DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 5/7/24 and 5/8/24 an unannounced on-site visit was conducted at Cedar Ridge to investigate complaints #ME00045854, #ME00042355,#ME00045656, #ME00043145, #ME00046744, #ME00044857. It was determined that Cedar Ridge is not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000	Cedar Ridge 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 compliance with state and federal regulations.	
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen	F 550	Resident #9's Foley catheter bag was switched to a bag that has a built-in privacy cover. An audit of all residents with Foley catheters was conducted to validate they had privacy covers to maintain resident dignity. The facility ensures that each resident is treated with respect, dignity and care in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life,inclusive of privacy covers for exterior urinary collection bags. Nursing staff will be re-educated to this process. DON/Designee will conduct an audit of catheter bag privacy covers weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 3 months. The results of these audits will be brought to the monthly QAPI Committee for further review and recommendations. (Education: OPS206- all CNAs and nurses)	6/14/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kimberly Connelly, RN | TITLE: DON | (X6) DATE: 5-23-24

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 550	Continued From page 1 or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations and interviews the facility failed to promote care for resident in a manner that maintains the resident's dignity by allowing an uncovered urine filled Foley catheter bag to be seen by passersby for 1 of 3 residents (Resident #9) observed for dignity related to urinary collection bags during 1 of 2 days of survey (5/7/24). Findings: On 5/7/24 at 9:20 a.m., a surveyor observed Resident #9's Foley catheter bag hanging on the side of the bed, containing yellow urine, visible from the hallway/dining room. At this time, Resident #9 indicated he/she would like to have it covered and would be embarrassed if people could see it from the hallway/dining area. On 5/7/24 at 9:30 a.m., in an interview, Registered Nurse (RN)3 confirmed that Resident #9's Foley catheter bag with urine was visible to passersby in the hallway/dining room.	F 550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 550	Continued From page 2 On 5/8/24 at 8:15 a.m., in an interview, the surveyor discussed the finding with the Administrator.	F 550		
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observations, interview, record review, and facility policy the facility failed to complete a Self-Administration of Medication Assessment for 1 of 4 resident reviewed for medication administration. (Resident #1) Findings: Review of facility policy titled "NSG309 Medications: Self Administration" last reviewed 3/1/22 states "Patients who request to self-administer medications will be evaluated for safe and clinically appropriate capability based on the patient's functionality and health condition. If it is determined that the patient is able to self-administer: A physician/advanced practice provider (APP) order is required. Self-administration and medication self-storage must be care planned." Resident#1 was initially admitted 6/17/20 with diagnoses including hypertension, peripheral vascular disease, renal disease, and arthritis. Review of annual Minimum Data Set (MDS) dated 2/27/24 revealed Brief Interview for Mental Status (BIMS) of 11 of 15, indicating he/she has	F 554	Resident #1's room and bedside table have been cleared of any medications, inclusive of topical medicated creams. An audit of all resident records and rooms was conducted to validate that only those residents with the appropriate order, care plan, and evaluation for self-administration of medications, had medications in their room. The facility ensures residents who request to self-administer medications will be evaluated for safe and clinically appropriate capability based on their functionality and health condition. Nursing staff will be re-educated to this process. DON/Designee will conduct an audit of resident records and rooms to validate that only appropriate residents have access to self-administer medications. This will be conducted weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 3 months. The results of these audits will be brought to the monthly QAPI Committee for further review and recommendations. (Education: NSG309- all CNAs and nurses)	6/14/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 554	Continued From page 3 mild/moderately impaired cognition. During an observation Resident#1 on 5/7/24 at 9:15 a.m. a surveyor observed a plastic jar of A&D ointment on his/her bedside table. At this time Resident#1 indicated he/she received his/her eczema cream today and opened up the plastic jar of A&D ointment which contained a small plastic med cup which containing a small amount of white cream. Record review of Resident#1's Care Plan dated 4/5/24 lacks evidence of ability to self-administer medications. Record review of Resident#1's Electronic Medical Record (EMR) active orders for May 2024 revealed order with start date of 9/9/23: "Resident MAY NOT administer own meds". During an interview on 5/7/24 at 10:47 a.m. with 2 surveyors and Certified Nursing Assistant (CNA)#2 he/she indicated that Resident#1 self-administers her eczema cream. During an interview on 5/7/24 at 10:50 a.m., Registered Nurse (RN)#2 confirmed Resident#1 was given Triamcinolone Acetonide External Cream this morning for self-administration. At this time RN#2 reviewed Resident #1's clinical record and confirmed with 2 surveyors that Resident#1 does not have an order for self-administration.	F 554		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered	F 656	Resident #1 clinical record now has documented monitoring for side effects of psychotropic medications. Resident #4 discharged from the center 8/12/23. Resident #6 discharged from the center 3/28/24.	6/14/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 656	Continued From page 4 care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged	F 656	Continued from page 4: An audit of all resident records was conducted to ensure psychotropic medications are being monitored for side effects and behaviors. The audit of all resident records was also conducted to ensure the care planning of goals and interventions of medications related to pertinent medical diagnoses. The facility ensures a comprehensive person-centered care plan is developed for each patient that includes measurable objectives and timetables to meet a patient's medical, nursing, mental and psychosocial needs. The facility ensures the care plan is inclusive of goals and interventions for medications related to pertinent medical diagnoses as well as monitoring of side effects and behaviors of psychotropic medications. Licensed staff will be re-educated to this process. DON/Designee will conduct an audit of care plans and their goals and interventions for medications related to pertinent medical diagnoses as well as side effect and behavior monitoring weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 3 months. The results of these audits will be brought to the monthly QAPI Committee for further review and recommendations. (Education: OPS416: all nurses and CNAs for the behavioral documentation)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 656	Continued From page 5 by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the facility failed to update/implement goals and interventions for 3 of 9 care plans reviewed (Resident #1, #4 and #6). Findings: Review of facility policy "Person-Centered Care Plan" dated 10/24/22 states "A comprehensive person-centered care plan must be developed for each patient ...Included measurable objectives and timetables to meet a patient's medical, nursing, and mental and psychosocial needs ..." 1. Review of Resident#1's active medication orders dated May 2024 revealed order with start date of 11/6/23 for "Venlafaxine HCl ER Tablet Extended Release 24 Hour 75 MG Give 1 tablet by mouth one time a day for depression", Review of Resident#1's entire clinical record lacked evidence for monitoring side effects. Review of Resident#1's Care Plan dated 4/5/24 states "[Resident #] is at risk for complications related to the use of psychotropic drugs for depression. .... [Resident #] will have the smallest most effective dose without side effects by next review ... Monitor for side effects...." On 5/8/24 at 10:59 Registered Nurse (RN)#2 and RN#1 confirmed with 2 surveyors that Resident#1's clinical record lacks evidence of side effect monitoring.	F 656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 656	Continued From page 6 2. Resident #4 was admitted on 7/1/21 with recent history of liver transplant. Review of Resident #4's clinical record revealed order with start date of 8/15/23 for "Tacrolimus oral capsule 1 mg. Give 1 capsule by mouth every morning and at bedtime for prevent organ rejection." Review of Resident #4's care plan initiated 7/1/21 lacked evidence of goals and interventions for above medication. 3.Resident #6 was originally admitted on 4/2/21 with diagnoses to include congestive heart failure, dementia, depression, anxiety and delrium. Review of Resident #6's care plan initiated 4/2/21 states" [Resident #6] exhibits physical and verbal behaviors ...Ineffective coping skills, i. e., poor anger management, Poor impulse control. ... removes [his/ her] colostomy appliance and throws it at times. ...will not harm others by next review (became agitated ... and struck other resident ... pulled another residents hair) ...will exhibit decreased episodes of anger, scratching staff, hitting and agitation .... Observe for signs of delirium, including delusions/hallucinations ... exhibits distressed/fluctuating mood symptoms related to: Psychiatric Disorder.. Anxiety disorder, vascular dementia with behaviors ...scratches and pinches staff when they are providing care. ... Observe for signs of delirium, including delusions/hallucinations- Observe worsening signs/symptoms of existing psychiatric disorder (e.g., mania, hypomania, frequent mood changes, etc.) ...Refocus to something positive when hitting and scratching ...at risk for complications related to the use of psychotropic drugs for depression, Insomnia, Delerium, and Anxiety. Observe for changes in mental status and functional level ...Observe for continued	F 656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 656	Continued From page 7 need of medication as related to behavior and mood. -Observe for side effects. Review of Resident #6's entire clinical record lacked evidence he/she was being monitored for these behaviors. Review of Resident #6's medication orders active March 2024 revealed: -Order with start date of 9/5/23 for "Furosemide tablet 20 mg. Give 1 tablet by mouth one time a day for CHF [chronic heart failure]." Review of Resident #6's Care plan initiated 2/23/23 lacked evidence that goals and interventions were in place for use of diuretic medication. During an interview on 5/8/24 at 10:53 a.m., Registered Nurse #2 confirmed the above findings. During an interview on 5/8/24 at 11:15 a.m., the above concerns were discussed with the Director of Nursing.	F 656		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff.	F 657	Resident #6 discharged from the center 3/28/24. An audit of all resident records was conducted to validate the quarterly/ comprehensive MDS date and that a corresponding care plan meeting with the IDT, resident and/or representative has been scheduled.	6/14/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 657	Continued From page 8 (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: 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 for 1 of 2 sampled residents (Resident #6). Findings: Review of facility policy "Person-Centered Care Plan" dated 10/24/22 states " ... a comprehensive, individualized care plan will be developed after each assessment ...and review and revise the care plan after each assessment. After each assessment means after each ...Minimum Data Set (MDS). The care plan will be prepared by the interdisciplinary teams ... In conjunction with the patient/and or patient representative ...." During review of Resident 6's medical record, the surveyor noted quarterly Minimum Data Set	F 657	Continued from page 8: The facility ensures that the care plan is reviewed and revised by the IDT, resident and/or representative after each assessment, including both the comprehensive and quarterly review assessments, and as needed to reflect the response to care and changing needs and goals. MDS, social services, nurse leadership will be re-educated to this process. DON/Designee will conduct an audit of care plan meetings in conjunction with quarterly/comprehensive MDS assessments will be conducted weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 3 months. The results of these audits will be brought to the monthly QAPI Committee for further review and recommendations. (Education: OPS416: MDS, SW, Nursing leadership)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 657	Continued From page 9 (MDS) Assessments dated 1/23/24. The clinical record lacked evidence that a care plan meeting was held by the Interdisciplinary Team (IDT), resident and/or representative for this assessment. In addition, the last documented IDT meeting was held on 10/23/23. During an interview on 5/8/24 at 11:05 a.m., Social Worker (SW) indicated that an IDT meeting should be held within 7 days of the MDS. At this time SW reviewed Resident #6's entire clinical record and confirmed a care plan meeting was not held with interdisciplinary team/Resident and/or representative.	F 657		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this	F 757	Resident #6 discharged from the center 3/28/24. An audit of residents receiving psychotropic medications was completed to validate that staff are monitored for behaviors and side effects related to the use of these psychotropic medications. The facility validates that medications used to treat behaviors have a clinical indication and are monitored for efficiency, risk, benefits, and harm or adverse consequences. The facility documents the behaviors in the medical record and licensed staff monitor for side effects of psychotropic medications. Nursing staff will be re-educated to this process.	6/14/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 757	Continued From page 10 section. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to monitor and document targeted behaviors to support the use of an antipsychotic and antianxiety medication for 1 of 2 residents reviewed for unnecessary medications (Resident #6). Findings: Review of facility policy "Psychotropic Medication Use" dated 10/24/22 states " ...Facility staff should monitor the resident's behavior pursuant to Facility policy using a behavioral monitoring chart or behavioral assessment record for residents receiving psychotropic medication .... with agitated or psychotic behavior(s). Facility staff should monitor behavioral triggers, episodes, and symptoms. Facility staff should document the number and/or intensity of symptoms and the resident's response to staff interventions ..." Review of Resident #6's care plan initiated 4/2/21 states" [Resident #6] exhibits physical and verbal behaviors ...Ineffective coping skills, i. e., poor anger management, Poor impulse control. ... removes [his/ her] colostomy appliance and throws it at times. ...will not harm others by next review (became agitated ... and struck other resident ... pulled another residents hair) ...will exhibit decreased episodes of anger, scratching staff, hitting and agitation .... Observe for signs of delirium, including delusions/hallucinations ... exhibits distressed/fluctuating mood symptoms related to: Psychiatric Disorder.. Anxiety disorder, vascular dementia with behaviors ...scratches and pinches staff when they are providing care. ...	F 757	Continued from page 10: DNS/Designee will complete audits to validate staff are recording behaviors and monitoring for s/s of side effects related to psychotropic medication use. These audits will be conducted weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 3 months. The results of these audits will be brought to the monthly QAPI Committee for further review and recommendations. (Education: LTC Facility's Pharmacy Services and Procedures Manual POLICY #/TITLE: 3.8 Psychotropic Medication Use– all nurses and CNAs)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 757	Continued From page 11 Observe for signs of delirium, including delusions/hallucinations- Observe worsening signs/symptoms of existing psychiatric disorder (e.g., mania, hypomania, frequent mood changes, etc.) ...Refocus to something positive when hitting and scratching ...at risk for complications related to the use of psychotropic drugs for depression, Insomnia, Delerium, and Anxiety. Observe for changes in mental status and functional level ...Observe for continued need of medication as related to behavior and mood. -Observe for side effects. Review of Resident #6's entire clinical record lacked evidence he/she was being monitored for these behaviors. Review of Resident #6's medication orders effective March 2024 revealed: -Order with start date of 8/24/23 for "Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 75 MG (Venlafaxine HCl). Give 2 capsule by mouth one time a day for anxiety." Review of Residents clinical record lacked evidence he/she was monitored for behaviors, or side effects. -Order with start date of 8/24/23 "Haloperidol oral tablet 0.5 mg (Haloperidol.) Give 1 tablet my mouth one time a day for delusions." Review of Residents entire clinical record lacked evidence that he/she was monitored for side effects of this medication/ behaviors for this medication. During an interview on 5/8/24 at 1:30 p.m., with 3 surveyors, Administrator and Director of Nursing (DON). DON was asked: - How behaviors are being monitored for psychotropic medications use? DON indicated the facility documents by exception and Certified Nursing Assistants (CNA) document behaviors, and the CNA would tell the charge nurse, and the	F 757		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205060	A. BUILDING _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE CENTER	23 CEDAR RIDGE DRIVE SKOWHEGAN, ME 04976

(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 757	Continued From page 12 charge nurse should put it in a progress note - Why aren't the nurses assessing and documenting if there are behaviors/interventions in the Medication Administration Record (MAR)/Treatment Administration Record (TAR)? DON indicated it was because the CNA does the behavior monitoring. -How do you know staff is actually monitoring behaviors if it's not documented? DON stated, "Because I trust my staff." -How is a provider supposed to know if the medications are effective if the nurse isn't documenting on a regular basis? How can they justify whether they should or shouldn't do a Gradual Dose Reduction if there's nothing being documents? DON indicated that they can ask the staff. At this time DON confirmed above findings.	F 757		

Approved: Kimberly Connelly, RN, DON