

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  06/04/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews, the facility failed to monitor temperature controls for 2 of 3 refrigerators observed and 3 of 3 months of medication refrigerator logs reviewed.</p> <p>Findings:</p> <p>1. On 6/2/25 at 1:30 p.m., observation of the [NAME] medication storage room refrigerator with Registered Nurse #1 (RN) which contained 1 Pneumococcal 20 (PCV 20) vaccination, 6 multi-use vials of influenza vaccinations (Afluria), and a multi-use vial of Tuberculin Purified Protein.</p> <p>On 6/2/25 a surveyor reviewed the facilities Temperature Log For Medication/Vaccine Refrigerators for months of March, April, and May.</p> <p>March 1st through March 31st lacked evidence of twice daily temperature readings for 15 out of the 31 days.</p> <p>April 1st through April 30th lacked evidence of twice daily temperature readings for 24 out of the 30 days.</p> <p>May 1st through May 31st lacked evidence of twice daily temperature readings for 25 out of the 31 days.</p> <p>2. On 6/2/25 at 2 p.m., observation of the [NAME] medication storage room refrigerator with RN #1, which contained 1 Pneumococcal 20 (PCV 20) vaccination and a multi-use vial of Tuberculin Purified Protein.</p> <p>On 6/2/25 a surveyor reviewed the facilities Temperature Log For Medication/Vaccine Refrigerators for months of March, April, and May.</p> <p>March 1st through March 31st lacked evidence of twice daily temperature readings for 31 out of the 31 days.</p> <p>April 1st through April 30th lacked evidence of twice daily temperature readings for 28 out of the 30 days.</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
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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>May 1st through May 31st lacked evidence of twice daily temperature readings for 30 out of the 31 days.</p> <p>On 6/2/25 at 2:30 p.m., during an interview, the above findings were confirmed with the Market Clinical Advisor at this time she states they follow Center of Disease and Control (CDC) guidelines for vaccination and medication storage.</p> <p>Review of the CDC guidelines regarding vaccine storage, last revised 3/19/24, states facilities should check and record current temperatures a minimum of 2 times daily.</p>