MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES LICENSING AND CERTIFICATION
ASSISTED HOUSING PROGRAM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Biennial Survey	DATE COMPLETED 1/7/2026
NAME OF FACILITY: WALDO COUNTY SPECTRUM GENERATIONS ADP ADMINISTRATOR: TARSHA ANN REWA LICENSE NUMBER: ADS1131 CENSUS: 10 TOTAL CAPACITY: 30	ADDRESS: 18 MERRIAM RD BELFAST, ME 04915-6915

WALDO COUNTY SPECTRUM GENERATIONS ADP, is not in compliance with Regulations Governing the Licensing and Functioning of Adult Day Services Programs, Part of 10-144, Chapter 117.

The following requirements were not met:

RULE	SUMMARY STATEMENT OF DEFFICIENCES

5(12)(3)(1-9)

SECTION 5: STAFF QUALIFICATIONS:

5.12.3 If a consumer has diabetes, unlicensed persons must be trained by a registered professional nurse in regard to the management of persons with diabetes. The registered professional nurse will document the in-service training in the employee record; such training shall include:

5.12.3.1 Dietary requirements

5.12.3.2 Anti-diabetic oral medications – inclusive of adverse reactions and interventions, and hypo and hyperglycemic reactions;

5.12.3.3 Insulin mixing including insulin actions;

5.12.3.4 Insulin storage;

5.12.3.5 Injection techniques and site rotation;

5.12.3.6 Treatment and prevention of insulin reaction including signs and symptoms;

5.12.3.7 Foot care;

5.12.3.8 Lab testing, urine testing and blood glucose monitoring; and

5.12.3.9 Standard precautions.

This has not been met as evidenced by:

Based on record review and interview, the Adult Day Service Program failed to ensure that unlicensed staff received documented training by a registered professional nurse regarding the management of persons with diabetes.

Findings:

Signature of Administrator: Signed by: 7EEF36B9694745C... Date: 1/23/2026

(Signature binding on all 3 page(s))

On 01/06/2026, a review of client records revealed that the Adult Day Service Program serves at least one client with a documented diagnosis of diabetes. On 01/06/2026, an interview with the Regional Coordinator confirmed that the program was aware of the requirement for diabetes training. The Regional Coordinator further stated that the required training had not been completed for any staff members at the program.

AGENCY PLAN OF CORRECTION:

1. Immediate Correction

- Beginning **immediately**, all staff who provide direct care or support to consumers will be temporarily restricted from performing any diabetes-related tasks until they complete required RN-led diabetes training.
- A contracted Registered Nurse educator has been scheduled to provide the mandatory in-service training covering all nine required elements of 5.12.3.

2. Long-Term Correction / Preventing Recurrence

- Regional Coordinator will maintain a calendar of RN Annual Trainings and is responsible for contacting the RN 60 days in advance of the annual expiration to schedule the refresher training for all center staff.
- Refresh contract expectations with the Registered Nurse to reconfirm the importance of compliance with this expectation.
- The Regional Coordinator will contact the RN when there is a new staff assigned to the center and schedule them for Diabetes Training. The new staff will not perform any diabetes-related tasks until training is complete.
- The Regional Coordinator will maintain training materials, sign-in sheets, and documentation templates to ensure proper recordkeeping.
- The Regional Coordinator will conduct **quarterly audits** of staff records to confirm compliance with diabetes-related training requirements.
- The Director of Compliance will conduct **annual reviews** of staff records to confirm compliance with diabetes-related training requirements.

3. Completion Date

- **Initial staff training will be completed by:** 2/15/2026
- **Quarterly File Reviews will begin:** 4/1/2026
- **Annual File Reviews will begin:** 3/1/2026

4. Person Responsible

- **Director of ADCSS** is responsible for ensuring the Regional Coordinator, in consultation with the Contracted Registered Nurse**,** implement the above steps.

DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:
1/23/2026	Signed by: 7EEF36B9694745C... Administrator

6(17)(2)	**SECTION 6: ENVIRONMENTAL SAFETY:** **6.17 Dietary Services.** For those programs preparing or serving food at the Adult Day Services Program site, the following shall apply: **6.17.2 Menus.** Menus shall be planned at least a week in advance, shall be posted conspicuously in the food service area and in an area used frequently by the consumers and shall be kept on file for three (3) months. The posted menu shall be in large enough print for all consumers to be able to read easily. This has not been met as evidenced by: Based on observation and interview, the Adult Day Services Program failed to ensure that a planned menu was posted in required areas of the program and failed to maintain menus on file for the required three-month period. Finding: On 01/06/2026, a tour of the Adult Day Services Program was conducted. During the tour, no posted menu was observed in the food service area or in any area frequently used by consumers. On 01/06/2026, an interview with Staff #1 revealed that menus had not been sent to the program and, as a result, menus were not being posted. Staff #1 further stated that prior menus were not maintained on file due to not receiving the menus. On 01/06/2026, this finding was confirmed during the exit interview with the Regional Coordinator.

 Date Completed:

	AGENCY PLAN OF CORRECTION: **1. Immediate Correction** • New weekly menus have been created and are now **posted in the food service area** and in the **main activity room**, both in large-print formatting. • A three-month **menu archive file** has been established immediately on site. **2. Long-Term Correction / Preventing Recurrence** • The Regional Coordinator will coordinate with Spectrum Generations' Nutrition Coordinators to ensure menus are received **no later than Thursday of each week** for the upcoming week. • A designated staff member will: o Post menus weekly in both required areas. o Print and file the menus into a **rolling three-month binder** maintained on site. o Conduct weekly checks to ensure menu visibility and readability. • The Regional Coordinator will perform a **Quarterly Review** to verify menu posting and filing compliance. • The Director of Compliance will include a review of the binder, food service area, and main activity room in bi-annual on-site center visits to ensure posting and filing requirements. **3. Completion Date** • **Full compliance achieved by:** 2/1/2026 **4. Person Responsible** • **Director of ADCSS,** with location specific oversight performed by the Regional Coordinator and assisted by Nutrition Coordinators.

DATE COMPLETED	TITLE OF PERSON RESPONSIBLE
1/23/2026	Signed by: 7EEF36B9694745C... Administrator

Date Completed: