

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/10/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER LedgeWood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0567 Level of Harm - Potential for minimal harm Residents Affected - Many	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>37015</p> <p>Based on interview and record review, the facility failed to deposit the resident's personal funds into an interest bearing account for all residents having personal funds with the facility.</p> <p>Finding:</p> <p>On 6/12/22 at 10:05 am, Resident #15 stated that he/she had a personal funds account managed by the facility and did not know if the account earned interest.</p> <p>A review of the last quarterly statement for Resident #15's account, dated 3/31/22, revealed a balance in excess of \$100, with no interest paid.</p> <p>On 6/13/22 at 3:05 pm, the facility's Business Office manager confirmed that the resident's personal trust account does not accrue interest.</p> <p>A review of the facility's Policy for Resident Funds, undated, did not indicate resident personal funds would be placed in interest bearing accounts.</p> <p>On 6/14/22 at 11:10 am, the Administrator stated resident accounts had always received interest, but that during the many staffing changes in the business office over the past couple of years, this had been missed.</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 205137	Facility ID: 205137 If continuation sheet Page 1 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER LedgeWood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>37648</p> <p>Based on observations and interviews, the facility failed to provide maintenance services necessary to maintain the building in good repair and in a sanitary condition for 4 of 17 residents sampled (#17, #18, #26, #29) for 2 of 2 environmental tours.</p> <p>Findings:</p> <p>On 6/12/22 at 10:08 a.m., during the initial tour of the facility, a surveyor observed the following:</p> <ol style="list-style-type: none"> 1. Resident #17's Broda chair had bilateral arm rests and footrest that were ripped/torn. The wall behind the residents bed had a circular area approximately 1.5' of marred wall with exposed sheetrock and above the headboard was another large area of marred wall with sheet rock exposed. On 6/13/22 at 11:20 a.m., during an interview with Resident #17's representative, he/she stated the marred wall has been like that quite a while. 2. Resident #18's Broda chair had bilateral arm rest that were ripped/torn the entire length of arm rests. 3. Resident #26's wheelchairs right arm rest was ripped with the plastic coating peeled off. 4. Resident #29's Broda chair had bilateral arm rests and footrest that were ripped/torn. <p>On 6/12/22 at 1:32 p.m., in an interview with the Administrator, he confirmed they were renovating the facility however, there is no schedule for the renovation and its being done, when they can.</p> <p>On 6/13/22 at 3:38 p.m., during an environmental tour with the Director of Nursing the above concerns were observed. She stated, wheelchairs have a cleaning schedule for the night shift, at that point when washing them, they are supposed to notify me and [Maintenance] if they need repair.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER LedgeWood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44049</p> <p>Based on interview and record reviews, the facility failed to coordinate assessments for Pre-Admission Screening and Resident Review (PASRR) Level I and Level II program for 1 of 4 records reviewed. (#12)</p> <p>Findings:</p> <p>Resident #12 was admitted to the facility on [DATE]. Resident #12's medical record indicated that he/she has a diagnosis of Down Syndrome.</p> <p>The medical record lacked evidence that the PASRR Level I Screen was forwarded to the State Mental Health Authority to determine if the resident met the State of Maine's definition of a serious mental health disorder and to determine if a Level II assessment was needed.</p> <p>On 6/13/22 at 12:50 p.m., in an interview with the surveyor the Director of Nursing he/she confirmed that there was no referral made for PASRR Level I and Level II.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER LedgeWood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</p> <p>Based on interviews and record review, the facility failed to review and revise the care plan by an interdisciplinary team (IDT) meeting, which included the participation of the resident and resident's representative, after each Minimum Data Set (MDS) 3.0 assessments, for 3 of 17 residents whose care plans were reviewed (#11, #24, #26)</p> <p>Findings:</p> <p>1. On 6/12/22 at 10:43 a.m., during an interview, Resident #11 stated he/she hasn't had an IDT meeting in the past several months and I was supposed to have it in Jan, that didn't happen.</p> <p>On review of Resident #11's clinical record, the surveyor noted an MDS Annual assessment dated [DATE]. The clinical record lacked evidence of an IDT which included the resident, and resident's representative after the 9/29/21 assessment. In addition, the MDS Quarterly assessment dated [DATE], had an IDT meeting on 2/14/22, 31 days late.</p> <p>2. On review of Resident #24's clinical record, the surveyor noted a MDS Quarterly assessment dated [DATE]. The clinical record lacked evidence of an IDT which included the resident, and resident's representative after the 5/15/22 assessment.</p> <p>3. On review of Resident #26's clinical record, the surveyor noted a MDS Quarterly assessment dated [DATE]. The clinical record lacked evidence of an IDT which included the resident, and resident's representative after the 11/22/21 assessment.</p> <p>On 6/13/22 at 4:13 p.m., during an interview with the Director of Nursing, she confirmed the above IDT meetings were not completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER LedgeWood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37648</p> <p>Based on observation, interview, and policy review, the facility failed to ensure that food was stored, prepared and served in a sanitary manner for 2 of 3 days of survey.</p> <p>Findings</p> <p>The facilities policies:</p> <p>Hood/Filters, revised 10/2010 states, All hoods/filters shall be free of soil build up. and Note: Filters shall be cleaned at least weekly. Hood shall be cleaned at least monthly.</p> <p>Freezer, Walk-in, revised 10/2010 states, All freezers shall be cleaned and sanitized at least once a month and as needed. Procedure #9 wash gaskets, use a brush if needed, and replace when necessary and Note: check all gasket thoroughly, check thermometer.</p> <p>Refrigerator, Reach-in revised 10/2010 states, All refrigerators shall be cleaned and sanitized at least once a month and as needed. #7 Scrub inside and outside, give special attention to: hinges and door frames, gaskets - may need to use a small toothbrush.</p> <p>Refrigerator, Walk-In revised 10/2010 states, All refrigerators shall be cleaned and sanitized at least once a month and as needed. #5 Wash inside and outside surfaces, including the door and handle. Note: check all gaskets thoroughly, check thermometer.</p> <p>1. On 6/12/22 at 9:05 a.m., during kitchen tour with the Dietary Manager an on 6/13/22 at 7:35 a.m., the following was observed:</p> <ul style="list-style-type: none"> - The stove hood had built up dust along the filters - The walk-in freezer had rust and condensation around the door, the temperature gauge and the light switch had condensation running down from them, there was a bucket with weights placed in front of the door, the door did not latch. The gasket is coated with a black substance. The ceiling above the walk-in freezer has a large area of peeling paint and black in color. - The reach-in freezer had rust and condensation around the door, with a bath towel rolled up and placed at the base of the freezer door, collecting the moisture dripping. The gasket is coated with a black substance. The ceiling above the reach-in freezer has a large area of peeling paint and black in color. - The walk-in cooler fans were coded with dust and the wall to the right of the fans had condensation and rust buildup. A bath towel was on the floor below the condensation area wrapped around a crate on the floor collecting the moisture buildup. <p>On 6/12/22 at approx. 9:20 a.m., in an interview with the Dietary Manager, she confirmed the above findings and stated, the last time the hood was cleaned was by a professional 2 months ago.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER LedgeWood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the professional hood cleaning invoice was dated 3/29/22. The facility was unable to provided monthly cleaning completed by the facility.</p> <p>2. On 6/12/22 at 12:00 p.m., during lunch observation CNA #6 was observed with hair down, below shoulder length, delivering a tray to a resident. She then tucked her hair behind her ears, walked over to the lunch tray cart, flipped her hair to one side with her hands and removed another tray. She then delivered that tray to another resident, removed the plate cover and offered to cut up the food. She applied gloves and began cutting the meat. While cutting the meat she flipped her head from one side to the other several times, flipping her hair out of her face. At this time the surveyor intervened, explain sanitary concern of her hair tossing around while serving food, the CNA left the floor and returned approx. 2 minutes later with her hair up/pulled back, preformed hand hygiene and continued to pass out lunch trays.</p> <p>On 6/14/22 at 3:15 p.m., during and interview with the Administrator, the surveyor confirmed the above findings.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER LedgeWood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0868</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>33639</p> <p>Based on review of the Quarterly Quality Performance improvement Committee meeting attendance sheets and interview, the facility failed to ensure that the Medical Director attended 2 of 5 quarterly meetings. In addition, the facility failed to ensure that a Infection Preventionist attended 5 of 5 meetings and the Director of Nursing attended 1 of 5 meetings.</p> <p>Findings:</p> <p>A review of the Quarterly Quality Assurance and Professional Policy Review meeting attendance sheets indicated that the Medical Director did not attend the 12/15/21 and 3/16/22 quarterly meetings. The Quality Assurance Performance Improvement Committee meeting attendance sheets also indicated that a Infection Preventionist did not attend the 3/9/21, 6/8/21, 9/7/21, 12/15/21 and 3/16/22 quarterly meetings and the Director of Nursing (DON) did not attend the 3/9/21 Quarterly meeting.</p> <p>On 6/14/22 at 3:00 10:00 a.m , during an interview with the Administrator, the surveyor confirmed that the findings above.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER Ledgewood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37015</p> <p>Based on record review and interview, the facility failed to establish a facility wide Infection Prevention and Control Program (IPCP) which included standards, policies and procedures that are current, based on national standards and reviewed annually for COVID-19. This has the potential to affect all residents.</p> <p>Finding:</p> <p>From 6/12/22 through 6/14/22, the annual Long-Term Care Survey Process was completed. The facility was found to be in noncompliance with F880, F882, F883, F886, and F887. The facility failed to develop written policies and procedures for an Infection Prevention and Control Program, resulting in failure to designate a qualified staff to serve as the Infection Preventionist, failure to screen and determine eligibility for resident vaccinations, and failed to implement routine COVID-19 testing of staff and residents.</p> <p>On 6/12/22, a surveyor requested the Director of Nursing (DON) provide copies of the facility's infection control policies and procedures, including Covid-19, testing, and vaccination.</p> <p>The facility provided a document entitled Ledgewood Manor, Inc., Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings, with a handwritten update on 7/28/20 by a Licensed Practical Nurse. A second document was entitled COVID-19 Pandemic Facility After-Action Report/Improvement Plan, dated 3/1/20 to present, with no revision or review date noted. The third document provided was entitled N95 Respiratory Protection Program, dated 4/10/20.</p> <p>On 6/13/22 at 2:30 PM, in an interview with the Director of Nursing (DON), and the Resident Coordinator, the surveyor requested copies of the facility's policy and procedures for staff and resident COVID vaccinations. During this interview, the surveyor confirmed the facility had not designated a qualified individual who had completed specialized training in infection prevention and control. In addition, it was confirmed the facility had not developed or implemented a plan for regular staff and resident COVID-19 testing. Documentation provided to the surveyor indicated sporadic testing of staff who were not up to date on COVID-19 vaccination.</p> <p>A review of a list of resident immunizations revealed Resident #13 had not been appropriately screened for eligibility for pneumococcal and COVID-19 vaccinations since admission on 3/24/22. The facility's Immunization Policy lacked evidence of review since 1/12/08 and did not include COVID-19 vaccination.</p> <p>On 6/14/22 at 11:10 am, in an interview with the Administrator, the DON, and the Resident Coordinator, it was confirmed that the facility had no policies or procedures in place for undiagnosed respiratory illness and COVID-19.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER LedgeWood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>37015</p> <p>Based on interview and record review, the facility failed to designate a qualified staff member to function as the Infection Preventionist, who is responsible for the facility's Infection Control Program. This has the potential to affect all residents in the facility.</p> <p>Finding:</p> <p>On 6/13/22 at 2:30 PM, in an interview with the Director of Nursing (DON), and the Resident Coordinator, the surveyor asked who was designated as the facility's Infection Preventionist (IP). The DON stated the previous Infection Preventionist had not worked at the facility from October 2021 through March 2022. The DON stated the facility did not have a copy of the staff's infection preventionist certificate or evidence of training. The DON stated that she and the Resident Coordinator (a Certified Nursing Assistant - Medications), were presently taking the courses, but had not completed the program.</p> <p>The DON and Resident Coordinator confirmed the facility did not have a designated staff person who had completed specialized training in infection prevention and control.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER LedgeWood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37015</p> <p>Based on record review and interview, the facility failed to screen and determine eligibility for immunizations for 1 of 9 residents reviewed for pneumococcal and influenza vaccinations (#13).</p> <p>Finding:</p> <p>A review of the facility's Immunization Policy, with an adopted date of 1/12/08, stated The influenza and pneumonia vaccine will be offered to residents during all months recommended by the Center for Disease Control, which is usually October 1st through March 31st of each year. The dosage will be given per the physician's order. The pneumonia vaccination history of each resident will be reviewed on admission in the event that it is not current a vaccination will be offered and administered per CDC recommendations and doctor's orders. All residents will be screened on admission for pneumococcal/influenza immunization. If the status of the resident is unknown or never given the vaccine, the resident will be offered immunization.</p> <p>A review of Resident #13's clinical record indicated he/she was admitted on [DATE]. The record lacked evidence of Resident #13's pneumococcal immunization status.</p> <p>On 6/13/22 at approximately 3:30 pm, the Resident Coordinator stated Resident #13's immunization status had been requested by the physician several times and had not been received. The Resident Coordinator confirmed that Resident #13's record did not contain evidence of attempts made to request information from the physician, and that Resident #13 had not been screened yet for eligibility of vaccinations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER LedgeWood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0886</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Perform COVID19 testing on residents and staff.</p> <p>37015</p> <p>Based on record review and interview, the facility failed to follow the Centers for Disease Control and Prevention (CDC) guidelines and the Center for Medicare and Medicaid Services (CMS) August 26, 2020, revised 3/10/22, Quality, Survey and Certification Group (QSO)-20-38-Nursing Home (NH) for testing of staff who are not up to date with COVID-19 vaccination. This has the potential to affect all residents at the facility (31 residents).</p> <p>Findings:</p> <p>A review of the CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes, Nursing Homes & Long-Term Care Facilities, updated 2/2/22, stated In nursing homes, Health Care Personnel (HCP) who are not up to date with all recommended COVID-19 vaccine doses should continue expanded screening testing based on the level of community transmission as follows: In nursing homes in counties with substantial to high community transmission, these HCP should have a viral test twice a week.</p> <p>A review of the CDC website, covid.cdc.gov/covid-data-tracker, noted on 6/13/22 the county in which the facility is located, community transmission rate was designated as high.</p> <p>On 6/13/22 at 2:30 PM, in an interview with the Director of Nursing (DON), and the Resident Coordinator, the surveyor asked what the facility's plan was for staff testing. The DON and Resident Coordinator stated staff who are not boosted are tested twice weekly or if staff experience symptoms.</p> <p>A review of the employee vaccination list revealed one staff had received a medical exemption for COVID-19 vaccination. The surveyor requested copies of the routine testing completed for the employee.</p> <p>The surveyor asked if the facility had a procedure in place for residents and staff who refuse testing or are unable to be tested . The DON stated this had not been a problem yet and residents had been cooperative with testing. The surveyor requested a copy of the facility's policy and procedure for testing of residents and staff.</p> <p>On 6/14/22 at 9:50 am, during a discussion with the Administrator, DON, and Resident Coordinator, it was confirmed that the facility did not have evidence of regular COVID-19 testing for staff, or for the one employee who was not up to date on COVID-19 vaccination. In addition, it was confirmed that the facility had no policy or procedure for testing of residents and staff, including those who refuse testing.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER LedgeWood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37015</p> <p>Based on record review and interview, the facility failed to screen and determine eligibility for immunizations for 1 of 9 residents reviewed for COVID-19 vaccinations (#13).</p> <p>Finding:</p> <p>During a review of the facility's list of residents who had refused vaccination for COVID-19, the surveyor noted Resident #13's immunization status was listed as unknown for COVID-19. A review of Resident #13's record indicated he/she was admitted on [DATE].</p> <p>On 6/13/22 at approximately 3:30 pm, the Resident Coordinator stated Resident #13's immunization status had been requested by the physician several times and not yet received. The Resident Coordinator confirmed that Resident #13's record did not contain evidence of attempts made to request information from the physician, and that Resident #13 had not been screened yet for eligibility of vaccinations.</p> <p>On 6/14/22 at 11:10 am, in a discussion with the Administrator, Director of Nursing, and the Resident Coordinator, it was confirmed the facility did not have current policies and procedures for resident and staff COVID-19 vaccinations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2022
NAME OF PROVIDER OR SUPPLIER LedgeWood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Route 115 Windham, ME 04062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>33639</p> <p>Based on Facility Assessment review, in-service review, and interview, the facility failed to monitor and ensure Certified Nursing Assistants (CNA) attended the required annual in-service education which included abuse and Dementia in-services for 5 of 5 randomly selected CNA's employed greater than 1 year (#1, #2, #3, #4 & #5).</p> <p>Findings:</p> <p>Review of Page 2 of the Facility Assessment provided at survey, under Resident Profile, Part 1 Diseases/Conditions and cognitive disabilities, under the category Neurological Symptoms, revealed one of the common diagnoses is Non-Alzheimer's Dementia.</p> <p>On 06/13/22, a surveyor requested 5 randomly sampled Certified Nursing Assistants (CNA) annual training records from the Director of Nursing (DON).</p> <p>1. CNA #1 was hired on 8/27/07. Documentation provided by the facility indicated CNA #1 attended 1.5 hours Dementia training from the facility between 2021 to 2/15/22. There was no record that Dementia training had been completed or Abuse training having been attended by CNA #1.</p> <p>2. CNA #2 was hired on 8/23/17. Documentation provided by the facility indicated CNA #2 attended 1 hour of Dementia training from the facility between 10/2019 to 2/15/22. There was no record that Dementia training had been completed by CNA #2.</p> <p>3. CNA #3 was hired on 10/17/19. Documentation provided by the facility indicated CNA #3 attended 2 hours of in-services from the facility between 10/30/17 to 1/24/22. There was no record that Dementia or Abuse training had been completed by CNA #3.</p> <p>4. CNA #4 was hired on 8/20/20. Documentation provided by the facility indicated CNA #4 attended 1.5 hours of Dementia training from the facility between 9/9/21 to 5/17/22. There was no record that Dementia or Abuse training had been completed by CNA #4.</p> <p>5. CNA #5 was hired on 6/4/21. There was no record that Dementia or Abuse training had been completed by CNA #5.</p> <p>On 6/14/22 at 10:10 a.m. The DON confirmed the above findings with a surveyor.</p>		