



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

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| STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey | Date Completed: 5/29/2025 |
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| Name of Facility: Care Ride Estates Administrator: Vernon Taylor PNMI Level IV Residential Care Facility Census: 9 Total Capacity: 10 License Number: PND1814 | Address: 35 Ridge Rd Lee, ME 04455-4418 |
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| Summary Statement of Deficiencies | Plan of Correction | Completion Date |
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| <p>Care Ridge Estates, a Level IV PNMI Residential Care Facility, is not in substantial compliance with the “Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV Residential Care Facilities, Part of 10-144, Chapter 113”.</p> <p>The following requirements were not met:</p> <p>Section 3 Licensing</p> <p>3.4.3 Additional licensing requirements. Prior to the issuance of a license and prior to relicensure, the facility shall:</p> <p>3.4.3.2 Comply with all applicable laws and regulations promulgated thereunder, relating to fire safety, plumbing, water supply, sewage disposal and maintenance of sanitary conditions.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility did not utilize the Maine Background Check Center (MBCC) to obtain a comprehensive background check reports as required by 10-144 C.M.R., Ch. 60, Maine Background Check Center Rule established under 22 M.R.S., Ch 1691, Maine Background Check Center Act for 1 of 4 staff records reviewed and working with direct access to residents providing care. (Staff # 1)</p> <p>Finding:</p> | <p>Click or tap here to enter text.</p> | <p>Click or tap here to enter text.</p> |
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| Summary Statement of Deficiencies | Plan of Correction | Completion Date |
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| <p>On 5/29/2025 personnel records were reviewed. Staff # 1 had a hire date of 10/5/2024 with a MBCC background check completed on 5/13/2025.</p> <p>This finding was confirmed with the Administrator and the Residential Care Director during the exit interview conducted on 5/29/2025.</p> <p>Standards for Resident Care</p> <p>12.3 Service plan. A service plan shall be developed and implemented within thirty (30) calendar days of admission for each resident based upon the findings of the resident assessment instrument (RAI). The plan shall address those areas in which the resident needs encouragement, assistance or an intervention strategy. The resident, his/her legal representative (if applicable) and others chosen by the resident shall be actively involved in the development of the service plan, unless he/she is unable or unwilling to participate. There shall be documentation in the resident's record identifying who participated in the development of the service plan. The service plan shall describe strategies and approaches to meet the resident's needs, names of who will arrange and/or deliver services, when and how often services will be provided and goals to improve or maintain the resident's level of functioning. Residents shall be encouraged to be as independent as possible in their functioning, including ADLs and IADL's if they choose, unless contraindicated by the resident's duly authorized licensed practitioner. The service plan shall be modified, as necessary, based upon identified changes. Residents shall never be required to perform activities specified in the residential service plan or any other activities and cannot be used to replace paid staff.</p> <p>This has not been met as evidenced by:</p> | | |



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| <p>Based on record review and interviews, the facility failed to provide evidence of documentation in a resident's record, identifying who participated in the development of the service plan in 1 of 2 resident records reviewed (Resident # 1).</p> <p>Finding:</p> <p>On 5/29/2025 a review of Resident #1's record was completed. Resident # 1 had a service plan completion date of 2/14/2025. There was no evidence within the record of who participated in the development of the service plan.</p> <p>This finding was confirmed with the Administrator and the Residential Care Director during the exit interview conducted on 5/29/2025.</p> <p>12.4 Progress notes. The facility shall maintain ongoing progress notes at least monthly, on implementation of the service plan and for any significant changes in the resident's life, including any increases or declines in the resident's physical and mental functioning that should be considered at the time of reassessment or adjustment in the service plan. Progress notes shall begin within twenty-four (24) hours of admission and include an initial summary of basic care needs, circumstances of resident's placement and resident's adjustment to the facility.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to complete twenty-four (24) hour admission progress note with a summary of basic care needs for 1 out of 2 resident records reviewed (Resident #1).</p> <p>Finding:</p> | | |



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| <p>On 5/29/2025 a review of Resident #1's record was completed. Resident # 1 had an admission date of 2/2/2025. There was no evidence within the record that a twenty-four (24) hour admission progress note was completed for this resident.</p> <p>This finding was confirmed with the Administrator and the Residential Care Director during the exit interview conducted on 5/29/2025.</p> <p>13 Staffing</p> <p>13.5 Employee records. Facilities must maintain individual records on all related and unrelated employees. Records shall contain the initial date of employment, date of birth, home address and telephone number, experience and qualifications, social security number, copy of current occupational license (if applicable), references and reference check information, job description, record of participation in in-service, orientation or other training programs, results of annual personnel evaluations, disciplinary actions, illness and injury records and date of and reason for termination. Records may be computerized.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure personnel records were maintained with job descriptions for 4 of 4 staff records reviewed (Staff # 1, Staff # 2 Staff # 3 and Staff # 4).</p> <p>Finding:</p> <p>On 5/29/2025 a review of employee records was completed. The personnel records did not contain job descriptions for Staff # 1, Staff # 2, Staff # 3 and Staff # 4.</p> | | |



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| <p>This finding was confirmed with the Administrator and the Residential Care Director during the exit interview conducted on 5/29/2025.</p> <p>13.6 Staff training, education and qualifications</p> <p>13.6.1 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> <p>Based on record review and interview, the facility failed to ensure completion of a certification course approved by the Department within one hundred twenty (120) days of hire for 3 of 4 staff records reviewed (Staff # 1, Staff # 2, and Staff # 3).</p> <p>Finding:</p> <p>On 5/29/2025 a review of employee records was completed. There was no evidence of completion of a Department approved training within one hundred twenty (120) days of hire for Staff # 1, Staff # 2, and Staff # 3 working more than 20 hours a week.</p> <p>This finding was confirmed with the Administrator and the Residential Care Director during the exit interview conducted on 5/29/2025.</p> <p>16 SANITATION/PHYSICAL PLANT REQUIREMENTS</p> <p>16.27 Poisonous and toxic materials. When not in use, poisonous and toxic materials such as household cleaning solutions,</p> | | |



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| <p>compounds and other non-food supplies, shall be stored in compartments which are used for no other purpose. They shall be separated from the food storage and preparation areas, clean equipment and utensil storage rooms and medication storage areas. Household bactericides and cleaning compounds shall not be stored in the same cabinet or area of the room with insecticides, rodenticides or other poisonous materials. All containers must be properly labeled for identification. [Class III]</p> <p>This has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure cleaning compounds were not stored in the same cabinet or area of the room with insecticides or other poisonous materials.</p> <p>Finding:</p> <p>On 5/15/2025 at approximately 10:30 a.m. the surveyor observed a 1st floor storage closet.</p> <p>The closet contained “Hot Shots Wasp and Hornet” on the same shelf and/or area of the closet as “Murphys Cleaning Spray”, disinfectant sprays, powdered cleaners and other cleaning supplies.</p> <p>This finding was confirmed with the Residential Care Director at the time of observation and reviewed with Residential Care Director at exit interview on 5/15/2025 at approximately 11:45 a.m.</p> | | |