

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Woodlawn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 59 West Front St Skowhegan, ME 04976	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interview, the facility failed to provide a safe and comfortable environment for 1 of 6 residents reviewed for accidents (Resident #24 [R24]). In addition, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in a safe, sanitary, orderly, and comfortable environment on 2 of 2 units (East and West) and the main lobby for 1 of 1 facility tour (7/31/25).</p> <p>1. On 7/28/25 at 2:30 p.m., during an interview with two surveyors and the Maintenance Director, R24's bed chord was observed crossing the floor from the foot of the bed to the opposite wall and confirmed to be a trip hazard.</p> <p>On 7/29/25 at 3:30 p.m., during an observation with two surveyors, the Licensed Practical Nurse (LPN1) and the Maintenance Director, the following was observed and confirmed in room [ROOM NUMBER]:</p> <p>The television cable was running along the floor at the foot end of R24's bed creating a trip hazard.</p> <p>The cable for the bed remote was on the floor at the foot end of the bed creating a trip hazard.</p> <p>The power cord for R24's bed was observed unplugged and resting on the floor creating a trip hazard.</p> <p>On 7/29/25 at 3:32 p.m., LPN1 stated the bed is unplugged because R24 walked around the bed and unplugged the bed to plug in his/her fan. LPN1 stated there are not enough outlets to accommodate R24's appliances (including the bed, nebulizer machine, cell phone charger, oxygen concentrator, and fan) without running them across the floor.</p> <p>On 7/29/25 at 3:35 p.m., during an interview with the two surveyors, the Maintenance Director stated he addressed these concerns with management, but they declined the installation of additional electrical outlets. At this time two surveyors confirmed the environment was unsafe when cords and cables were crossing the floor in an area where the resident ambulates, and R24 wants his/her fan to stay running to maintain a comfortable environment temperature.</p> <p>2. On 7/31/25 from 9:45 a.m. to 10:10 a.m., an Environment Tour was completed with the Maintenance Director and a surveyor in which the following findings were observed:</p> <p>East Wing</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Woodlawn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 59 West Front St Skowhegan, ME 04976	

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>Shower Room/Bathroom - The floor was dirty around the base of the toilet. The ceiling was cracked and stained around the shower exhaust vent.</p> <p>Resident room [ROOM NUMBER] - The wooden windowsills were chipped/gouged and missing sealant exposing untreated wood.</p> <p>Main lobby- The lower part of the corner wall, in the main lobby headed toward the [NAME] Wing, was chipped/gouged and missing sealant exposing untreated wood.</p> <p>West Wing Shower room</p> <p>The patient sit-to-stand lift had dirt and food debris on the foot base area.</p> <p>The ceiling vent was hanging down, missing a screw and in disrepair.</p> <p>The inside of the entrance door had laminate that was ripped/torn creating an uncleanable surface.</p> <p>On 7/31/25 at 10:10 a.m., in an interview with a surveyor, the Maintenance Director confirmed the findings.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Woodlawn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 59 West Front St Skowhegan, ME 04976	
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 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>Based on observations, interviews, and review of the facility's Food Storage policy/procedure, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for the three-bay pot sink and the walk-in freezer. Additionally, the facility failed to ensure foods were dated and/or discarded after best used by date in the walk-in refrigerator and on a beverage cart on a unit for 2 of 2 tours (7/28/25, and 7/29/25).</p> <p>The facility's Food Storage policy/procedure, dated 3/4/25, noted under Procedure: &hellip;All containers or storage bags must be legible and accurately labeled and dated. Refrigerated Food Storage: All foods must be covered, labeled, dated and routinely monitored to assure foods are used by their use by dates or discarded.</p> <p>1. On 07/28/25 from 11:10 a.m. to 11:55 a.m., two surveyors completed an initial kitchen tour in which the following findings were observed:</p> <ul style="list-style-type: none"> - The maintenance man was observed in the kitchen with no hair or face protection for his facial and head hair. - The three bay pot sink had 2 chemical hoses hanging down in the sinks. - The dry storage room had two 46-ounce containers of thickened water that had best use date of May 26, 2025, available for use. - The walk-in refrigerator has a 16-ounce package of whipped topping with no thaw date. The manufacturer's directions noted the product was only good for 2 weeks after thawing. - The walk-in freezer had a large open box of hamburger buns on the floor and a package of bread sticks on a shelf, stored under the freezer compressor, that had ice buildup on and/or in them. <p>On 07/28/2025 at 11:55 a.m., in an interview with the surveyor, the Food Service Director confirmed the findings.</p> <p>2. On 7/29/25 at 8:08 a.m., a surveyor and the Director of Nursing [DON], observed an open container of thickened water with a best used by date of &ldquo;MAY 26,2025&rdquo;;, on the beverage cart in the East Wing hallway, and available for use. At this time, the DON confirmed the finding.</p>		