

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 6/28/2024
Name of Facility: 1 POND ROAD Administrator: LEOPOLD NDAYISABYE LEVEL I RESIDENTIAL CARE FACILITY Census: 1 Total Capacity: 2 License Number: RCA39355		Address: 1 POND RD LEWISTON, ME 04240-1612
Summary Statement of Deficiencies	Plan of Correction	Completion Date

1 Pond Road, a Level I Residential Care Facility, is not in compliance with 10-144, Chapter 113, Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level I Residential Care Facilities and Infection Prevention and Control. The following requirements were not met:

3 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 will 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, a resident record failed to have a signed standard contract by the resident.

Finding:

On 6/27/2024, the surveyor reviewed Resident #1's record. Resident #1's standard contract was not signed by the resident.

On 6/27/2024 at 11:49 a.m. the surveyor confirmed this finding in an interview with the Chief Executive Officer (CEO).

3.25.3.6 The following shall be appended to the contract and made a part thereof:

3.25.3.6.4 Copy of the admissions policy.

This has not been met as evidenced by:

Based on record review and interview, the provider failed append a copy of the admission policy to the standard contract.

Finding:

On 6/27/2024, the surveyor reviewed Resident #1's record. Resident #1's standard contract did not have a copy of the providers admission policy attached.

On 6/27/2024 at 12:10 p.m. the surveyor confirmed this finding in an interview with the (CEO).

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12 RESIDENT AND OTHER RECORDS

12.1 Summary sheets. There shall be a summary sheet maintained for each resident that includes applicable information, including the resident's name, birth date, date of admission, duly authorized licensed practitioner's name, address and telephone number, nearest relative or friend's name, address and telephone number, person to be notified in an emergency, their name, address and telephone number, day program name, telephone number, address and contact person, date of discharge or death and significant medical/social issues.

This has not been met as evidenced by:

Based on record review and interview, the provider failed to ensure a resident summary sheet contained nearest relative or friend's name, address and telephone number, person to be notified in an emergency, their name, address and telephone number and significant medical/social issues.

Finding:

On 6/27/2024, the surveyor reviewed Resident #1's record. Resident #1's summary sheet did not contain the following information:

1. nearest relative or friend's name, address and telephone number.
2. person to be notified in an emergency, their name, address and telephone number.
3. significant medical/social issues.

On 6/27/2024 at 12:35 p.m. the surveyor confirmed this finding in an interview with the (CEO).



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12.4 Record of personal property. The provider shall maintain a list of each resident's property including items of personal value.

This has not been met as evidenced by:

Based on record review and interview, the provider failed to maintain a list of a resident property including items of personal value.

Summary:

On 6/27/2024, the surveyor reviewed Resident #1's record. Resident #1's record had no evidence of a list of a resident property including items of personal value.

On 6/27/2024 at 12:24 p.m. the surveyor confirmed this finding in an interview with the (CEO).

16 SANITATION AND SAFETY

16.12 Animals. There shall be proof of rabies vaccinations for household pets. Pets must not present a danger to residents or guests. The facility shall be free of pet odors and waste shall be disposed of regularly. [Class III]

This has not been met as evidenced by:

Based on interview, the facility failed to maintain proof of rabies vaccination for a household cat. It has been determined that this failure meets the definition of a repeat deficiency.

Finding:

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During an end of provisional Survey, which was completed on 8/3/2022, it was determined that the provider failed to maintain proof a rabies vaccination for a household cat.

The facility submitted an acceptable Plan of Correction (POC) dated 8/31/2022 indicating the resident had an appointment to take the cat to the veterinary for a check up and vaccination.

During this survey, it was determined that the facility was again not in compliance with this rule as evidenced by the following:

On 6/27/2024 at 11:30 a.m. an interview was completed with the CEO who confirmed that they did not have a copy of the cat's rabies certificate and would need to ask the resident for proof of rabies vaccination.