STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. BUILDING _____ B. WING _____	R 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BREAKWATER COMMONS	**100 COMMONS DRIVE ROCKLAND, ME 04841**

(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 3/27/25, an unannounced on-site visit was conducted at Breakwater Commons to follow up on the deficiencies cited during the Annual Long Term Care Survey Process of 1/23/25. It was determined that Breakwater Commons was in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	{F 000}		
{F 761} SS=B	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	{F 761}		

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.

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{F 761}	Continued From page 1	{F 761}		

Based on observations and interviews, the facility failed to ensure expired medications were removed from the supply available for use and failed to ensure that medications were stored properly as per manufacturers' recommendations for 1 of 2 medication/treatment carts reviewed for medication storage.

Findings:

On 3/27/25 at 12:00 p.m., during an observation of the South Unit medication cart with Certified Medication Tech (CNA-M) #1, the following was observed:

- one opened bottle of Acidophilus with Pectin, labeled with manufacturer instructions to, "Refrigerate after opening."

- one box labeled for Resident #3, with a pharmacy label indicating a dispense date of 2/19/25 and marked with an opened date of 2/21/25, containing a Fluticasone/Salmeterol 100mcg/50mcg (microgram) inhalation device. The manufacturer's instructions on the side of the box state, "Throw Away 30 Days After Opening The Foil Pouch Or When The Dose Counter Reaches 0, Whichever Comes First."

At this time, CNA-M #1 stated she should have put the Acidophilus back in the refrigerator after the morning medication pass and removed the Acidophilus and the expired inhaler from the medication cart.

On 3/27/25 at 12:10 p.m., the above findings were discussed with the South Unit Manager.

On 3/27/25 at 2:01 p.m., the above findings were

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{F 761}	Continued From page 2 discussed with the Director of Nursing Services (DNS).	{F 761}		