



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION End of Provisional	Date Completed: 7.8.2024
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Name of Facility: Westbrook Administrator: Alexis Semuhoza Level I Residential Care Facility. Census: 1 Total Capacity: 2 License Number: RCA39553	Address: 689 Main Street, Apt 7 Westbrook, ME 04092
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Summary Statement of Deficiencies	Plan of Correction	Completion Date
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<p>Westbrook, a Level I Residential Care Facility, is not in compliance with the “Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level I Residential Care Facilities, Part of 10-144, Chapter 113”.</p> <p>SECTION 3 – LICENSING</p> <p>The following requirements were not met:</p> <p>3.17 Posting the license. The licensee shall post the license where it can be seen and reviewed by the public.</p> <p>Based on an observation of the facility, and an interview with staff, the facility failed to show evidence of posting the license to be seen and viewed by the public.</p> <p>Finding:</p> <p>On 7.8.24 at approximately 10:05am, a tour of the facility was conducted. No license was found posted in the facility. On 7.8.24 the House Manager was interviewed, who confirmed they could not locate the facility’s license.</p>	
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<p>3.26 Information to residents. The licensee must provide an information packet that includes the following information to the resident and/or resident's legal representative at the time of admission or within sixty (60) calendar days of the effective date of these regulations for all current residents who have not already been given this information:</p> <ul style="list-style-type: none"> 3.26.1 Advance Directives information; 3.26.2 Information regarding the type of facility and the licensing status; 3.26.3 The Maine Long Term Care Ombudsman Program brochure; 3.26.4 The department's toll-free telephone numbers for the Office of Advocacy, Adult Protective Services, and the Division of Licensing and Regulatory Services, Community Services Programs; 3.26.5 The process and criteria for placement in, or transfer or discharge from, the program; and 3.26.6 The program's staff qualifications. <p>Based on a review of resident records, and an interview with staff, the facility failed to show evidence of providing the required information packet to one resident.</p>		



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<p>Finding:</p> <p>On 7.8.24 at approximately 10:20am the record was reviewed for Resident #1. No information packet that included information on: advanced directives, the facilities licensing status, the Maine Long Term Care Ombudsmen brochure, telephone numbers for the Office of Advocacy, Division of Licensing, and Community Services Programs, information on the process and criteria for placements, transfers or discharges, and staff qualifications, was found in the record.</p> <p>On 7.8.24 the House Manager was interviewed who confirmed they did not have this information.</p> <p>SECTION 5 – RESIDENT RIGHTS</p> <p>The following requirements were not met:</p> <p>5.23 Notification of Residents Rights. The provider shall inform each resident and legal representative of these rights prior to or at admission and shall provide them with a copy of these rights. In addition, the provider shall inform each resident and legal representative, within thirty (30) calendar days of any changes to Section 5 and shall provide them with a copy of the change. The provider must accommodate for any communication barriers that may exist, to ensure that each resident is fully informed of his/her rights. <i>[Class IV]</i></p> <p>Based on a review of resident records, and an interview with staff, the facility failed to show evidence of providing Section 5 Resident Rights to one resident.</p>		



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<p>Finding:</p> <p>On 7.8.24 at approximately 10:24am the record was reviewed for Resident #1. No resident rights were found in the record. On 7.8.24 the House Manager was interviewed who confirmed they could not locate Resident Rights.</p> <p>SECTION 7 – MEDICATIONS AND TREATMENTS</p> <p>The following requirements were not met:</p> <p>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. <i>[Classes III]</i></p> <p>Based on observations of the medication storage areas, a review of resident records, and an interview with staff, the facility failed to show evidence of following safe and acceptable medication procedures.</p>		



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<p>Findings:</p> <p>On 7.8.24 at approximately 10:45am the record was reviewed for Resident #1. Resident #1 had an order from a duly authorized licensed practitioner for “Bupropion HCL XL 150mg tablet, indication ADHD” on their medication administration record (MAR). The medication order was expired, dated 3.21.24, and a current signed order was not located.</p> <p>On 7.8.24 the House Manager was interviewed, who confirmed a current valid order for Bupropion could not be located.</p> <p>On 7.8.24 at approximately 10:48am the record was reviewed for Resident #1. Resident #1 had an order from a duly authorized licensed practitioner for “Oxcarbazepine 300mg tablet, indication mood stabilization” on their medication administration record (MAR). The medication order was expired, dated 3.21.24, and a current signed order was not located.</p> <p>On 7.8.24 the House Manager was interviewed, who confirmed a current valid order for Bupropion could not be located.</p> <p>On 7.8.24 at approximately 10:50am the record was reviewed for Resident #1. Resident #1 has an order from a duly authorized licensed practitioner for a controlled schedule II medication “Vyvanse 50mg capsule, indication ADHD” on their medication administration record (MAR). The medication order was expired, dated 3.21.24, and a current signed order was not located.</p> <p>On 7.8.24 the House Manager was interviewed, who confirmed a current valid order for Vyvanse could not be located.</p>		



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<p>On 7.8.24 at approximately 10:55am the medication storage area was inspected. The controlled medication count book was reviewed. The count book did not contain the resident's name, name of the medication, instructions for the medication, the prescription number, or numbered pages.</p> <p>Several counts in the book were missing:</p> <ul style="list-style-type: none"> • On 6.20.24 the medication count stated that 27 pills of Vyvanse remained. • The medication was not recorded again until 6.24 with 24 pills remaining. • The next medication count did not occur until 6.27 with 42 pills remaining. • On 6.28 it was recorded that 21 pills remained. <p>On 7.8.24 the House Manager was interviewed who confirmed there may have been leave of absences (LOA) that were not accurately documented, but confirmed the counts in the book did not accurately reflect the medication record and was missing required information.</p> <p>SECTION 10 - HEALTH CARE AND ACCESS TO SERVICES</p> <p>The following requirements were not met:</p> <p>10.1 Medical and health care. The provider shall coordinate appropriate health care services and assist residents to access them. Each resident shall have access to a duly authorized licensed practitioner of his/her choice. Each resident shall have an annual physical, unless otherwise</p>		



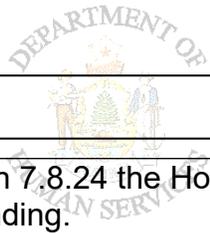
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<p>specified by his/her duly authorized licensed practitioner. <i>[Class II]</i></p> <p>Based on a record review, and an interview with staff, the facility failed to show evidence of an annual physical for one resident.</p> <p>Finding:</p> <p>On 7.8.24 at approximately 10:35am the record was reviewed for Resident #1. The record did not show evidence of an annual physical from a licensed practitioner in the last year.</p> <p>On 7.8.24 the House Manager was interviewed, who confirmed they could not locate an annual physical but stated Resident #1 had been to the doctor in March, April, and May of this year, and noted that since Resident #1 is their own guardian staff do not always know when doctors' appointments occur.</p> <p>SECTION 13 – SAFETY STANDARDS</p> <p>The following requirements were not met:</p> <p>13.3 Drills or rehearsals. Drills or rehearsals of the emergency steps to be taken shall be conducted at irregular times of the day, at least six (6) times per year spaced throughout the year. Two of the six (6) drills must be conducted while residents are asleep. Providers shall be knowledgeable about and shall inform staff, if applicable, about the use of fire safety equipment in the facility. At the time of admission and on a periodic basis, residents shall be informed of emergency procedures. <i>[Class II]</i></p>		



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<p>Based on a review of facility fire drill records, and an interview with staff, the facility failed to provide evidence of conducting fire drills in the last year.</p> <p>Finding:</p> <p>On 7.8.24 at approximately 10:15am the surveyor requested fire drill records. There was no record of any fire drills in the facility. On 7.8.24 the House Manager was interviewed and stated they had been gone from the facility “for the last month”, and could not locate any fire drill records, but stated they have binder where staff should complete one fire drill per month.</p> <p>SECTION 16 – SANITATION AND SAFETY</p> <p>The following requirements were not met:</p> <p>16.3 Food safety and sanitation. Food shall be stored, prepared and served in a safe and sanitary manner. <i>[Class III]</i></p> <p>16.3.2 Kitchen and food preparation areas must be clean, and food stored so as to be free from spoilage and contamination. <i>[Class III]</i></p> <p>Based on observations of the food storage area, and an interview with staff, the facility failed to show evidence of storing food in the refrigerator in a sanitary manner.</p>		



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<p>Findings:</p> <p>On 7.8.24 at approximately 10:10am the food storage area was inspected. The refrigerator was observed to have an odor, and a food spill on the bottom.</p> <p>On 7.8.24 at approximately 10:11am the food storage area was inspected. The refrigerator contained:</p> <ul style="list-style-type: none"> • 2 bottles of milk that expired 7.1.24 • A container of fruit with mold that expired 6.11.24 <p>These findings were reviewed with the House Manager on 7.8.24 upon discovery.</p> <p>16.7 Hot water. Water temperatures in resident areas shall not exceed one hundred twenty degrees (120°) Fahrenheit. Hot water shall be supplied in adequate quantities. [Class III]</p> <p>Based on observations of the facility, and an interview with staff, the facility failed to show evidence of ensuring hot water did not exceed 120° Fahrenheit.</p> <p>Finding:</p> <p>On 7.8.24 at approximately 10:13am the kitchen was inspected. The hot water temperature at the kitchen sink was measured at 133.2° Fahrenheit.</p>		



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On 7.8.24 the House Manager was interviewed who confirmed this finding.		