effective. Several issues were again identified during the revisit survey, on 12/30/24.</p> <p>Findings:</p> <p>During the revisit survey on 12/30/24, it was determined the Federal citations: F584, F655, F684, F761, F812, F883 and F887 would be recited for the same following issues:</p> <p>F584 The POC indicated the facility educated the Maintenance and Housekeeping Director and audits to be completed. The facility failed to maintain adequate housekeeping and maintenance services to maintain a sanitary, orderly, and comfortable interior.</p> <p>F655 The POC indicated the facility educated the MDS Coordinator regarding appropriate care planning time frames. The facility failed to ensure that baseline care plans were developed and implemented within 48 hours, that included instructions needed to provide minimum healthcare information necessary to properly care for new admissions.</p> <p>F684 The POC indicated that nursing staff was educated on the Neurological Assessment Policy and Fall Policy. The facility failed to to monitor residents after a fall.</p> <p>F761 The POC indicated that nursing staff was educated on the Pharmacy policies/procedures regarding Medication Storage and appropriate temperatures and the need to record temperatures. The facility failed to adequately ensure medications and biologics were monitored and stored at appropriate temperatures.</p> <p>F812- The POC indicated that the kitchen staff were educated and to complete audits. The facility failed to ensure the kitchen was maintained in a clean and sanitary manner.</p> <p>F883 The facility failed to identify current resident who were not offered the vaccine.</p> <p>F887 The POC indicated the Infection Preventionist was educated and current residents were offered the vaccine and educated. The facility to educate, offer and/or administer the updated 2024-2025 COVID -19 vaccines to residents.</p> <p>On 12/30/24 at 3:45 p.m., the above concerns were discussed with the Administrator and Director of Nursing.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33639</p> <p>Based on immunization record review, review of the facility's immunization policy and interview, the facility failed to implement their pneumococcal immunization policy for 3 of 5 residents whose immunization records were reviewed (#18, #19, #28)</p> <p>Findings:</p> <p>The facility's Immunization Policy indicated in Procedure I: Before offering the Influenza or Pneumococcal vaccine, each resident, and/or resident's legal representative will receive education produced by the Maine and/or Federal Centers for Disease Control regarding the benefits and potential side effects of the vaccines for the current year. The resident's clinical record will include the following documentation: Signature of the person receiving the educational material, designating receipt and understanding of the material. Verbal consent may also be obtained if communication is done via a telephone conversation. Proof the resident either received the Influenza and/or the Pneumococcal vaccine, the vaccine(s) was contraindicated for medical reasons, or the resident refused the vaccine(s). Each resident will be offered a Pneumococcal Vaccine, upon admission unless the immunization is medically contraindicated, or the resident has already been immunized. Vaccines will be given in accordance with the Maine Center for Disease Control. For Immunocompromised adults aged [AGE] years or older. A single dose of PCV 20 may be administered or administered 1 dose of PCV 15, if not previously administered, followed by 1 dose of 23 valent pneumococcal polysaccharide vaccine (PPSV23) at a minimum interval of 8 weeks between both doses. The vaccine administration will be documented on the vaccine record in the medication administration record.</p> <ol style="list-style-type: none"> <li>1. Resident #18's clinical record indicated that the resident was admitted to the facility on [DATE]. Resident #18's immunization records lacked evidence the resident's PCV 20 was current or offered and administered as directed by the facility's Immunization - Influenza, Pneumococcal Policy.</li> <li>2. Resident #19's clinical record indicated that the resident was admitted to the facility on [DATE]. Resident #19's immunization record lacked evidence that the PCV 20 vaccine was current or offered and administered as directed by the facility's Immunization - Influenza, Pneumococcal Policy.</li> <li>3. Resident #28's clinical record indicated that the resident was admitted to the facility on [DATE]. Resident #28's immunization record lacked evidence that the PCV 20 vaccine was current or offered and administered as directed by the facility's Immunization - Influenza, Pneumococcal Policy.</li> </ol> <p>On 10/17/24 between 11:24 a.m. and 11:45 a.m., a surveyor confirmed the above findings in an interview with the Infection Preventionist and the Director of Nursing.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33639</p> <p>Based on clinical record reviews, facility policy review and interview, the facility failed to offer updated (COVID-19) vaccine doses for 5 of 5 residents reviewed. (#7, #15, #18, #19 &amp; #28)</p> <p>Findings:</p> <p>The facility's policy, Policy for Suspected or Confirmed Coronavirus (COVID-19) revised 5/7/24 indicated under Vaccines: The facility will be required to educate residents and employees on vaccines and offer updated vaccines to all residents.</p> <p>On 10/17/24, between 11:20 a.m. and 11:45 a.m., during an interview with the Director of Nursing and the Infection Preventionist, the following resident's vaccination records were reviewed and confirmed that the updated 2023-2024 COVID-19 vaccinations were not offered:</p> <ol style="list-style-type: none"> <li>1. Resident #7 was admitted to the facility on [DATE]. Resident #7 was diagnosed with COVID-19 on 9/5/24. Resident # 7's last documented COVID-19 vaccination was 12/21/23. The clinical record lacked evidence of offering the updated COVID-19 vaccination.</li> <li>2. Resident #15 was admitted to the facility on [DATE]. Resident 15's last documented COVID-19 vaccination was 12/20/22. The clinical record lacked evidence of offering the additional dose of the updated COVID-19 vaccination.</li> <li>3. Resident #18 was admitted to the facility on [DATE]. Resident #18 was diagnosed with COVID-19 on 9/9/24. Resident #18's last documented COVID-19 vaccination was 10/20/22. The clinical record lacked evidence of offering the updated COVID-19 vaccination.</li> <li>4. Resident #19 was admitted to the facility on [DATE]. Resident #19's last documented COVID-19 vaccination was 7/8/22. The clinical record lacked evidence of offering the updated COVID-19 vaccination.</li> <li>5. Resident #28 was admitted to the facility on [DATE]. Resident #28 was diagnosed with COVID-19 on 9/9/24. Resident #28's last documented COVID-19 vaccination was 9/20/23. The clinical record lacked evidence of offering the updated COVID-19 vaccination.</li> </ol>		