



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 12/4/2024
Name of Facility: Country Village Estates Administrator: Louis Dugal Level IV – PNMI Residential Care Facility. Census: 27 Total Capacity: 27 License Number: PND1962	Address: 260 Dugal Dr. Madawaska, ME 04756	
Summary Statement of Deficiencies	Plan of Correction	Completion Date

<p>Country Village Estates, a Level IV PNMI Residential Care Facility, is not in compliance with the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV Residential Care Facilities and Infection Prevention and Control, Part of 10-144, Chapter 113.</p> <p>The following was not met:</p> <p>7.12 Medication/treatment administration records (MAR) for medications administered by the residential care facility.</p> <p>7.12.2 Whenever a medication or treatment is started, given, refused or discontinued, including those ordered to be administered as needed (PRN), the medication or treatment shall be documented on the medication/treatment administration record. It shall be initialed by the administering individual, with the full signature of the individual written on the first page of each month’s MAR. A medication or treatment shall not be discontinued without evidence of a stop order signed and dated by the duly authorized licensed practitioner.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to maintain Medication Administration Records (MARs) of whether medications and treatments were administered or refused for 2 of 3 resident records reviewed (Resident #1 and #3).</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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<p>On 11/18/2024, a review of Resident #1 Medication Administration Records (MAR) was completed and contained unexplained blanks as follows:</p> <ol style="list-style-type: none">1. On 11/14/2024 for blood pressure and pulse monitoring two (2) times a day for 8:00 p.m.2. On 11/16/2024 Bumetanide 1mg give one (1) tablet by mouth two (2) times a day for the 2:00 p.m. scheduled dose.3. On 11/16/2024 Gabapentin 100mg give one (1) capsule by mouth two (2) times a day for the 2:00 p.m. scheduled dose. <p>On 11/18/2024, a review of Resident #2 Medication Administration Records (MAR) was completed and contained unexplained blanks as follows:</p> <ol style="list-style-type: none">1. On 10/10/2024, 10/11/2024, and 10/12/2024 Levothyroxine 88mcg give one (1) tablet by mouth one (1) time a day related to Hypothyroidism for the 6:45 a.m. scheduled dose.2. On 10/12/2024 weigh weekly one (1) time a day every Saturday related to localized edema. <p>These finding were reviewed and confirmed with the Residential Care Director and Administrator at the time of exit on 11/18/2024.</p>		