



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION	Date Completed: 11/17/2023
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Name of Facility: WAIVER SERVICES PROVIDER Administrator: ARUNA L. KENYI LEVEL I RESIDENTIAL CARE FACILITY Census: 2 Total Capacity: 2 License Number: RCA39049	Address: 4 AMES AVE LEWISTON, ME 04240-4102
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<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
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<p>Waiver Services Provider, a Level I Residential Care Facility, is not in substantial compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level I Residential Care Facilities, Part of 10-144, Chapter 113. The following requirements were not met:</p> <p><b>5 RESIDENT RIGHTS</b></p> <p><b>5.12 Right to confidentiality.</b> Residents' records and information pertaining to their personal, medical and mental health status is confidential. Residents and their legal representatives shall have access to all records pertaining to the resident at reasonable times, in the presence of the provider or his/her representative, within one (1) business day of the request. Residents and their legal representatives are entitled to have copies made of their record within one (1) business day of the request. The licensee and employees shall have access to confidential information about each resident only to the extent needed to carry out the requirements of the licensing regulations or as authorized by any other applicable state or federal law. The written consent of the resident or his/her legal representative shall be required for release of information to any other persons except authorized representatives of the Department or the Long Term Care Ombudsman Program. The Department shall have access to these records for determining compliance with these regulations. Records shall not be removed from facility, except as may</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
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<p>be necessary to carry out these regulations. Upon admission, each resident shall sign and date a written consent which lists individuals, groups, or categories of individuals with whom the program may share information (e.g., sons, daughters, family members or duly authorized licensed practitioners, etc.). A written consent to release of information shall be renewed and dated every thirty (30) months, pursuant to 22 M.R.S.A. §1711-C (4). Consent may be withdrawn at any time. [Class IV]</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, a resident record did not contain a current written consent to release information.</p> <p>Finding:</p> <p>On 11/16/2023 a review of Resident #1's record was completed. Resident #1's record did not contain any valid current written consent to release information for Resident # 1's primary care physician and case manager.</p> <p>At the time of the survey, an interview was conducted with the Employee #1, who also could not locate a valid current written consent to release information for Resident #1's primary care physician and case manager.</p> <p>On 11/17/2023 and 11/20/2023 an interview was completed with the Administrator who confirmed this finding.</p>		