STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205159	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sedgewood Commons	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648 Based on observations and interview, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and in a sanitary condition for 2 of 3 units ([NAME] and [NAME]) for 1 of 1 environmental tour (3/29/24). Findings: On 3/29/24 from 8:30 a.m. to 9:01 a.m., an environmental tour was conducted with the Maintenance Director in which the following was observed: [NAME] Unit: >The shower room had a laydown shower chair with orange colored coating under the chair edge and rim, the floor next to shower stall was raised with cracks and cove base peeling away from the wall. >Resident #32 wheelchair seat is coated with dirt/debris. >room [ROOM NUMBER] the bedroom bottom door sticks making it difficult to open. >room [ROOM NUMBER] wall light near room door is missing the light cover. >Wallpaper peeling up and stapled to wall next to room [ROOM NUMBER]. >Wallpaper peeling up across from the TV viewing room. [NAME] Unit: >The shower room had a bariatric shower chair and lay down shower chair both with orange colored coating under the chair edge and rim. >room [ROOM NUMBER] bathroom has 2 cracked tiles under the sink, black built-up substance around the base of the toilet. >room [ROOM NUMBER] bathroom has a urine hat stored on top of the toilet wedged between the toilet and wall. (continued on next page)

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: 205159	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sedgewood Commons	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	>room [ROOM NUMBER]-27 shared bathroom has an unlabeled urinal hanging on the toilet grab bars. On 3/29/24 at 9:01 a.m., in an interview, the Director of Maintenance confirmed the findings.

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 03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sedgewood Commons	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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37015 Based on record review and interview, the facility failed to coordinate assessments for Pre-Admission Screening and Resident Review (PASRR) Level I and Level II programs for 1 of 1 residents reviewed for PASRR (#46). Findings: A review of the clinical record for Resident #46 revealed he/she was admitted to the facility on [DATE], and had diagnoses including Dementia and Post Traumatic Stress Disorder. The clinical record lacked evidence that the PASRR Level I Screen was forwarded to the State Mental Health Authority to determine if the resident met the State of Maine's definition of a serious mental health disorder and to determine if a Level II assessment was needed. On 3/27/24 at 1:35 p.m., in an interview with a surveyor, the facility's Social Worker confirmed that the PASRR Level I screening had not been completed and he/she would proceed with the PASSR at that time. On 3/27/24 at 2:19 p.m., the finding was discussed with the Market President.

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 03/29/2024
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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 37648 Based on interviews and record review, the facility failed to review and revise the care plan by an interdisciplinary team (IDT), that included, to the extent possible, participation of the resident and/or his/her representative after each assessment (Resident #32). Finding: On 3/26/24 at 9:34 a.m., during an interview, Resident #32 stated he/she is not invited or remembers having care plan meetings. Review of Resident #32's medical record, the surveyor noted Minimum Data Set (MDS) Quarterly assessments, dated 11/2/23 and 2/2/24 were completed. The medical record lacked evidence that a care plan meeting had been held by the IDT after both assessments. On 3/28/24 at 1:31 p.m., during an interview, the Licensed Social Worker confirmed the above findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205159	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sedgewood Commons	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48648 Based on observations, record review, and interviews, the facility failed to meet the personal hygiene preferences for 1 of 6 residents who are dependent on staff to complete Activities of Daily Living needs. (Resident #49) Findings: On 3/26/24 at 11:22 a.m., a surveyor observed Resident #49 with an unshaven face, and long fingernails with a dark substance built up under the nails. The resident was dressed in day clothing asleep on the bed. Record review revealed Resident #49 was admitted to the facility on [DATE] with a diagnosis of dementia and lower extremity amputation. Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #49 was assessed to need staff assistance for personal hygiene which includes nail care and shaving. On 3/26/24 at 12:30 p.m., a surveyor interviewed Resident #49's Certified Nursing Assistant (CNA) who confirmed that Resident #49 hasn't been shaved for several days and they weren't sure about when the nails were last done. The CNA confirmed that Resident #49 was dependent upon staff for nail care and shaving. On 3/27/24 at approximately 11:00 a.m., a surveyor interviewed Resident #49 and the Resident Representative together. Resident #49 had still not been shaved or provided nail care. The surveyor asked Resident #49 if he was growing a beard and he answered, No, it needs to come off. The Resident representative stated, I asked several days ago if he could be shaved. He doesn't like beards and makes fun of mine all the time. On 3/27/24 at approximately 12:50 p.m., a surveyor interviewed the Unit Manager and was told that there wasn't a way to specifically document completed nail care or shaving but staff should document when a resident refused. There was no documentation available that Resident #49 had ever refused nail care or shaving. The surveyor confirmed with the unit manager that a resident should be shaved daily if that is a preference.

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 03/29/2024
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 37648 Based on observations, record review and interviews, the facility failed to ensure that a resident received treatment and services in accordance with the standards of practice for 1 of 2 residents reviewed for skin conditions (#343). Findings: On 3/26/24 at 12:27 p.m., during an interview with Resident #343's representative, the surveyor observed Resident #343 scratching/itching several small, scabbed areas on his/her upper right arm. At this time, the Resident Representative stated, the resident has a rash and was given a cream from the dermatologists that he will bring in. On 3/27/24 at 12:25 p.m., the surveyor observed Resident #343 wearing a long sleeve shirt and scratching/ itching at his/her right shoulder through the collar opening. On 3/28/24 at 11:37 a.m., during an additional interview with Resident #343's representative, the surveyor observed the resident continuing to scratch/itch at his/her right shoulder through the collar opening. At this time, the Resident Representative stated he had brought in the cream and gave it to nursing this morning stating, [he/she] itches a lot, [he/she] got the dry skin pretty bad. Review of Resident #343's skilled documentation from admission on 3/22/24 through 3/28/24 lacked evidence of the nursing staff identifying the resident's rash. A review of the case line care plan initiated on 3/24/24 instructs nursing to Observe skin condition daily with ADL care and report abnormalities. On 3/28/24 at 11:46 a.m., during an interview, the Registered Nurse (RN) confirmed she was not aware of a rash on his/her shoulders, stating. Nurses do skin checks weekly, not sure when his/hers is due and the Certified Nurses Aids (CNA) generally report any skin concerns. The RN then reviewed the Electronic Medical Record and confirmed she did not see any documentation of a rash and then stated, the family brought in cream for which she needs to get a provider order to use. At this time, both the surveyor and RN observed the rash to Resident #343's upper bilateral extremities. The RN stated she will have the provider take a look. On 3/28/24 at 11:57 a.m., during an interview with the interim Director of Nursing the above was discussed, confirming the resident's rash was assessed after surveyor intervention.

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 03/29/2024
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)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. 37015 Based on performance evaluations and interview, the facility failed to complete annual performance evaluations at least every 12 months for 3 of 5 sampled Certified Nursing Assistants (CNA #3, CNA #4, and CNA #5). Findings: 1. CNA #3 was hired on 3/4/20. CNA #3's last performance evaluation was a 90-day progress report completed on 8/14/20. The facility was unable to provide evidence of a completed annual performance evaluation for 2021, 2022, 2023, or 2024. 2. CNA #4 was hired on 5/11/15. CNA #4's last performance evaluation was completed on 5/3/19. The facility was unable to provide evidence of a completed annual performance evaluation for 2020, 2021, 2022, or 2023. 3. CNA #5 was hired on 7/31/18. CNA #5's last performance evaluation was completed on 9/26/19. The facility was unable to provide evidence of a completed annual performance evaluation for 2020, 2021, 2022, or 2023. On 3/27/24 at 4:15 p.m., in an interview with a surveyor, the Administrator, the Clinical Market Advisor, and the Market President confirmed staff performance evaluations had not been completed annually.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205159	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sedgewood Commons	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48648 Based on observations, record reviews and interviews, the facility failed to properly store medications and biologicals in 2 out of 3 medication rooms refrigerators surveyed. ([NAME] House and [NAME] House) Findings: 1. On 3/26/24 at 11:38 a.m., a surveyor observed the [NAME] House medication room refrigerator with the Unit Manager and noted a dormitory style refrigerator with a freezer. Inside the refrigerator were influenza vaccines and a pneumococcal vaccine. A review of the recorded temperatures for the refrigerator showed an out-of-range temperature on 3/24/24 of 70.8 (F). A surveyor asked the unit manager what happened following the discovery of the out-of-range temperature, and they did not know. They were unable to deny or confirm that the vaccinations in the refrigerator were in the refrigerator at the time of the out-of-range temperature. 2. On 3/26/24 at 11:40 a.m., a surveyor observed the [NAME] House medication room refrigerator with a Licensed Practical Nurse (LPN), and found 2 opened and unlabeled vials of Purified Protein Derivative (PPD) which is used to test for tuberculosis for staff and residents. A surveyor confirmed with the LPN during the observation that these should have an open date and be discarded 30 days after opening. They were immediately removed. It was also noted that the refrigerator had significant ice buildup along the back inside surface. Also stored in the refrigerator were pneumococcal, respiratory syncytial virus (RSV), Spikevax (Covid-19), and influenza vaccines. On 3/26/24 at 11:45 a.m., during an observation of the [NAME] House and [NAME] House medication room refrigerators with the Interim Director of Nursing (IDON), the vaccines in the [NAME] medication room refrigerator had been removed, but the IDON confirmed they were not removed at the time the out-of-range temperature was discovered. The IDON also confirmed that a dorm style refrigerator with a freezer section was not appropriate for storing vaccinations. The IDON also confirmed that ice build up in the back of a refrigerator. On 3/27/24 at 11:50 a.m., a surveyor reviewed the facility policy titled: Infection Control Policies and Procedures IC401 Medication and Vaccine refrigerator/freezer temperatures last revised 8/7/23 which states: If temperatures fall outside the acceptable range: 2.1 Notify Maintenance and Director of Nursing Immediately 2.2 Move medications and/or vaccines to another refrigerator/freezer. 2.3 Contact pharmacist for guidance regarding handling of medications or vaccines 2.4 Do not discard medication or vaccine unless directed to by pharmacist. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205159	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sedgewood Commons	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2.5 Notify vaccine distributor. 2.6 Complete Medication/Vaccine Storage Troubleshooting record and discuss at QAPI On 3/27/24 at 12:20 p.m., a surveyor interviewed the Clinical Market Advisor and confirmed that a dorm style refrigerator with a freezer was being used to store vaccinations. Also confirmed that ice buildup in a fridge, confirmed the facility policy was not followed after the discovery of the out-of-range temperature leading to incorrect storage of vaccinations.

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 03/29/2024
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 44049 Based on observations and interview, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for 1 of 1 initial kitchen tour completed on 3/26/24. Additionally, the facility failed to ensure that food temperatures were recorded at the time of cooking breakfast on the morning of 3/26/24. Findings: 1. On 3/26/24 at 9:10 a.m., a surveyor conducted an initial tour of the kitchen with the Cook in which the following findings were observed and confirmed. - A light amount of dust, debris, and staining on the ceiling vents - A sticky, dusty film on all flat surfaces of the Kitchen - A lack of documentation of food temperatures being taken during dinner on 3/23/24, all day on 3/24/24, all day on 3/25/24 and breakfast on 3/26/24. The above findings were confirmed with the cook at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205159	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sedgewood Commons	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)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648 Based on record review, observations and interviews, the facility's Quality Assurance Committee failed to ensure that the Plan of Correction (POC) for an identified deficiency from the annual Long Term Care Recertification Survey, dated 3/29/24, was effective. The Federal citation F584 was cited again during the re-visit to the annual Long Term Care Recertification Survey, dated 5/20/24. Finding: During the annual Long Term Care survey, dated 3/39/24, a deficiency was cited at F584 for the facilities failure to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and in a sanitary condition. The facility's POC, dated 4/30/24, indicated that the facility would ensure that the resident rooms/bathrooms would be in a sanitary condition with the POC completion date of 5/7/24. During the re-visit survey on 5/20/24, observations of [NAME] unit residents shared bathrooms 26-27 and 28-29 were found to have ongoing concerns regarding storage of urinals and bed pans. It was determined the same tag F584 would be recited. On 5/20/24 at 1:40 p.m., the above ongoing concerns were discussed with the Director of Nursing and the Market President.

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 03/29/2024
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)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. 37648 Based on review of the facility's Pneumococcal Vaccination policy and procedure, interviews, and record review the facility failed to provide the Resident and/or the Resident's Representatives with the Vaccine Information Statement (VIS) prior to immunizing a resident with the pneumococcal vaccine (Prevnar) for all residents receiving the Prevnar vaccine. Findings: The facilities Pneumococcal Vaccination policy and procedure, revised on 11/1/23 states, Provide the patient/representative education (Vaccine Information Statement (VIS)) regarding benefits and potential side effects of vaccination. On 3/27/24 at 11:43 a.m., during an interview, the facility's Infection Preventionist (IP) confirmed that the facility does offer the recommended pneumonia vaccines (PPSV23, PCV13, PCV15, PCV20) for those residents who are illegible and upon admission. She then stated the admission packet contains the consent forms with information explaining the risks versus the benefits (called the VIS) for having the pneumococcal vaccination. The surveyor and the IP reviewed the facilities admission packet which contained the VIS sheet for only the PPSV23 and the Pneumococcal Vaccine Informed Consent for Pneumovax (PPSV23), Prevnar 13 (PCV13), Prevnar 15 (PCV15) and Prevnar 20 (PCV20) which states, VIS provided to patient/representative and questions answered, as needed. The admission packet lacked evidence of VIS sheets for the PCV13, PCV15 and PCV20 vaccines. At this time the IP confirmed the Residents and/or Resident Representatives have not received the required VIS sheets upon admission. On 3/27/24 at 2:24 p.m., during an interview, the Marketing Clinical Advisor confirmed the facility has not provided residents and/or resident representatives with the Prevnar vaccine VIS sheet upon admission to the facility and/or prior to administration of these vaccines. The facility is currently only providing the Pneumococcal Polysaccharide vaccine (PPSV23) VIS sheet.

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 03/29/2024
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)
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 37648 Based on review of the facility's COVID-19 Vaccination policy and procedures, interviews and record review the facility failed to ensure each resident, or the resident representative received education regarding the benefits, risks and potential side effects associated with the COVID-19 vaccine prior to immunizing a resident with the COVID-19 vaccine for all residents who received the COVID-19 vaccine. In addition, the facility failed ensure staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine. Findings: The facilities COVID-19 Vaccination policy and procedure revised, 2/7/24 states, Centers will provide the opportunity to receive COVID-19 vaccinations following Centers for Disease Control and Prevention (CDC) recommendation and the facility will obtain consent using the Patient Informed Consent or Declination COVID-19 form. On 3/27/24 at 11:43 a.m., during an interview, the facility's Infection Preventionist (IP) confirmed that the facility does offer the recommended COVID-19 vaccine for those residents who are illegible and upon admission stating, the admission packet contains the COVID-19 (Spikevax) vaccine education and consent form. The surveyor and IP reviewed the admission packet which contained the Patient Informed Consent or Declination COVID-19 vaccine form which states, I have read or had explained to me the Emergency Use Authorization Fact Sheet or Vaccine Information Statement for the COVID-19 vaccine and understand the risks and benefits. At this time, the IP confirmed the admission packet lacked evidence of education regarding the benefits, risks and potential side effects associated with the COVID-19 vaccine. In addition, the IP confirmed that staff are not provided education regarding the benefits and potential risks associated with COVID-19 vaccine. Stating, there's nothing formal and upon hire in October of 2023 she was not provided COVID-19 vaccine education however did decline the vaccine. On 3/27/24 at 12:24 p.m., during an interview, the Nurse Practice Educator (NPE) stated, she has not done any education for COVID and was unable to provide evidence of staff education regarding the benefits and potential risks associated with COVID-19 vaccine (Spikevax). At this time, a Registered Nurse (RN) was in the office with the NPE for day 2 of orientation. She stated, she has already provided her vaccinations but has not had any education on the new Spikevax COVID-19 vaccine. On 3/27/24 at 12:36 p.m., during an interview, the surveyor asked the Licensed Practical Nurse (LPN) if she was educated on the new Spikevax, COVID-19 vaccine. The LPN stated, I can't say for sure, typically when stuff like that comes out we get the sheets to sign. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205159	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sedgewood Commons	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)
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/27/24 at 2:24 p.m., during an interview, the Marketing Clinical Advisor confirmed the facility has not provided residents and/or resident representatives with the VIS education on the COVID-19 vaccine upon admission to the facility and/or prior to administration of these vaccine. At this time. Both the surveyor and the Marketing Clinical Advisor looked in the employee break room and around the common area/time clock for any COVID-19 (Spikevax) education but was unable to find any.

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 03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sedgewood Commons	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)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 37015 Based on employee record review and interview, the facility failed to implement and maintain an effective training program which includes, at a minimum, training on Resident Rights for 2 of 5 Certified Nursing Assistant (CNA) staff reviewed (CNA #1, CNA #2). Findings: On 3/27/24, the following employee records were reviewed: 1. CNA #1 was hired on 12/26/23. There was no documented training regarding Resident Rights. 2. CNA #2 was hired on 12/4/23. There was no documented training regarding Resident Rights. On 3/27/24 at 4:15 p.m., in an interview with a surveyor, the Clinical Market Advisor confirmed there was no documentation of the staff attending the required annual training regarding Resident Rights.