STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION **Biennial Survey**		Date Completed: 8/20/2024
Name of Facility: BAY SQUARE AT YARMOUTH Administrator: MEGAN TOOTHAKER ASSISTED LIVING PROGRAM Census: 50 Total Capacity: 60 License Number: ALP38901	Address: 27 FOREST FALLS DR YARMOUTH, ME 04096-6972	
Summary Statement of Deficiencies	**Plan of Correction**	**Completion Date**

Bay Square at Yarmouth, an Assisted Living Program, is not in substantial 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 requirements were not met:

6.5 Pre-service training for Alzheimer's/Dementia Care Units. For pre-service training, all facilities with Alzheimer's/Dementia Care Units must provide a minimum of eight (8) hours classroom orientation and eight (8) hours of clinical orientation to all new employees assigned to the unit. The trainer(s) shall be qualified with experience and knowledge in the care of individuals with Alzheimer's disease and other dementias. In addition to the usual assisted living program orientation, which shall cover such topics as consumer rights, confidentiality, emergency procedures, infection control, assisted living program philosophy related to Alzheimer's Disease/dementia care, and wandering/egress control, the eight (8) hours of classroom orientation shall include the following topics:

6.5.1 A general overview of Alzheimer's Disease and related dementias;

6.5.2 Communication basics;

6.5.3 Creating a therapeutic environment;

 Signature of Administrator: _____ Date: _____ CLS (Rev 9/2006)
(Signature binding on all 5 Biennial Survey page(s))

6.5.4 Activity focused care;

6.5.5 Dealing with difficult behaviors; and

6.5.6 Family issues.

This has not been met as evidenced by:

Based on record review and interview, 5 of 5 employees did not have pre-service Alzheimer's/Dementia training that included the minimum of eight (8) hours of clinical orientation. (Employee #1, #2, #3, #4, and #5)

Findings:

Surveyor reviewed records for Employee #1, #2, #3, #4, and #5 on 8/20/2024. The records did not contain evidence these employees completed pre-service training that included a minimum of 8 hours of clinical orientation.

HR Director and Resident Care Director were interviewed on 8/20/2024 and they were not able to provide evidence of 8 hours of clinical orientation had been completed by these employees.

Administrator was interviewed on 8/20/2024 at approximately 1:25 p.m. and confirmed they did not have documentation of this training being completed.

Repeat deficiency from Statement of Deficiencies dated 8/4/2022.

7 MEDICATIONS AND TREATMENTS

7.3 Medication storage.

7.3.2 Medications administered by the assisted living program 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 consumer's medications. It shall be locked when not in use and the key carried by the person on duty in charge of medication administration. *[Class III]*

This has not been met as evidenced by:

Based on observation and interview, the facility failed to keep medications in a storage cabinet that was locked when not in use.

Findings:

On 8/19/2024 at approximately 1:32 p.m., Surveyor observed the medication room door located next to the dining area on the locked dementia unit to be open. Surveyor observed a drawer on the medication cart located in this room to be ajar. The medication cart was not locked and there were no staff in this room or near the cart. There were staff in the dining area assisting residents during the time of observation. A photo of the unlocked cabinet was obtained by Surveyor.

Employee #1 was the Certified Residential Medication Aide (CRMA) in charge of the medication cart at the time of the observation. Employee #1 was interviewed at approximately 1:40 p.m. Employee #1 confirmed the lock on the medication cart was not pushed in when they left the room and the door to the room was left open.

This finding was reviewed with the Administrator on 8/19/2024 and during the exit meeting on 8/20/2024 at approximately 2:15 p.m.

10 CONSUMER RECORDS

10.1 Individual records required. For each consumer receiving assisted living services, the program must develop and maintain individual records that include, but are not limited to, the following:

10.1.5 A dated release of information authorization; and

This has not been met as evidenced by:

Based on a record review and an interview, 4 of 4 resident records reviewed did not have a dated release of information authorization. (Resident #1, #2, #3, and #4)

Findings:

On 8/19/2024 and 8/20/2024, Surveyor reviewed records for Resident #1, #2, #3, and #4.

Records for Resident #1, #2, #3, and #4 contained a document titled “Maine (HIPPA) Authorization to Release Medical Information.” This document had a place for the date to be written, however it was not completed on any of the forms reviewed.

Administrator was interviewed on 8/19/2024 at approximately 2:00 p.m. and confirmed “Maine (HIPPA) Authorization to Release Medical Information” was the provider’s release of information authorization form. The Administrator was not able to provide evidence of a dated form for these residents.

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This finding was reviewed with Administrator at the exit meeting on 8/20/2024.

Repeat deficiency from Statement of Deficiencies dated 8/4/2022.