

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION <b>Biennial Survey</b>		Date Completed: 11/20/2024
Name of Facility: MILL STREET Administrator: BRIAN YYE LEVEL I RESIDENTIAL CARE FACILITY Census: 10 Total Capacity: 1 License Number: RCA38947		Address: 143 MILL ST APT 108 AUBURN, ME 04210-5650
<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>

MILL STREET, a LEVEL I RESIDENTIAL CARE FACILITY, is not in substantial compliance with Part of 10-144, Chapter 113, Regulations Governing the Licensing and Functioning of Assisted Housing Programs: LEVEL I RESIDENTIAL CARE FACILITY.

The following requirements were not met:

**7. Medications and Treatments**

7.1 Use of safe and acceptable procedures. The administrator shall ensure that all persons administering medications and treatments (except residents who self-administer) use safe and acceptable methods and procedures for ordering, receiving, storing, administering, documentation, packaging, discontinuing, returning for credit and/or destroying of medications and biologicals. All employees must practice proper hand washing and aseptic techniques. A hand-washing sink shall be available for staff administering medications. [Class III]

This was not met by evidence by:

Based on observation and interview, the facility failed to use acceptable methods of storing medication.

Finding:

On 11/20/24, Resident #1's record contained a discontinued order for Quetiapine Fumarate 50mg tablets 1/2 tablet three times by mouth for four days. Upon review of the medication storage box, the Quetiapine Fumarate was stored with the active medications.



Summary Statement of Deficiencies	Plan of Correction	Completion Date
-----------------------------------	--------------------	-----------------

The Residential Manager was interviewed who confirmed the discontinued medication was being stored with the activity medication.

This finding was reviewed during the exit interview with the Residential Manager.