



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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Biennial Survey	DATE COMPLETED 11/18/2025
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NAME OF FACILITY: WOODLANDS ASSISTED LIVING OF HALLOWELL ADMINISTRATOR: FLOR MERRITT LICENSE NUMBER: PND1828 CENSUS:47 TOTAL CAPACITY: 51	ADDRESS: 152 WINTHROP ST HALLOWELL, ME 04347-3026
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WOODLANDS ASSISTED LIVING OF HALLOWELL, is not in compliance with part of 10-144 C.M.R. Chapter 113, Assisted Housing Program Licensing Rule.

The following requirements were not met:

RULE	SUMMARY STATEMENT OF DEFICIENCIES
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5(E)(3)(A)	<p>Section 5. Medications And Treatments</p> <p>E. Medication storage</p> <p>3. Medications administered by the facility that do not require controlled temperature storage, such as refrigeration, must be kept in their original containers in a locked storage cabinet. [Class III]</p> <p style="padding-left: 40px;">a. The cabinet must be equipped with separate cubicles, plainly labeled, or with other physical separation for the storage of each resident's medications; [Class III]</p> <p>This has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure that the medication cabinet was equipped with separate, clearly labeled cubicles or other physical means of separation for the storage of each resident's medications.</p> <p>Findings:</p> <p>On 10/14/2025, observation of the facility's medication cart revealed the following:</p> <ul style="list-style-type: none"> • Medications belonging to multiple residents, including inhalers, were stored together without physical separation or individual labeling identifying each resident's medications. <p>This finding was confirmed with the Administrator and the Certified Residential Medication Aide (CRMA) on duty at the time of observation, and again with the Administrator during the exit interview on 10/14/2025.</p>
	<p>AGENCY PLAN OF CORRECTION:</p>

DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:
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12 STANDARDS FOR RESIDENT CARE

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.

There is a new provision of the rule effective 9/18/2025, see Section 13.C.5.B.

This has not been met as evidenced by:

Based on record review and interview, the facility failed to ensure that service plans included the frequency with which services would be provided for each resident, for three out of five resident records reviewed (Resident #2, Resident #4, and Resident #5).

Findings:

On 10/14/2025, a review of Resident #2, Resident #4, and Resident #5's records were completed:

- **Resident #2:** Service plan dated 7/24/2025 did not identify how often services would be provided.
- **Resident #4:** Service plan dated 6/6/2025, did not identify how often services would be provided.
- **Resident #5:** Service plan dated 7/10/2025, did not identify how often services would be provided.

This finding was confirmed with the Administrator on duty at the time of the survey and again with the Administrator during the exit interview on 10/14/2025.

AGENCY PLAN OF CORRECTION:

12(12.3)

DATE COMPLETED

TITLE OF PERSON RESPONSIBLE: