

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 9/11/2024
Name of Facility: CAPE MEMORY CARE Administrator: AMANDA ALLEN PNMI LEVEL IV RESIDENTIAL CARE FACILITY Census: 65 Total Capacity: 72 License Number: PND2073		Address: 126 SCOTT DYER RD CAPE ELIZABETH, ME 04107-2230
Summary Statement of Deficiencies	Plan of Correction	Completion Date

CAPE MEMORY CARE, a PNMI LEVEL IV RESIDENTIAL CARE FACILITY, is not in compliance with the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV PNMI Residential Care Facilities and Infection Prevention and Control, Part of 10-144, Chapter 113.

The following requirements were not met:

15 SANITATION/DIETARY SERVICES

15.1 Common kitchen and areas used to prepare food. Kitchen and areas used to prepare food shall be located away from possible food contamination sources.

This has not been met as evidenced by:

Based on observation and staff interview, the facility failed to ensure areas used in preparation of food (ice) was located away from possible food contamination sources.

Findings:

On 9/11/2024 at approximately 10:00 a.m. surveyor observed 1st floor kitchenette ice machine.

Ice machine water curtain had a small amount of residue buildup over ice.

Ice was observed in a water pitcher for drinking.



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It also was later determined that 1st floor ice machine ice scoop was stored directly in ice machine, with ice scoop within the ice.

Additionally, 2nd floor kitchenette ice machine was observed to not have an ice scoop initially readily available.

On duty staff confirmed they used a clean bowl to place ice into water jug. Ice scoops were later observed in a storage container within the kitchenette.

These findings were confirmed with maintenance staff at the time of observation and reviewed again with maintenance staff and Administrative Assistant at exit interview on 9/11/2024 at approximately 1:00 p.m.