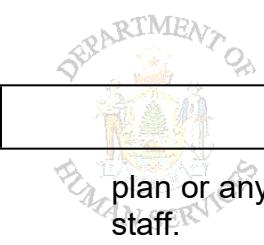
	STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 8/24/2023
	Name of Facility: PHILLIPS-STRICKLAND HOUSE Administrator: SHELDON CLYDE BRETT PNMI LEVEL IV RESIDENTIAL CARE FACILITY Census: 42 Total Capacity: 48 License Number: PND840	Address: 21 BOYD ST BANGOR, ME 04401-6560	
<a href="#">Summary Statement of Deficiencies</a>		<a href="#">Plan of Correction</a>	<a href="#">Completion Date</a>

Phillips-Strickland House, a Level IV PNMI Residential Care Facility, is not in substantial compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV PNMI Residential Care Facilities, Part of 10-144, Chapter 113. The following requirements were not met:

## 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 assessment. 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



Summary Statement of Deficiencies	Plan of Correction	Completion Date
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plan or any other activities and cannot be used to replace paid staff.

This has not been met as evidenced by:

Based on record review and interview, 1 of 3 resident records did not contain a service plan that was developed within 30 days of admission (Resident #2).

Finding:

On 7/13/2023, a review of Resident #2's record was completed. The resident's record indicated 5/23/2023 as the date of admission. The service plan contained in the resident's record had an initial date of 7/3/2023.

This finding was confirmed with the Residential Care Director during survey and with the Residential Care Director and Administrator at the exit conference on 7/13/2023.