STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205159	A. BUILDING 01 B. WING _____	03/26/2024

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
E 000	Initial Comments Federal Recertification Survey Survey Dates: 03-26-24 Sedgewood Commons, a long term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 03-26-24 Sedgewood Commons, a long-term care facility, is not in substantial compliance with the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment	K 000		
K 161 SS=E	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories	K 161		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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
	205159	A. BUILDING 01 B. WING _____	03/26/2024

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

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K 161	Continued From page 1	K 161		

sprinklered

3	II (000)	Not allowed
non-sprinklered		
4	III (211)	Maximum 2 stories
sprinklered		
5	IV (2HH)	
6	V (111)	
7	III (200)	Not allowed
non-sprinklered		
8	V (000)	Maximum 1 story
sprinklered		

Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)
Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.
This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the long term care facility failed to ensure that ceiling penetrations in 2 out of 3 electrical rooms were sealed with approved materials per NFPA 101, Life Safety Code, 2012 Edition, Section 19.1.6.1.

Findings:

On March 26, 2024, between 9:30 am and 11:30 am, a surveyor, with the Maintenance Director and Maintenance Assistant present, observed the following:

1. Ceiling wire penetrations in the Electrical Room

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205159	A. BUILDING **01** B. WING _____	**03/26/2024**

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
K 161	Continued From page 2 outside the Hawthorne Wing were sealed with non-rated spray foam. 2. Ceiling wire penetrations in the Electrical Room outside the Millay Wing were sealed with non-rated spray foam. The surveyor confirmed these findings with the Maintenance Director and Maintenance Assistant at the time of the observation.	K 161		
K 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to provide clear and obstructed exit discharge from 2 out of 3 patient care areas per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.1. and 7.7.2 (3). Findings: On March 26, 2024, between 9:30 am and 11:30 am, a surveyor, with the Maintenance Director and Maintenance Assistant present, observed the following: 1. Exit pathway from Longfellow Wing was not clear of ice and snow from the door to the public	K 211		

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	205159	A. BUILDING **01** B. WING _____	**03/26/2024**

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
K 211	Continued From page 3 way. 2. Exit pathway from Millay Wing was not clear of ice and snow from the door to the public way. The surveyor confirmed these findings with the Maintenance Director and Maintenance Assistant at the time of the observation.	K 211		
K 324 SS=F	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced	K 324		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205159	A. BUILDING **01** B. WING _____	**03/26/2024**

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
K 324	Continued From page 4 by: Based on observation, documentation review, and interview, the long term care facility failed to inspect the entire kitchen hood and duct exhaust system for grease buildup by a properly trained, qualified, and certified person in accordance with NFPA 101, Life Safety Code, 2012 Edition, Sections 9.2.3, and 19.3.2.5.1., and the time table in NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 edition, Section 11.4. Finding: On March 26, 2024, between 09:30 AM and 11:30 AM, a surveyor, with the Maintenance Director and Maintenance Assistant present, observed the following: 1. The kitchen hood system was last inspected by Kitchen Klean on 09/13/2023. The 180 day interval made this inspection due two weeks ago according to the decal on the hood, and the documentation on file from Kitchen Klean. The surveyor confirmed this finding with the Maintenance Director and Maintenance Assistant at the time of the observation.	K 324		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are	K 353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205159	A. BUILDING 01 B. WING	03/26/2024

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
K 353	Continued From page 5 maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to perform the air leakage test on the dry fire sprinkler system per NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 13.4.3.2.6 and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.5.1. and 9.7.5. Finding: On March 26, 2024, between 9:30 am and 11:30 am, a surveyor, with the Maintenance Director and Maintenance Assistant present, observed the following: 1. Inspection decal on the sprinkler riser and Quarterly fire sprinkler inspection report from 12/2023 indicated that the air leakage test has been overdue since March 2022. The surveyor confirmed this finding with the Maintenance Director and Maintenance Assistant at the time of the observation.	K 353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 363	Continued From page 6	K 363		
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire	K 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205159	A. BUILDING 01 B. WING _____	03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 363	Continued From page 7 protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to provide floor hardware for the 90-minute door latches in both 2-hour fire-rated walls per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.6.3. and NFPA 80, 2010 Edition, Section 6.5.2. Findings: On March 26, 2024, between 9:30 am and 11:30 am, a surveyor, with the Maintenance Director and Maintenance Assistant present, observed the following: 1. Cross-corridor 90-minute fire-rated doors into the Longfellow Wing did not have floor hardware to accommodate for the installed floor latches. These doors are in a 2-hour fire-rated wall assembly. 2. Cross-corridor 90-minute fire-rated doors into the Millay Wing did not have floor hardware to accommodate for the installed floor latches. These doors are in a 2-hour fire-rated wall assembly. The surveyor confirmed these findings with the Maintenance Director and Maintenance Assistant at the time of the observation.	K 363		
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction	K 372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 372	Continued From page 8 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to maintain the required smoke barrier construction per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.7.3. and 8.5.1. Finding: On March 26, 2024, between 9:30 am and 11:30 am, a surveyor, with the Maintenance Director and Maintenance Assistant present, observed the following: 1. Ceiling tile was out of place in the Millay TV room. This ceiling assembly needs to resist the passage of smoke. The surveyor confirmed this finding with the Maintenance Director and Maintenance Assistant at the time of the observation.	K 372		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETE:
	205159	A. BUILDING: **01** B. WING _____	**3/26/2024**

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

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 355	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to keep the kitchen class K portable fire extinguisher readily accessible, and visible in accordance with NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.5.12., and NFPA 10, Standard for Portable Fire Extinguishers, 2010 edition, Section 6.1.3. Finding: On March 26, 2024, between 09:30 AM and 11:30 AM, a surveyor, with the Maintenance Director and Maintenance Assistant present, observed the following: 1. The Class K portable fire extinguisher in the kitchen was obstructed and obscured from view with a bread cart. The cart was moved from the extinguisher at the time of the observation. The surveyor confirmed this finding with the Maintenance Director and Maintenance Assistant at the time of the observation.

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

The above isolated deficiencies pose no actual harm to the residents