

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: 205134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Fallbrook Commons		STREET ADDRESS, CITY, STATE, ZIP CODE 91 Merrymeeting Dr Portland, ME 04103	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to develop and implement a resident's care plan in the area of smoking for 1 of 2 residents reviewed for smoking (R2). Findings: A review of the clinical record revealed R2 was admitted in September, 2024, and had diagnoses which included Left-sided Hemiplegia due to stroke and nicotine dependence. The Minimum Data Set 3.0, Quarterly Assessment, with an ARD (Assessment reference date) of 5/3/26, Section C, Cognitive Patterns, Brief Interview of Mental Status resulted in a score of 15, indicating R2 was cognitively intact. Section GG, Functional Abilities, noted R2 requires substantial/maximum assistance with transfers, is dependent on staff for dressing, bathing, and personal hygiene, and requires the use of a wheelchair for mobility. A review of R2's care plan, last revised 5/3/26, noted a focus area of COPD (chronic obstructive pulmonary disease) related to smoking. However, no interventions were included which addressed R2's capabilities or deficits affecting his/her ability to smoke safely. On 6/30/26 at 10:30 a.m., in an interview with a surveyor, R2 confirmed he/she smokes and has someone bring cigarettes in to the facility for him. On 6/30/26 at 3:00 p.m., in an interview with the Administrator, Director of Nursing, Clinical Coordinator, and [NAME] Unit Nurse Manager, the surveyor discussed R2's care plan had not been developed to include safety related to smoking.		

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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record reviews, and a review of Safety Data Sheets (SDS), the facility failed to ensure that the residents' environment was free of accident hazards relating to the storage of chemicals being properly secured for 2 of 22 resident rooms (321, 322) on 1 of 3 units ([NAME]). In addition, the facility failed to provide adequate supervision and complete an assessment of resident capabilities and deficits to determine resident safety for 2 of 2 residents reviewed for smoking (R1, R2). Findings: 1. On 6/30/26 at 9:30 a.m., a surveyor observed resident room [ROOM NUMBER] on the [NAME] unit, and noted on the nightstand for bed 2, were: 2 cans of Wizard Double Action 2 in 1 Air Freshener, and 4 cans of Power Stick body spray. In the center of the bed was a cigarette lighter. During this time, the items were observed by CNA1 and LPN1. CNA1 proceeded to strip the bed and wipe the mattress down with purple-top Super Sani-Wipes Disposable Wipes. On 6/30/25 at 1:35 p.m., a surveyor toured the unit again and noted the above items remained on the nightstand in room [ROOM NUMBER], bed 2, as well as the canister of Sani-Wipes. A review of the SDS for Wizard Double Action 2 in 1 air freshener noted the following: 4. First Aid Measures: Inhalation: Move to fresh air in case of accidental inhalation of vapours. Skin contact: Wash off immediately with soap and plenty of water. If irritation occurs and persists, seek medical attention. Ingestion: Rinse mouth with water and drink afterwards plenty of water. DO NOT INDUCE VOMITING! Eye contact: Immediately flush with plenty of water. After initial flushing, remove any contact lenses and continue flushing for at least 15 minutes. If eye irritation persists, consult a physician. Notes to physician: Contains: Propellants, petroleum solvent and fragrance oils. Aggravated Medical Conditions: NOTE TO PARENTS: Intentional misuse by deliberately concentrating and inhaling aerosol products may be harmful or fatal. Help stop inhalation abuse. For information visit www.inhalant.org. An internet search for the Power Stick Body Spray SDS could not be located. However, a review for Power Stick Body Spray Product Safety Information stated: For external use only - Do not apply to broken or irritated skin. Do not use on damaged or freshly shaved skin - This can cause stinging, burning, or rashes. Avoid contact with eyes - If contact occurs, rinse thoroughly with water. Flammable - Do not use near open flames or while smoking. A review of the SDS for Super Sani-Cloth Germicidal Disposable wipe noted the following: 4. First Aid Measures: Inhalation: No first aid should be needed. Eye contact Immediately flush eyes with water for 15 minutes, while holding the eye lids open to be sure the material is washed out. Get medical attention if irritation persists. Skin contact: No first aid should be needed. Ingestion: Ingestion is unlikely for solid products. No first aid is required for small amounts transferred from hands to mouth. The active ingredient in the product was noted to be Isopropyl Alcohol. 2. On 6/30/26 at 9:50 a.m., a surveyor discussed the observations of room [ROOM NUMBER], bed 2, with the nurse manager of the [NAME] unit, who confirmed that R1 goes outside to smoke, has been offered smoking cessation products, and has had falls outside. The unit manager stated a safe smoking assessment has not been completed as the facility is a smoke-free campus. A review of R1's clinical record revealed a history of stroke with left-sided hemiplegia. A review of Minimum Data Set (MDS) 3.0 Annual Assessment, with an assessment reference date (ARD) of 5/10/26, noted R1's Brief Interview of Mental Status (BIMS) score was 15, indicating R1 was cognitively intact. R1's care plan, last revised 3/23/26, noted R1 was a smoker and had received education regarding the facility's no smoking policy and risks of hazards associated with smoking. One intervention included observe clothing and skin for signs of cigarette burns. Further review of R1's record lacked evidence that an assessment for R1's abilities to smoke safely had been completed. On 6/30/26 at 10:00 a.m., in an interview with R1, a surveyor observed burn holes on the wheelchair cushion. The surveyor asked R1 where his/her cigarettes and lighter are stored. R1 stated in the drawer of the nightstand, which has a lock, but he/she does not use. R1 confirmed he/she goes (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	off the property to smoke and stated he/she has had 3 falls outside. 3. On 6/30/26 at 10:30 a.m., a surveyor observed R2 in his/her room. The surveyor observed a pack of cigarettes on a nearby desk and a pack on a nightstand. R2 stated the cigarettes are stored in the nightstand but he/she does not lock it. A review of R2's clinical record noted a history of stroke with left-sided hemiplegia. The MDS, Quarterly Assessment, with an ARD of 5/3/26, indicated a BIMS score of 15, indicating R2 was cognitively intact. Section GG, Functional Abilities, noted R2 requires substantial/maximum assistance with transfers. A review of R2's care plan, last revised 5/3/26, did not include interventions related to safe smoking. Further review of R2's record lacked evidence that an assessment for R2's abilities to smoke safely had been completed. On 6/30/26 at 3:00 p.m., in an interview with the Administrator, Director of Nursing, Clinical Coordinator and [NAME] Unit Nurse Manager, a surveyor discussed concerns with hazardous chemicals stored at R1's bedside and accessible to other residents, as well as observation of a lighter on R1's bed, and cigarettes observed improperly stored in R2's room. Additionally, burn holes were noted in R1's wheelchair cushion. The Administrator discussed having conversations with R1 and R2 regarding the facility being smoke free and stated it was the residents' choice to disregard the policy and smoke off the premises. The surveyor discussed the facility's lack of completing a safety assessment of the resident's capabilities, deficits, and whether or not supervision is required. Review of the facility's Resident No Smoking Policy, developed April 2017, stated I. Policy. To maintain the safety and well-being of residents, staff and visitors, Smoking and ?Tobacco Use' will be prohibited on Fallbrook Commons campus. Note: Residents of North Country Associates who are permitted to smoke/use tobacco products will be allowed to continue supervised smoking in areas designated for resident smoking. Please be advised that non-compliance with the resident smoking policy and the smoking contract places many others in danger and could lead to possible discharge from the facility. Current residents are allowed to continue smoking in a designated area, outside, weather permitting. Residents admitted after the policy change will be informed, during the admission process, of the policy prohibiting smoking.		

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to maintain a clean/sanitary environment in 2 of 22 resident rooms (321, 322), on 1 of 3 units observed ([NAME] unit). Findings: On 6/30/26 at 9:30 a.m., a surveyor observed room [ROOM NUMBER] on the [NAME] unit. A strong odor of urine was noted. Bed 1 was unmade, however the bedding was noted to be clean and without concerns. The nightstand was free of clutter and a fall mat was on the floor next to the bed. No personal items were observed. The floor under and around bed 2 was noted with debris, including a white powder spilled onto the nightstand and floor. The nightstand was covered with cans of air freshener, body spray, creams, food items, and the drawer was left open. The overbed table had packages of open food. The bed was unmade and the sheet on the mattress was soiled with a black substance. Unfolded clothing was observed in piles on the floor, bed and chair near the window. A red laundry bag was observed on the floor. During this observation, CNA1 was present. LPN1 entered the room and confirmed the findings and stated R1 was now allowing staff to wash his/her clothes which were placed in the red bag. On 6/30/26 at 10:10 a.m., a surveyor asked the CNA-M if the roommate of room [ROOM NUMBER], bed 2, ever complains about the condition of his/her room. The CNA-M stated R3 was not able to verbalize if the condition of the room bothered him/her, but assumed it would. The CNA-M stated he/she can still smell. On 6/30/26 at 10:30 a.m., a surveyor observed R2 in room [ROOM NUMBER], bed 2. On top of a computer keyboard on a nearby desk, the surveyor observed an extinguished cigarette butt. The right armrest on R2's wheelchair was noted to be worn and torn, exposing the foam padding and creating an uncleanable surface. On 6/30/26 at 3:00 p.m., in an interview with the Administrator, Director of Nursing, Clinical Coordinator, and [NAME] Unit Nurse Manager, the surveyor discussed the findings.		