

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Complaint Investigation 2025-AHP- 41646		Date Completed: 6/25/2025
Name of Facility: SUNNYBROOK Administrator: LYNDAY RENADETTE ASSISTED LIVING PROGRAM Census: 47 Total Capacity: 51 License Number: ALP38855		Address: 340 BATH RD BRUNSWICK, ME 04011-2651
Summary Statement of Deficiencies	Plan of Correction	Completion Date

Sunnybrook, an Assisted Living Program, is not in compliance with Part of 10-144, Chapter 113, Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Assisted Living Program and Infection Prevention and Control. The following requirement was not met: Section 7 Medications and Treatments 7.3 Medication storage. 7.3.2 Medications administered by the assisted living program, residential care facility, or private non-medical institutions shall be kept in their original containers in a locked storage cabinet. The cabinet shall be equipped with separate cubicles, plainly labeled, or with other physical separation for the storage of each resident's medications. It shall be locked when not in use and the key carried by the person on duty in charge of medication administration. <i>[Class III]</i> This has not been met as evidenced by: Based on observation and staff interview, the facility did not have all medications stored in a cabinet equipped with separate cubicles,	Click or tap here to enter text.	Click or tap here to enter text.
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plainly labeled, or with other physical separation for the storage of each resident's medications. Findings: The surveyor observed medication storage during onsite case investigation at approximately 10:34 a.m. on 6/25/2025. Observations included that controlled medications were not being stored with a physical separation for each resident's medication. The controlled medications were stored in a locked section of the locked medication cart, but did not separate each resident's medication. This finding was reviewed during the exit meeting with the Administrator on 6/25/2025 at approximately 11:00 a.m.		