

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205159	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Sedgewood Commons		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Northbrook Dr Falmouth, ME 04105	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48648</p> <p>Based on interviews, observations, and record reviews, the facility failed to have a working system in place to communicate, separate and carry out the disposition of controlled substances. In addition, the facility failed to ensure that all scheduled medications were being received from the pharmacy by 2 licensed staff.</p> <p>Findings:</p> <p>1. On 7/16/24 Division of Licensing received a complaint which a nurse gave Resident #1 a dose of morphine from Resident #2's morphine bottle using Resident #2's oral syringe was given another residents morphine on 7/12/24.</p> <p>On 7/24/24 at 10:30 a.m., a surveyor reviewed the Narcotics Logbook for the [NAME] unit medication cart, Page 169, a log for Resident #2's morphine showing it was in use on 7/12/24 and continued to be used until 7/18/24. The log failed to document the error from 7/12/24.</p> <p>On 7/24/24 at 10:55 a.m., during an interview with the Unit Director for [NAME], stated the response to the incident on 7/12/24 was to immediately remove from use the bottle of morphine involved. The Unit Manager had been unaware that the bottle of morphine had not been removed immediately or that the bottle continued to be used until 7/18/24 or that the bottle was still in the medication cart. There is a lack of evidence that the oral syringe was disposed of after being used for Resident #1 and with the bottle remaining in use for 6 more days, On 7/24/24 at 11:15 a.m. a surveyor discussed the above findings with the Director of Nursing.</p> <p>2. During review of the Narcotic Log book, documentation on page 198, dated 7/17/24, stated a 15 ml bottle of morphine had been delivered from the pharmacy and logged in by 1 staff member; on page 214, dated 7/22/24, a 15 ml bottle of morphine had been delivered by pharmacy and logged in by 1 staff member; on page 215, dated 7/22/24, fentanyl patch 12 mcg x 2 patches had been delivered by pharmacy and logged in by 1 staff member.</p> <p>Facility Policy NSG300 Controlled Drugs: Management: states the following Storage: Two licensed nurses and/or authorized nursing personnel, per state regulations are required to document placement of controlled substances into inventory.</p> <p>This was confirmed with the Administrator and the Unit Manager on [NAME].</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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