



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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Biennial Survey		DATE COMPLETED 12/3/2025
NAME OF FACILITY: BELLA POINT BRIDGTON ADMINISTRATOR: DEBORAH THERRIAULT LICENSE NUMBER: PND38813 CENSUS: TOTAL CAPACITY: 57		ADDRESS: 186 PORTLAND RD BRIDGTON, ME 04009-4224
BELLA POINT BRIDGTON, IV RESIDENTIAL CARE FACILITY, is not in compliance with part of 10-144 C.M.R. Chapter 113, Assisted Housing Program Licensing Rule; Residential Care Facilities.		
The following requirements were not met:		
RULE	SUMMARY STATEMENT OF DEFFICIENCES	

10(C)(6)	<p><b>Section 10. Food Storage and Meal Preparation</b></p> <p><b>C. Equipment and utensils.</b> All kitchenware and equipment used in the preparation, service, display or storage of food must be maintained in a clean and sanitary manner. [Class II, III]</p> <p>6. An ice machine must show evidence of routine cleaning and the ice scoop must be stored outside of the machine in a designated, sanitary holder. (Class I, II)</p> <p>This has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure ice scoops were stored in clean and sanitary holders.</p> <p>Findings:</p> <p>On 12/3/2025 the facility ice machine was observed.</p> <p>A small ice scooper was observed to be stored directly on top of the ice machine and not in a holder.</p> <p>An additional larger ice scoop was observed to be stored in a holder; however, the base of ice scoop holder had significant white residue buildup at its base.</p> <p>These findings were confirmed with the Dietary Coordinator at the time of observation and reviewed with the Administrator and Residential Care Direction at exit interview on 12/3/2025.</p>
	<p>AGENCY PLAN OF CORRECTION:</p>
DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:

**Section 11. Physical Plant Standards**

**B. General condition of the facility and surrounding premises.**

1. The facility and surrounding premises must show evidence of routine maintenance, repair of wear and tear, and ongoing housekeeping, to include records of purchases and maintenance orders and receipts.

This has not been met as evidenced by:

Based on observation and interview, the facility failed to ensure there was evidence of routine maintenance.

Findings:

On 12/3/2025 a bathroom in Bedroom 1 was toured.

Bedroom had a broken toilet paper dispenser and a small hole in the wall. Paint in this bathroom was also worn.

Additionally, Bathroom in bedroom 308 had an area of exposed wood with no finish creating an uncleanable surface.

These findings were confirmed with maintenance staff at the time of observation and reviewed with Administrator at exit interview on 12/3/2025.

AGENCY PLAN OF CORRECTION:

11(B)(1)

DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:
----------------	------------------------------

**Section 16. Physical Plant Requirements**

**F. Toilets and bathing facilities.** The facility must have toilet and bathing facilities that are indoors, safe, private, and kept in a clean and sanitary condition.

8. In order to accommodate resident privacy, doors or stalls must have privacy locks, unlockable by authorized persons from the exterior in case of emergency;

This has not been met as evidenced by:

Based on observation and interview, the facility failed to ensure bathrooms doors had locks.

Findings:

On 12/3/2025 double occupancy bedrooms 1-12 ,201/203and 202/204 were observed to have a shard bathroom between bedrooms.

Bathroom between bedrooms did not have a lock on either interior door.

Up to four (4) residents could use this bathroom.

Additionally, Whirlpool room and shower room also did not have a lock on the door.

These findings were confirmed with maintenance staff at the time of observation and reviewed with Administrator and Residential Care Direction at exit interview on 12/3/2025.

AGENCY PLAN OF CORRECTION:

16(F)(8)

DATE COMPLETED

TITLE OF PERSON RESPONSIBLE:

**Section 16. Physical Plant Requirements**

- I. **Water temperatures.** Hot water temperatures in resident areas must be at least 105° and may not exceed 120° Fahrenheit. Hot water must be available in quantities to meet the requirements of this rule, including but not limited to bathing and cleaning. [Class II]

Based on observation, the facility failed to ensure water temperatures in resident areas did not exceed 120 degrees Fahrenheit (F).

Findings:

On 12/3/2025 at approximately 10:30 am the hot water temperature was measured in a bathroom in resident room 3. Hot water temperature measured 121 F.

These findings were confirmed with maintenance staff at the time of observation and reviewed with Administrator and Residential Care Direction at exit interview on 12/3/2025

AGENCY PLAN OF CORRECTION:

16(I)

DATE COMPLETED

TITLE OF PERSON RESPONSIBLE: