

 <p><b>STATEMENT OF DEFICIENCIES &amp; PLAN OF CORRECTION</b> <b>Biennial Survey</b></p>		Date Completed: 8/29/2024
Name of Facility: HFP GRACE HOUSE Administrator: STEVE BIJOGA LEVEL I RESIDENTIAL CARE FACILITY Census: 2 Total Capacity: 2 License Number: RCA39429		Address: 50 GOOGIN ST LEWISTON, ME 04240-5312
<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>

HFP Grace House, 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:

**12 RESIDENT AND OTHER RECORDS**

**12.2 Resident records.** There shall be a record maintained for each resident that contains applicable information on physical and mental condition, behavior, mood, eating habits, incidents or accidents, documented proof of guardianship, conservatorship, representative payee, power of attorney or other legal representative, and the dates of medical examinations, other medical and dental treatment and drugs prescribed.

This has not been met as evidenced by:

Based on record review and interview, the facility failed to maintain documented proof of guardianship for 1 out of 2 resident records reviewed.

Finding:

On 8/29/2024, the surveyor reviewed Resident #1’s record. Resident #1’s record indicated that Resident #1 has a legal guardian. Resident #1’s record did not contain documented proof of guardianship.

On 8/29/2024 at 12:36 p.m. the facility’s Operations Manager and Employee #1 confirmed this finding.