STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205134	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fallbrook Commons	**91 Merrymeeting Dr , PORTLAND, Maine, 04103**

(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
F0000	INITIAL COMMENTS On 6/30/26 an unannounced, on-site visit was completed at Fallbrook Commons for the purpose of complaint investigation # 3042751. It was determined that Fallbrook Commons, is not in compliance with 42 CFR Part 483, Subpart B- Requirements for Long Term Care Facilities.	F0000		
F0689 SS = E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record reviews, and a review of Safety Data Sheets (SDS), the facility failed to ensure that the residents' environment was free of accident hazards relating to the storage of chemicals being properly secured for 2 of 22 resident rooms (321, 322) on 1 of 3 units (Deering). In addition, the facility failed to provide adequate supervision and complete an assessment of resident capabilities and deficits to determine resident safety for 2 of 2 residents reviewed for smoking (R1, R2). Findings: 1.On 6/30/26 at 9:30 a.m., a surveyor observed resident room 321 on the Deering unit, and noted on the nightstand for bed 2, were: 2 cans of Wizard Double Action 2 in 1 Air Freshener, and 4 cans of Power Stick body spray. In the center of the bed was a cigarette lighter. During this time, the items were observed by CNA1 and LPN1. CNA1 proceeded	F0689		

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

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F0689 SS = E	Continued from page 1 to strip the bed and wipe the mattress down with purple-top Super Sani-Wipes Disposable Wipes. On 6/30/25 at 1:35 p.m., a surveyor toured the unit again and noted the above items remained on the nightstand in room 321, bed 2, as well as the canister of Sani-Wipes. A review of the SDS for Wizard Double Action 2 in 1 air freshener noted the following: “4. First Aid Measures: Inhalation: Move to fresh air in case of accidental inhalation of vapours. Skin contact: Wash off immediately with soap and plenty of water. If irritation occurs and persists, seek medical attention. Ingestion: Rinse mouth with water and drink afterwards plenty of water. DO NOT INDUCE VOMITING! Eye contact: Immediately flush with plenty of water. After initial flushing, remove any contact lenses and continue flushing for at least 15 minutes. If eye irritation persists, consult a physician. Notes to physician: Contains: Propellants, petroleum solvent and fragrance oils. Aggravated Medical Conditions: NOTE TO PARENTS: Intentional misuse by deliberately concentrating and inhaling aerosol products may be harmful or fatal. Help stop inhalation abuse. For information visit www.inhalant.org.” An internet search for the Power Stick Body Spray SDS could not be located. However, a review for Power Stick Body Spray Product Safety Information stated: “For external use only – Do not apply to broken or irritated skin. Do not use on damaged or freshly shaved skin – This can cause stinging, burning, or rashes. Avoid contact with eyes – If contact occurs, rinse thoroughly with water. Flammable – Do not use near open flames or while smoking. A review of the SDS for Super Sani-Cloth Germicidal Disposable wipe noted the following: “4. First Aid Measures: Inhalation: No first aid should be needed. Eye contact Immediately flush eyes with water for 15 minutes, while holding the eye lids open to be sure the material is washed out. Get medical attention if irritation persists. Skin contact: No first aid should be needed. Ingestion: Ingestion is unlikely for solid products. No first aid is required for small amounts transferred from hands to mouth.” The active ingredient in the product was noted to be Isopropyl Alcohol. 2. On 6/30/26 at 9:50 a.m., a surveyor discussed	F0689		

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F0689 SS = E	Continued from page 2 the observations of room 321, bed 2, with the nurse manager of the Deering unit, who confirmed that R1 goes outside to smoke, has been offered smoking cessation products, and has had falls outside. The unit manager stated a safe smoking assessment has not been completed as the facility is a smoke-free campus. A review of R1's clinical record revealed a history of stroke with left-sided hemiplegia. A review of Minimum Data Set (MDS) 3.0 Annual Assessment, with an assessment reference date (ARD) of 5/10/26, noted R1's Brief Interview of Mental Status (BIMS) score was 15, indicating R1 was cognitively intact. R1's care plan, last revised 3/23/26, noted R1 was a smoker and had received education regarding the facility's no smoking policy and risks of hazards associated with smoking. One intervention included "observe clothing and skin for signs of cigarette burns. Further review of R1's record lacked evidence that an assessment for R1's abilities to smoke safely had been completed. On 6/30/26 at 10:00 a.m., in an interview with R1, a surveyor observed burn holes on the wheelchair cushion. The surveyor asked R1 where his/her cigarettes and lighter are stored. R1 stated in the drawer of the nightstand, which has a lock, but he/she does not use. R1 confirmed he/she goes off the property to smoke and stated he/she has had 3 falls outside. 3. On 6/30/26 at 10:30 a.m., a surveyor observed R2 in his/her room. The surveyor observed a pack of cigarettes on a nearby desk and a pack on a nightstand. R2 stated the cigarettes are stored in the nightstand but he/she does not lock it. A review of R2's clinical record noted a history of stroke with left-sided hemiplegia. The MDS, Quarterly Assessment, with an ARD of 5/3/26, indicated a BIMS score of 15, indicating R2 was cognitively intact. Section GG, Functional Abilities, noted R2 requires substantial/maximum assistance with transfers. A review of R2's care plan, last revised 5/3/26, did not include interventions related to safe smoking. Further review of R2's record lacked evidence that an assessment for R2's abilities to smoke safely had been completed. On 6/30/26 at 3:00 p.m., in an interview with the Administrator, Director of Nursing, Clinical Coordinator and Deering Unit Nurse Manager, a	F0689		

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F0689 SS = E	Continued from page 3 surveyor discussed concerns with hazardous chemicals stored at R1's bedside and accessible to other residents, as well as observation of a lighter on R1's bed, and cigarettes observed improperly stored in R2's room. Additionally, burn holes were noted in R1's wheelchair cushion. The Administrator discussed having conversations with R1 and R2 regarding the facility being smoke free and stated it was the residents' choice to disregard the policy and smoke off the premises. The surveyor discussed the facility's lack of completing a safety assessment of the resident's capabilities, deficits, and whether or not supervision is required. Review of the facility's "Resident No Smoking Policy," developed April 2017, stated "I. Policy. To maintain the safety and well-being of residents, staff and visitors, Smoking and 'Tobacco Use' will be prohibited on Fallbrook Commons campus. Note: Residents of North Country Associates who are permitted to smoke/use tobacco products will be allowed to continue supervised smoking in areas designated for resident smoking. Please be advised that non-compliance with the resident smoking policy and the smoking contract places many others in danger and could lead to possible discharge from the facility. Current residents are allowed to continue smoking in a designated area, outside, weather permitting. Residents admitted after the policy change will be informed, during the admission process, of the policy prohibiting smoking."	F0689		
F0656 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 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	F0656		

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F0656 SS = D	Continued from page 4 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 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 develop and implement a resident's care plan in the area of smoking for 1 of 2 residents reviewed for smoking (R2). Findings: A review of the clinical record revealed R2 was admitted in September, 2024, and had diagnoses which included Left-sided Hemiplegia due to stroke and nicotine dependence. The Minimum Data Set 3.0, Quarterly Assessment, with an ARD (Assessment reference date) of 5/3/26, Section C, Cognitive Patterns, Brief Interview of Mental Status resulted in a score of 15, indicating R2 was cognitively intact. Section GG, Functional Abilities, noted R2 requires substantial/maximum assistance with transfers, is dependent on staff for dressing, bathing, and personal hygiene, and requires the use of a wheelchair for mobility.	F0656		

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F0656 SS = D	Continued from page 5 A review of R2's care plan, last revised 5/3/26, noted a focus area of COPD (chronic obstructive pulmonary disease) related to smoking. However, no interventions were included which addressed R2's capabilities or deficits affecting his/her ability to smoke safely. On 6/30/26 at 10:30 a.m., in an interview with a surveyor, R2 confirmed he/she smokes and has someone bring cigarettes in to the facility for him. On 6/30/26 at 3:00 p.m., in an interview with the Administrator, Director of Nursing, Clinical Coordinator, and Deering Unit Nurse Manager, the surveyor discussed R2's care plan had not been developed to include safety related to smoking.	F0656		
F0921 SS = D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is NOT MET as evidenced by: Based on observations and interviews, the facility failed to maintain a clean/sanitary environment in 2 of 22 resident rooms (321, 322), on 1 of 3 units observed (Deering unit). Findings: On 6/30/26 at 9:30 a.m., a surveyor observed Room 321 on the Deering unit. A strong odor of urine was noted. Bed 1 was unmade, however the bedding was noted to be clean and without concerns. The nightstand was free of clutter and a fall mat was on the floor next to the bed. No personal items were observed. The floor under and around bed 2 was noted with debris, including a white powder spilled onto the nightstand and floor. The nightstand was covered with cans of air freshener, body spray, creams, food	F0921		

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F0921 SS = D	Continued from page 6 items, and the drawer was left open. The overbed table had packages of open food. The bed was unmade and the sheet on the mattress was soiled with a black substance. Unfolded clothing was observed in piles on the floor, bed and chair near the window. A red laundry bag was observed on the floor. During this observation, CNA1 was present. LPN1 entered the room and confirmed the findings and stated R1 was now allowing staff to wash his/her clothes which were placed in the red bag. On 6/30/26 at 10:10 a.m., a surveyor asked the CNA-M if the roommate of Room 321, bed 2, ever complains about the condition of his/her room. The CNA-M stated R3 was not able to verbalize if the condition of the room bothered him/her, but assumed it would. The CNA-M stated “he/she can still smell.” On 6/30/26 at 10:30 a.m., a surveyor observed R2 in Room 322, bed 2. On top of a computer keyboard on a nearby desk, the surveyor observed an extinguished cigarette butt. The right armrest on R2’s wheelchair was noted to be worn and torn, exposing the foam padding and creating an uncleanable surface. On 6/30/26 at 3:00 p.m., in an interview with the Administrator, Director of Nursing, Clinical Coordinator, and Deering Unit Nurse Manager, the surveyor discussed the findings.	F0921		