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 _____	C 07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEDGEWOOD COMMONS	22 NORTHBROOK DR FALMOUTH, ME 04105

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 7/24/24, an unannounced on-site visit was conducted at Sedgewood Commons to investigate complaint #ME00048196. It was determined that Sedgewood Commons was not in compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities	F 000	Sedgewood Commons provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued	
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755	compliance with state and federal regulations.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 8/13/2024

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.

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F 755	Continued From page 1 §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: 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. Findings: 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. On 7/24/24 at 10:30 a.m., a surveyor reviewed the Narcotics Logbook for the Longfellow 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. On 7/24/24 at 10:55 a.m.,during an interview with the Unit Director for Longfellow, 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	F 755	The events happened in the past and cannot be corrected. Resident #1 expired on 07/26/24 and Resident #2 continues to receive morphine from their correct bottle for appropriate pain control. All controlled substances are received into the facility with two licensed signatures. A facility-wide audit was conducted to validate that all residents on a controlled substance within the past 14 days are receiving their medication from the appropriate bottle, box or bingo card. A facility-wide audit was conducted to ensure all controlled substances within the past 14 days are received into the facility with two licensed signatures.	08/21/24

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F 755	Continued From page 2 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. 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. 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." This was confirmed with the Administrator and the Unit Manager on Longfellow.	F 755	The facility ensures that all controlled substances are received into the facility with two licensed signatures. The facility also ensures that controlled substances are administered from the appropriate container and if a medication error is made, it is corrected as soon as noted and that it is handled per policy and procedure. All licensed staff will be re-educated to this process. DON/Designee will audit narcotic records to ensure controlled substances are received with two licensed signatures as well as correct controlled substance medication administration. These audits will be conducted weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 3 months. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations.	08/21/24