



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

<b>STATEMENT OF DEFICIENCIES &amp; PLAN OF CORRECTION Biennial Survey</b>	Date Completed: 04/17/2025
---	-------------------------------

Name of Facility: Richmond Eldercare Administrator: Jill Wagurak PNMI Level IV Residential Care Facility. Census: 15    Total Capacity: 16 License Number: PND1088	Address: 18 Hathorn St Richmond, ME 04357-1161
---	--

<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
--	---------------------------	------------------------

<p>Richmond Eldercare, a PNMI Level IV Residential Care Facility, is not in compliance with the “Regulations Governing the Licensing and Functioning of Assisted Housing Programs: PNMI Level IV Residential Care Facilities, Part of 10-144, Chapter 113 and Infection Prevention and Control.</p> <p>The following requirements were not met:</p> <p><b>Section 7</b></p> <p><b>7.1 Use of safe and acceptable procedures.</b> The administrator shall ensure that all persons administering medications and treatments (except residents who self-administer) use safe and acceptable methods and procedures for ordering, receiving, storing, administering, documentation, packaging, discontinuing, returning for credit and/or destroying of medications and biologicals. All employees must practice proper hand washing and aseptic techniques. A hand-washing sink shall be available for staff administering medications.</p> <p><b>7.1.7</b> Orders for medications and 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</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
---	---	---



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>duly authorized licensed practitioner. Standing orders for individual residents are acceptable when signed and dated by the duly authorized licensed practitioner.</p> <p><b>7.1.7.1</b> Upon admission to another facility, all existing orders are no longer in effect. Upon return to the facility, all orders must be reviewed and approved by the resident's duly authorized licensed practitioner within 72 hours. During that timeframe, orders that are signed and dated by the discharging duly authorized licensed practitioner are the current acceptable orders. Prior to admission to another facility all medications must be removed from service and placed in a locked area in accordance with Section 7.7.</p> <p>This has not been met as evidenced by:</p> <p>Based on observation and interview, the program did not have all orders reviewed and approved by the resident's duly authorized licensed practitioner within 72 hours upon return to the facility for one resident. (Resident #1)</p> <p>Findings:</p> <p>On 4/9/2025 the record was reviewed for Resident #1. The record revealed Resident #1 was admitted to the hospital on 2/24/2025. Resident #1 was discharged from the hospital on 2/28/2025 at 12:49pm.</p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>Medication orders showed the facility did not request new medication orders from the Resident's duly authorized licensed practitioner, via fax, until 3/5/2025. The facility received signed medication orders back from the practitioner on 3/6/2025.</p> <p>Resident #1's MAR showed that Resident #1's medications were not discontinued as required.</p> <p>On 4/9/2025 Employee #1 was interviewed who confirmed this finding, and stated they would need to check in with the administrator on the facility's process of medication orders after hospital stays.</p> <p>This finding was reviewed during the phone exit meeting with the Administrator and Director of Residential Care on 4/17/2025.</p> <p><b>7.3 Medication storage.</b></p> <p><b>7.3.2</b> 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></p> <p>This has not been met as evidenced by:</p> <p>Based on observation and staff interview, the facility did not have all medications stored in a cabinet equipped with separate cubicles,</p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>plainly labeled, or with other physical separation for the storage of each resident's medications.</p> <p>Findings:</p> <p>The surveyor observed medication storage during onsite survey at approximately 12:10 p.m. on 4/9/2025. Observations included that some medications were not being stored with a physical separation for each resident's medication. Inhalers, insulin pens, and schedule II medications were examples of medications being stored in containers in the medication cart; however, they were not plainly labeled, or with other physical separation for the storage of each resident's medications.</p> <p>The surveyor interviewed CRMA #1, who confirmed the medications were not separated for each resident.</p> <p>Photos obtained by the surveyor.</p> <p>This finding was reviewed during the phone exit meeting with the Administrator and Director of Residential Care on 4/17/2025.</p> <p><b>7.3.4</b> Medications administered by the assisted living program, residential care facility or private non-medical institution, which require refrigeration, shall be kept safely stored and separate from food by placement in a special tray or container, except vaccines, which must be stored in a separate refrigeration unit that is not used to store food. Refrigeration shall be forty-one (41) degrees Fahrenheit or below. A thermometer shall be used to ensure proper refrigeration. <i>[Class III]</i></p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>This has not been met as evidenced by:</p> <p>Based on observation and staff interview, the facility did not safely store medications requiring refrigeration.</p> <p>Findings:</p> <p>Medications were being stored in a small black portable refrigerator next to the medication cart by the entrance to the facility. The surveyor observed on 4/9/2025 at approximately 1:12 p.m. the refrigerator contained several medications. The refrigerator did not have a lock mechanism and was not locked.</p> <p>This finding was reviewed during the phone exit meeting with the Administrator and Director of Residential Care on 4/17/2025.</p> <p><b>Section 13</b></p> <p><b>Staffing</b></p> <p><b>13.6 Staff training, education and qualifications.</b></p> <p><b>13.6.1</b> Within one hundred twenty (120) days of hiring, all staff, other than CNA's and licensed professional staff whose job responsibilities include direct service to residents for at least twenty (20) hours per week, shall successfully complete a certification course approved by the Department.</p> <p>This has not been met as evidenced by:</p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>Based on record reviews and interview, four or four staff who worked at least twenty hours per week did not complete a certification course approved by the Department. (Employee #1, 2, 3, &amp; 4)</p> <p>Finding:</p> <p>Surveyor was unable to review personnel records during onsite survey and requested Employee #1 through #4's personnel record via email on 4/9/2025 and received the records for review on 4/14/2025.</p> <p>The surveyor discovered upon review of records that all four employees had not completed a department approved certification course as required.</p> <p>A phone interview with the Director of Residential Care on 4/16/2025 at approximately 3:45 p.m. confirmed all four staff work at least 20 hours per week and they have not completed the certification course.</p> <p>This finding was reviewed during the phone exit meeting with the Administrator and Director of Residential Care on 4/17/2025.</p> <p><b>16 SANITATION/PHYSICAL PLANT REQUIREMENTS</b></p> <p><b>16.6 General condition of the facility and surrounding premises.</b></p> <p><b>16.6.1</b> The facility and surrounding premises shall show evidence of routine maintenance and housekeeping and repair of wear and tear shall be made in a timely fashion.</p> <p>This has not been met as evidenced by:</p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>Based on observation and interview, the facility failed to ensure there was evidence of routine maintenance.</p> <p>Findings:</p> <p>On 4/9/2025 the surveyor toured the facility with the following observations:</p> <ol style="list-style-type: none"><li>1. A fuel line was observed approximately 2-3 inches above the ground in some areas by the side entrance.</li><li>2. Several cigarette butts were observed to be scattered on the ground near the fuel line by the side entrance.</li><li>3. Bathroom in room 125 had a small hole in the wall and peeling paint creating an uncleanable surface.</li></ol> <p>These findings were confirmed with on duty CRMA at the time of tour and reviewed with the Administrator in a follow up telephone call on 4/14/2025 at approximately. 9:30 a.m.</p> <p><b><u>This is a repeat Deficiency 4/4/2023 and 9/9/2024 Statement of Deficiencies.</u></b></p> <p><b>16.21 Safety requirements:</b></p> <p>    <b>16.21.2</b> Extension cords are prohibited unless equipped with a fuse mechanism.</p> <p>This has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure an extension cord was prohibited from use.</p> <p>Finding:</p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>On 4/9/2025 the surveyor toured the facility and observed bedroom 116 to have a small white extension cord plugged into a power strip.</p> <p>No fuse mechanism was observed on the cord.</p> <p>This finding was confirmed with on duty CRMA at the time tour and reviewed with the Administrator in a follow up telephone call on 4/14/2025 at approximately. 9:30 a.m.</p> <p><b>Section 2. Infection Prevention and Control</b></p> <p>A. Infection Prevention and Control (IPC). The facility must establish, implement, and maintain an Infection Prevention and Control Plan (IPCP) to control the transmission of infectious diseases amongst residents, staff, visitors, and other individuals providing services under a contractual arrangement.</p> <p>This has not been met as evidenced by:</p> <p>Based on a record review, observation, and interviews, the facility did not implement and maintain an IPCP to control the transmission of infectious diseases amongst residents and staff.</p> <p>Findings:</p> <p>On 4/9/2025 the record was reviewed for Resident #1. It was revealed that Resident #1, upon admission to the facility, a body check was completed on 5/4/2024 which noted a diagnosis of Methicillin-resistant Staphylococcus aureus (MRSA) infection. This was not recorded on Resident #1's face sheet, service plan, or assessment.</p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>Resident #1 was admitted to the hospital from 2/24/2025 through 2/28/2025 and discharged paperwork noted Resident #1 tested positive for MRSA.</p> <p>On 4/9/2025 the facility IPCP was reviewed by surveyor. The IPCP stated all staff must wear PPE when in contact with resident's with infectious diseases. The IPCP also stated that all shared and reusable resident care equipment used by Resident's need to be disinfected by staff after each use. Additionally, the IPCP stated staff need to use a cleaning checklist for hard non-porous surfaces such as; furniture, bedrails, medical equipment, bathroom facilities, and floors to decrease the possibility of transmission.</p> <p>Staff training documents regarding the IPCP were reviewed by the surveyor. Staff training instructs staff to provide soap and towels in bathrooms to be used only by one resident and instructs staff to use PPE when in contact with Resident's to prevent transmission of infections.</p> <p>On 4/9/2025 Employee #5 was interviewed. When questioned about Resident #5's MRSA infection Employee #5 stated they didn't know much about it as they just found out that Resident #1 had MRSA, despite the facility noting it at the time of admission. Employee #5 stated the facility suggested staff could use masks or gloves if they wanted. When asked about cleaning protocols, Employee #5 stated there were no specific cleaning or disinfecting requirements in place, despite confirmed Resident #1's shared a bathroom and toilet with a housemate.</p> <p>On 4/9/2025 Resident #1's bedroom was observed by a surveyor. Resident #1's room contained no cleaning supplies, and no individualized soap and towels in Resident #1's shared bathroom.</p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>There was also no available PPE or cleaning supplies observed nearby for staff to use.</p> <p>This finding was reviewed during the phone exit meeting with the Administrator and Director of Residential Care on 4/17/2025.</p>		