



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey	Date Completed: 02/27/2024
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Name of Facility: Sunnybrook Administrator: Tracy Jo Hoppe Assisted Living Program. Census: 48 Total Capacity: 51 License Number: ALP38855	Address: 340 Bath Road Brunswick, ME 04011
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Summary Statement of Deficiencies	Plan of Correction	Completion Date
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<p>Sunnybrook, an Assisted Living Program, is not in substantial compliance with the “Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Assisted Living Program, Part of 10-144, Chapter 113”.</p> <p>The following requirements were not met:</p> <p>Section 10- Consumer Records</p> <p>10.2 Assessments and reassessments.</p> <p>10.2.1 A functional assessment must be completed within thirty (30) calendar days for a consumer receiving assisted living services. The assessment must include a review of the consumer’s need for assistance with ADLs, IADLs, medication administration and nursing service. The document shall contain the date of the assessment and the signature of the assessor.</p> <p>10.2.2 Reassessments shall be done at least every six (6) months thereafter, indicating the date of the reassessment and the signature of the assessor.</p>	
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Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to complete a reassessment at least every six months for one of three residents. (Resident #2)</p> <p>Findings:</p> <p>Surveyor reviewed Resident #2's record on 2/27/2024. Resident #2 had an initial assessment on 8/22/2022 and then was not reassessed until 5/8/2023.</p> <p>Administrator confirmed this finding at the exit meeting on 2/27/2024 at approximately 3:15 p.m.</p>		