

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey & Case Investigation 2023-AHP-32136		Date Completed: 2/16/23
Name of Facility: QUARRY ROAD RESIDENTIAL CENTER Acting Administrator: RACHEL FULLER PNMILEVEL IV RESIDENTIAL CARE FACILITY Census: Total Capacity: 12 License Number: PND874	Address: 10 QUARRY RD WATERVILLE, ME 04901-4944	
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Quarry Road Residential Center, a Level IV Residential Care Facility, is not in compliance with the “Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV Residential Care Facilities, Part of 10-144, Chapter 113”.
 The following have not been met:

Licensing

3.25 Rates and contracts.

3.25.2 Signing a contract. Each provider and each resident, or someone authorized to act on the resident’s behalf, shall sign a standard contract issued by the department, attached as Appendix A, at the time of any modification of an existing contract and with all new admissions. The resident and/or resident’s legal representative shall be given an original of the signed contract and the provider shall keep a duplicate in the resident’s file. No one other than the resident shall incur any responsibility for the resident’s obligations by signing the contract for admission of the resident. Financial responsibility for the resident’s expenses can only be assumed according to Section 3.25.3.7.

This has not been met as evidenced by:

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Based on record review and interview the provider failed to sign a standard contract that a resident had signed for 5 out of 6 records reviewed. The provider also failed to have evidence of a standard contract for 1 of 6 resident records reviewed.

Findings:

On 1/25/23 a review of resident records was completed. For Resident's #2, #3, #4, #5, and #6 the standard contract signature page only contained the residents' signature, and the provider signature section was blank.

On 1/25/23 a review of Resident #1's record was completed. The provider failed to have evidence of a signed standard contract.

This finding was confirmed with the manager at the exit interview on 1/26/23.

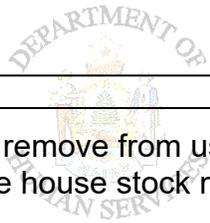
This is a repeat deficiency from the 5/21/21 Statement of Deficiency.

7 Medications and Treatments

7.7 Expired and discontinued medications. For all medications administered by the residential care facility, medications shall be removed from use and properly destroyed after the expiration date and when discontinued, according to procedures contained in Section 7.9. They shall be taken out of service and locked separately from other medications until reordered or destroyed. *[Class III]*

This has not been met as evidenced by:

Based on record review, observation and interview the facility failed



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to remove from use and properly destroy expired medications in the house stock medication bin.

Finding:

On 1/26/23 a review of the facility house stock medications was completed. Antacid Maximum Strength with an expired date of 8/22 and Acetaminophen 500mg Pain Reliever that had a blank expiration date were found in the current in use house stock medication bin.

This finding was confirmed with the Manager at the time of at the exit interview on 1/26/23.

11 Administrative and Resident Records

11.1 Individual records required. Information pertaining to a resident's stay shall be centralized in an individual record, containing the following, where applicable:

11.1.1 An identification and summary sheet that includes the following information:

11.1.1.2 Birth date, sex and marital status;

This has not been met as evidenced by:

Based on record review and interview the facility failed to include a marital status on 5 out of 6 resident identification face sheets reviewed.

Finding:

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On 1/25/23 a review of resident identification face sheets was completed. For Residents #1, #2, #3, #4, and #6 no marital status was identified.

This finding was confirmed with the Manager at the exit interview on 1/26/23.

This is a repeat deficiency from the 5/21/21 Statement of Deficiency.

11.1.1.4 Religious affiliation;

This has not been met as evidenced by:

Based on record review and interview the facility failed to identify religious affiliations for 4 out of 6 resident identification face sheets reviewed.

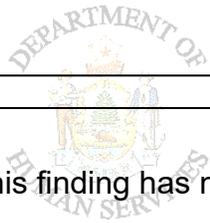
Finding:

On 1/25/23 a review of resident identification face sheets was completed. For Residents #1, #2, #4, and #5, no religious affiliation was identified.

This finding was confirmed with the manager at the exit interview on 1/26/23.

This is a repeat deficiency from the 5/21/21 Statement of Deficiency.

- 11.1.6.9 Documented proof of guardianship, conservatorship, representative payee, power of attorney or other legal representative, if such a relationship exists;**



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This finding has not been met as evidenced by:

Based on record review and interview the facility failed to have documented proof of guardianship for 1 out of 6 resident records reviewed.

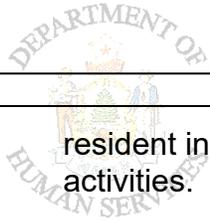
Finding:

On 1/25/23 a review of Resident #1's record was completed. Resident #1's record indicated that the resident had a guardian and paperwork in the record had a guardian signature, however no proof of guardianship was in the record.

This finding was confirmed by the Manager at the exit interview on 1/26/23.

12 Standards for Resident Care

12.6 Planned activity program. In addition to the requirements of Section 12.5, there shall be a planned program for diversional and motivational activities suited to the residents' needs and interests, as identified under Section 12.2. The program shall consist of a variety of activities designed for both group and individual participation and shall include activities outside the home, during the week and on weekends. Reasonable, accessible transportation to outside activities shall be provided or arranged. In facilities with more than ten (10) beds, an activity schedule shall be posted in resident areas. Where necessary, activities shall be modified to eliminate or reduce barriers to resident participation due to physical or cognitive limitations or language differences, including assisting the



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resident in learning the skills or knowledge to participate in activities.

This has not been met as evidenced by:

Based on observation and interview the facility failed to provide a planned program for diversional and motivational activities suited to the resident's needs and interests.

Finding:

On 1/25/23 a review of planned activities was completed. The facility had multiple schedules of activities on the wall that the resident's day programs provided, but did not have a facility planned activities calendar posted or completed.

An interview was conducted with the Manager regarding the activities and the manager reported that the activities used to be planned, but they no longer had a staff member at the facility working on this.

This finding was also confirmed with the Manager at the exit interview on 1/26/23.

14 Dietary Services

14.1 Dietary coordinator. The facility shall have a dietary coordinator who has experience and/or training in food service suitable to the size of the facility. Experience and/or training may include on-the-job training. This individual shall have the ability to coordinate and manage the food services in the facility. This includes menu planning, food purchasing, food storage, preparation and serving. The dietary coordinator shall demonstrate knowledge of minimum daily food



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requirements, how to use dietary reference or other resource materials to meet daily and therapeutic nutritional needs and how to measure portions for therapeutic diets.

This has not been met as evidenced by:

Based on interview and observations the facility failed to have a trained and/or experienced dietary coordinator to manage food service in the facility.

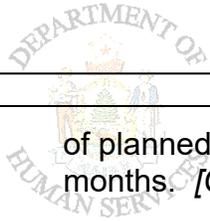
Finding:

On 1/25/23 and 1/26/23, dietary services observations were made at the facility. It was observed on both days that lunch was not prepared for the residents who were at the facility. Staff reported being unsure and having no plan of what was being offered for lunch, and that resident's often prepare their own lunch based on their individual preferences and personal food inventories.

On 1/26/23 and 1/31/23 unsafe and unsanitary food storage and preparation areas were observed (identified in Section 15 citations below).

On 2/16/23 an interview was conducted with the Administrator who confirmed that the facility did not have a staff member specifically identified or trained for the role of dietary coordinator.

- 14.5 Record of food served, menu changes and substitutions.**
Changes made in the planned menu shall be recorded daily in the facility and shall be consistent with Section 14.2.
Substitutions of similar nutritive value shall be offered when menu items have been refused. In facilities with ten (10) or fewer beds, a record of food served may be maintained in lieu



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of planned menus and shall be kept on file for three (3) months. [Class II]

This has not been met as evidenced by:

Based on observation, record review and interview the facility failed to record substitutions consistently in the menu change book. The facility also failed to offer and provide substitutions of similar nutritive value to the residents.

Finding:

On 1/25/23 the menu posted in the kitchen area for lunch noted “Baked Lasagna, Garlic Toast, Garden Salad and Italian ice”. The Surveyor and Health Facility Specialist (HFS) interviewed Staff #1 at the facility who reported that they were unsure what was going to be served for lunch and the residents at the facility make their own lunch. The HFS and Surveyor both noted that lunch was not prepared by staff that day and residents made their own lunch in their apartments that consist of processed foods such as Raman Noodles.

On 1/26/23 the menu posted in the kitchen noted for lunch “Pizza of the day, tossed salad and watermelon slices.” An interview was conducted with Staff #1 who stated that the residents had pizza a few nights in a row, and they would not be serving pizza that day. The Surveyor and HFA noted again that lunch was not prepared that day and residents made their own lunches that consisted of similar processed foods.

On 2/16/23 a review of the facility substitution book was completed for 1/25/23 and 1/26/23, there was no entry in the book of a substitution for either day.

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15 SANITATION/DIETARY SERVICES

15.3 Food storage. All food shall be stored using safe and sanitary methods. *[Class III]*

15.3.3 Shelving in storage areas, refrigerators and freezers shall be in good condition with cleanable surfaces.

This has not been met as evidenced by:

Based on observation and staff interview, the facility failed to ensure shelving in refrigerators and freezers had cleanable surfaces.

Findings

On 1/26/2023 at approximately 11:30 a.m. the Health Facility Specialist toured the facility kitchen with the Training Specialist.

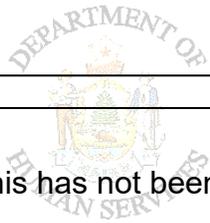
Facility common “continental” refrigerator was observed to have worn food storage racks, creating an uncleanable surface.

Facility freezers #1, and # 2 were all observed to have significant ice buildup on racks creating an uncleanable surface.

This is a repeat deficiency from the 5/21/21 Statement of Deficiency.

15.4 Equipment and utensils. All kitchenware and equipment used in the preparation, service, display or storage of food shall be maintained in a clean and sanitary manner.

15.4.4 Food preparation surfaces shall be in good repair and easily cleaned. They shall be cleaned thoroughly after use.



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This has not been met as evidenced by:

Based on observation and interview, the facility failed to maintain food preparation surfaces in good repair and for ease of cleaning.

Finding:

On 1/26/2023 at approximately 11:30 a.m. the Health Facility Specialist toured the facility kitchen with the Training Specialist.

Center main countertop was observed to have three (3) approximate quarter sized chips on its surface.

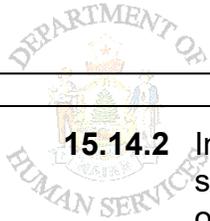
Side wall counter tops were also observed to have two (2) chips on its surface one (1) approximately ½ dollar sized and the other approximately a dime size.

This is a repeat deficiency from the 5/21/21 Statement of Deficiency.

15 SANITATION/DIETARY SERVICES

15.14 Manual dishwashing. When manual dishwashing is employed, equipment and utensils shall be thoroughly washed in a detergent solution having a temperature of at least one hundred twenty degrees (120°) Fahrenheit and then shall be rinsed free of such solution. Eating and drinking utensils shall be sanitized by one of the following three methods:

15.14.1 Immersion for at least one-half (1/2) minute in clean hot water at a temperature of at least one hundred seventy degrees (170°) Fahrenheit.



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15.14.2 Immersion for at least one (1) minute in a clean solution containing at least fifty (50) parts per million of available chlorine as a hypochlorite and at a temperature of at least seventy-five degrees (75°) Fahrenheit.

15.14.3 Other sanitizing methods may be used upon written approval of the Department.

This has not been met as evidenced by:
Based on observation and staff interview, the facility failed to ensure kitchenware in the resident area apartments were sanitized.

Findings:

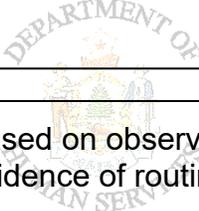
On 1/31/2023 The Health Facility Specialist observed kitchenware was put in the apartment kitchenette area sink. It was confirmed that kitchenware is not sanitized manually by one of the above methods and that apartment dishes are not sanitized in the main kitchen where the dishwasher with sanitizing capabilities is located.

16 SANITATION/PHYSICAL PLANT REQUIREMENTS

16.6 General condition of the facility and surrounding premises.

16.6.1 The facility and surrounding premises shall show evidence of routine maintenance and housekeeping and repair of wear and tear shall be made in a timely fashion.

This has not been met as evidenced by:



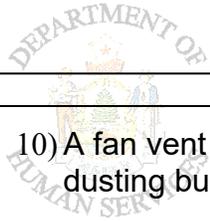
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Based on observation and staff interview, the facility failed to show evidence of routine maintenance and housekeeping in areas.

Findings:

On 1/25/2023, 1/26/2023 and 1/31/2023 the Health Facility Specialist toured the facility and observed the following.

- 1) Apartment 1 Bedroom 2 was observed to have a wooden type flooring damaged approximately 10 x 8 inches in one spot located by the bed and 2x6 inches in another spot by one a bed.
- 2) Apartment 1 Bedroom 2 was observed to have clothes and other belongings scattered throughout the room and there was no sheet on the beds.
- 3) Apartment 1 downstairs bedroom was observed to have boxes and a pull away type curtain in front of a door that exits the apartment to the outdoors.
- 4) Apartment 1 loft area was observed to have a small hole in the window trim and debris in the window screen.
- 5) Apartment 1 downstairs bathroom had a loose hand sink faucet.
- 6) Apartment 3 downstairs bathroom had a broken drain ring in the bathtub/shower.
- 7) Apartment 4 bedroom 2 was observed to have clutter and cabinets by the bedroom door creating a potential exit hazard.
- 8) Apartment 3 bedroom 2 had a missing electrical receptacle cover.
- 9) All bathrooms were observed to be equipped with some type of call bell however none of the call bells in the bathroom sounded when pulled or pressed on 1/25/2023 Health Facility visit. Staff confirmed that the "pendant" type call bells receiver was not present in the office within the facility with resident bedroom apartments and that battery needed to be charge as it was not functioning.



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10) A fan vent in the dry food storage area was observed to have dusting buildup.

This is a repeat deficiency from the 5/21/21 Statement of Deficiency.

All Health Facility Specialist findings were reviewed with Team Leader at exit interview on 1/31/23.