STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205137	A. BUILDING _____ B. WING _____	C 10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEDGEWOOD MANOR	**200 ROUTE 115 WINDHAM, ME 04062**

(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 10/8/24, an unannounced on-site visit was conducted at Ledgewood Manor for the purpose of an investigation of complaints #ME00048460, #ME00048564, and #ME00048818. It was determined that Ledgewood Manor was not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the	F 609		

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205137	A. BUILDING _____ B. WING _____	C 10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEDGEWOOD MANOR	**200 ROUTE 115 WINDHAM, ME 04062**

(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 609	Continued From page 1	F 609		

incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure that an alleged violation of resident sexual abuse was reported to the State Agency within 24 hours when an incident occurred for 1 of 6 residents reviewed for neglect/abuse (#1).

Findings:

A review of the facility's "Resident Rights" Policy Revised on 9/06, on page 2, #4. "When an alleged or suspected case of mistreatment, neglect, injuries of unknown source, or abuse is reported, the facility administrator. Or his/her designee, will notify the following persons or agencies of such incident. A. The State Licensing/certification agency responsible for surveying/licensing the facility"; and on page 7, "Reporting Abuse to State Agencies and Other Entities/Individuals" Policy, revised on 9/13/06, page 7, under #1. A. "Should an alleged/suspected violation or substantiated incident of neglect, injury of unknown source, or abuse (including resident to resident abuse) be reported, the facility administrator, or his/her designee, will promptly notify the following person or agencies (verbally and written) of such incident: a. The State Licensing/certification agency responsible for surveying/licensing the facility".

On 8/9/24 at 9:07 a.m., the State Agency received a report stating that Resident #1 was currently in Maine Medical Center (MMC) for a Urinary Tract Infection (UTI) and [he/she]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205137	A. BUILDING _____ B. WING _____	C 10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEDGEWOOD MANOR	**200 ROUTE 115 WINDHAM, ME 04062**

(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 609	Continued From page 2	F 609		

reported to a staff member that [he/she] resides at Ledgewood Manor and there is a staff member there that is making [him/her] feel uncomfortable when that staff member made a comment about [his/her] genitalia being "pretty." Resident #1 could not remember the Certified Nursing Assistant's (CNA) name, but it is a male from a different country.

On 8/14/24, (no time given in the report), A member of the APS staff contacted the Director of Nursing (DON) and informed her of the alleged incident.

On 8/14/24, (no time given in the report), the DON went to interview Resident #1 and the resident initially denied the incident. [He/She] then stated that the incident did happen. Resident #1 stated that he [the CNA] says that to a lot of [residents], and he/she did not want to get anyone into trouble and stated that he/she has a brain fog and can't remember the person or what he said.

On 8/16/24, (no time given in the report), the DON interviewed the CNA. He denied being inappropriate and asked what the resident reported that he said. When he was told, he stated that he "would never use language like that in any aspect of his life" but that he would fully cooperate with the investigation. He stated that he "prides himself in being a professional care giver and that this is very upsetting".

On 10/8/24, at 11:48a.m. in an interview with the DON, a surveyor asked her what the outcome of the incident was, and she stated that she was convinced that the CNA did not make that remark to the resident, but he was assigned away from [Resident #1s] room and did not make any

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205137	A. BUILDING _____ B. WING _____	C 10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEDGEWOOD MANOR	**200 ROUTE 115 WINDHAM, ME 04062**

(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 609	Continued From page 3 contact with [Resident #1] after that. She also stated that there was no discipline of the CNA and that he left the facility shortly after the incident to work elsewhere. When asked why she did not report the incident to the State Agency, she said that when the staff member from APS called her, she asked if she needed to report the incident and she was told that she did not because they already knew and they would report it to the SA. On 10/8/24, at approximately 12:00 p.m. this surveyor informed the DON that that information from APS was incorrect and that she should have reported the incident directly to State Agency as the regulations require and as stated in the facility's policy.	F 609		