 <p align="center">STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey</p>		<p>Date Completed: 8/15/2023</p>
<p>Name of Facility: HUNTINGTON COMMON Administrator: Peggy Farrington ASSISTED LIVING PROGRAM Census: 22 Total Capacity: 82 License Number: ALP1824</p>	<p>Address 1 HUNTINGTON COMMON DR KENNEBUNK, ME 04043-6558</p>	
<p align="center">Summary Statement of Deficiencies</p>	<p align="center">Plan of Correction</p>	<p align="center">Completion Date</p>

Huntington Common, an Assisted Living Program, is not in substantial compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Assisted Living Facilities, Part of 10-144, Chapter 113.

The following requirements were not met:

Consumer Rights

5.12 Right to confidentiality. Consumers' records and information pertaining to their personal, medical and mental health status is confidential. Consumers and their legal representatives shall have access to all records pertaining to the consumer at reasonable times, in the presence of the provider or his/her representative, within one (1) business day of the request. Consumers and their legal representatives are entitled to have copies made of their record within one (1) business day of the request. The licensee and employees shall have access to confidential information about each consumer only to the extent needed to carry out the requirements of the licensing regulations or as authorized by any other applicable state or federal law. The written consent of the consumer or his/her legal representative shall be required for release of information to any other person except authorized representatives of the Department or the Long Term Care Ombudsman Program. The Department shall have access to these records for determining compliance with these regulations.

Summary Statement of Deficiencies	Plan of Correction	Completion Date
-----------------------------------	--------------------	-----------------

Records shall not be removed from the assisted living program, except as may be necessary to carry out these regulations. Upon admission, each consumer shall sign and date a written consent which lists individuals, groups, or categories of individuals with whom the program may share information (e.g., sons, daughters, children, family members or duly authorized licensed practitioners, etc.). A written consent to release of information shall be renewed and time dated every thirty (30) months, pursuant to 22 M.R.S.A. §1711-C (4). Consent may be withdrawn at any time. [Class IV]

This has not been met as evidenced by:

Based on a review of resident files, the facility failed to have current written consent for release of information. (Resident #1 and Resident #2)

Finding:

On 08/15/2023 the Surveyors reviewed three resident files. Two of three resident files did not have current written consent for release of information. The Surveyors found the following:

Resident #1's Consent was dated: 01/25/2021
Resident #2's Consent was dated: 07/08/2019

The Surveyor reviewed the finding with the Administrator during the survey on 08/15/2023.

The Surveyor again discussed the finding with the Administrator during the exit interview on 08/15/2023.

 Summary Statement of Deficiencies	Plan of Correction	Completion Date
---	---------------------------	------------------------

Medications and Treatments

- 7.1.7** Orders for medications and associated treatments shall be in writing, signed and dated by a duly authorized licensed practitioner and shall be in effect for the time specified by the duly authorized licensed practitioner, but in no case to exceed twelve (12) months, unless there is a written reorder. Orders for psychotropic medications shall be reissued every three (3) months, unless otherwise indicated by the duly authorized licensed practitioner. Standing orders for individual consumers are acceptable when signed and dated by the duly authorized licensed practitioner.

This has not been met as evidenced by:

Based on a review of resident files including their MARs (Medication Administration Records), the facility failed to have current medication orders by a duly authorized licensed practitioner. (Resident #2)


Finding:

On 08/15/2023 the Surveyors reviewed three resident files. One of three resident files was missing current medication orders by a duly authorized licensed practitioner. The Surveyors found the following:

Resident #2 had the following medications on their Active 2023 August MARs without current medication orders:

Acetaminophen-Codeine Tablet 300-30 MG; Give 1 tablet by mouth every 6 hours as needed for acute pain

Atorvastatin Calcium Tablet 40 MG; Give 2 capsule by mouth one time a day for Hyperlipidemia

 Summary Statement of Deficiencies	Plan of Correction	Completion Date
---	---------------------------	------------------------

Cholecalciferol Capsule 400 Unit; Give 2 capsule by mouth one time a day for supplement 2 400mg caps=800mg

Eliquis Tablet 5 MG (Apixaban); Give 1 tablet by mouth two times a day for DM

guaifeNessin Syrup; Give 10 ml by mouth every 6 hours as needed for cough

MetFORMIN HCl ER Tablet Extended Release 24 Hour 500 MG; Give 1 tablet by mouth two times a day for DM

Metoprolol Tartrate Tablet 25 MG; Give 1 tablet by mouth two times a day for HTN

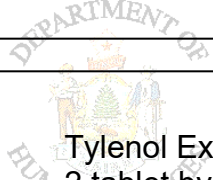
Miconazole Nitrate Powder 2 %; Apply to affected areas topically as needed for redness twice daily

Multivitamin Adult Tablet (Multiple Vitamins-Minerals); Give 1 tablet by mouth one time a day for Deficiency

Psyllium Capsule; Give 1 capsule by mouth one time a day for constipation

Senna-S Tablet 8.6 Tablet 8.6-50 MG (Sennosides-Docusate Sodium); Give 1 tablet by mouth as needed for constipation twice daily

Sertraline HCl Oral Tablet 25 MG (Sertraline HCl); Give 2 tablet by mouth one time a day for Depression Daily daily of 50 mg

 Summary Statement of Deficiencies	Plan of Correction	Completion Date
---	---------------------------	------------------------

Tylenol Extra Strength Tablet 500 MG (Acetaminophen); Give
2 tablet by mouth every 8 hours as needed for fever over 100
DNE 3 Gms

Tylenol Extra Strength Tablet 500 MG (Acetaminophen); Give
2 tablet by mouth every 8 hours as needed for pain over 100
DNE 3 Gms

Vitamin B Complex Tablet (B Complex Vitamins); Give 1
tablet by mouth one time a day for Deficiency

The Surveyor reviewed the finding with the Administrator during the
survey on 08/15/2023.

The Surveyor again discussed the finding with the Administrator
during the exit interview on 08/15/2023.