



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION End of Provisional Survey		Date Completed: 2.26.25
Name of Facility: Hill Street Program Administrator: Amin Sheikh Level I Residential Care Facility. Census: 2 Total Capacity: 2 License Number: RCA39762	Address: 158 Hill Street, APT 102 Biddeford, ME 04005	
Summary Statement of Deficiencies	Plan of Correction	Completion Date

<p>Hill Street Program, 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>3.4 Application and licensure.</p> <p style="padding-left: 40px;">3.4.3 Additional licensing requirements. Prior to the issuance of a license and prior to re-licensure, the facility shall:</p> <p style="padding-left: 80px;">3.4.3.3 Comply with all other applicable laws and regulations pertaining to licensing; and</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to utilize the Maine Background Check Center to obtain a comprehensive background check report as required by 10-144 C.M.R., Ch.60, Maine Background Check Center Rule established under 22 M.R.S. Ch. 1691, Maine Background Check Center Act for three employees (Employee #1, Employee #2 and Employee #3).</p>	
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<p>Finding:</p> <p>On 3.3.25 records were requested for Employee #1, Employee #2 and Employee #3. On 3.3.25 the Administrator sent employee records to the surveyor. On 3.4.25 a review of Employee #1, Employee #2 and Employee #3's personnel record was completed. Employee #1, Employee #2 and Employee #3's Maine Background Check Center (MBCC) letters were all dated 3.3.25. The facility failed to show evidence of completing the MBCC at the time of hire.</p> <p>SECTION 5 – RESIDENTS RIGHTS</p> <p>The following requirements were not met:</p> <p>5.12 Right to confidentiality. 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 person except authorized representatives of the Department or the Long</p>		



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<p>Term Care Ombudsman Program. The Department shall have access to these records for determining compliance with these regulations. Records shall not be removed from the facility, except as may 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 time dated every thirty (30) months, pursuant to 22 M.R.S.A. §1711-C (4). Consent may be withdrawn at any time. <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 obtaining written releases of confidential information for communication that had occurred with pharmacies, case managers, day programs, counselors, and medical practitioners etc. for 2 residents (Resident #1 & Resident #2).</p> <p>Findings:</p> <p>On 2.26.25 the record was reviewed for Resident #1. The record contained only one written release of confidential information for Resident #1's primary care physician. No other releases of confidential information were located in the record.</p> <p>In 2.26.25 The House Manager was interviewed who confirmed they were unable to locate other written releases of information and confirmed the program regularly communicates with Resident #1's pharmacy, case manager, and psychiatric nurse practitioner.</p>		



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<p>On 2.26.25 the record was reviewed for Resident #2. The record contained only one written release of confidential information for Resident #2's primary care physician. No other releases of confidential information were located in the record.</p> <p>In 2.26.25 The House Manager was interviewed who confirmed they were unable to locate other written releases of information and confirmed the program regularly communicates with Resident #2's pharmacy, case manager, counselor, day program, and medication manager.</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 2 residents (Resident #1 & Resident #2).</p>		



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<p>Findings:</p> <p>On 2.26.25 the record was reviewed for Resident #1. No resident rights were found in the record. On 2.26.25 The House Manager was interviewed who confirmed Resident Rights could not be located in the record.</p> <p>On 2.26.25 the record was reviewed for Resident #2. No resident rights were found in the record. On 2.26.25 The House Manager was interviewed who confirmed Resident Rights could not be located in the record.</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. [Class II]</p>		



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<p>Based on a review of the resident record, medication storage area, and an interview with staff, the facility failed to show evidence of following safe and acceptable medication procedures.</p> <p>Findings:</p> <p>On 2.26.25 the record was reviewed for Resident #1. Resident #1's Medication Administration Record stated Resident #1 was prescribed and being administered the following medications:</p> <ul style="list-style-type: none">• Aripiprazole• Clonidine• Fluoxetine• Lithium• Trazodone <p>There were no valid signed medication orders from a duly authorized practitioner found in the record.</p> <p>On 2.26.25 The House Manager was interviewed who could not locate any signed orders for Resident #1's medications and stated the doctor is hard to communicate with.</p> <p>On 2.26.25 the medication storage area was inspected for Resident #1. The white lock box that had Resident #1's name written on it, contained only medications for Resident #2. Resident #1's medications were found to be located in an unlabeled black lockbox.</p> <p>On 2.26.25 The House Manager was interviewed who stated they had moved the medications around because Resident #2's medications fit better in Resident #1's lockbox.</p>		

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<p>On 2.26.25 the medication storage was inspected for Resident #1. A bottle of “sleep aid” was located in the lockbox, this medication was not on the MAR nor was any written order from a duly authorized practitioner found for this medication.</p> <p>On 2.25.26 The House Manager was interviewed who stated they did not believe the sleep aid needed a doctor’s order, or that it needed to be transcribed onto the MAR, as it was an over-the-counter medication.</p> <p>On 2.26.25 the record was reviewed for Resident #2. It was found Resident #2 had an order from a duly authorized licensed practitioner for Melatonin 10mg capsule, take 1 pill twice daily. This medication was located in the medication storage, however, this medication was not located on Resident #2’s MAR.</p> <p>On 2.26.25 The House Manager was interviewed who confirmed this medication was not on the MAR despite CRMA staff administering it to Resident #2’s twice daily. The House Manager stated they did not believe this medication needed to be transcribed onto the MAR, as it was an over-the-counter medication.</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 specified by his/her duly authorized licensed practitioner. <i>[Class II]</i></p>		



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<p>Based on a record review, and an interview with staff, the facility failed to show evidence of an annual physical for one resident (Resident #2).</p> <p>Finding:</p> <p>On 2.26.25 the record was reviewed for Resident #2. No annual physical was located in the record. On 2.26.25 The House Manager was interviewed who confirmed an annual physical could not be located.</p> <p>SECTION 12 – RESIDENT AND OTHER RECORDS</p> <p>The following requirements were not met:</p> <p>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.</p> <p>Based on a review of resident records, and an interview with staff, the facility failed to show evidence of maintaining a summary sheet for each resident with the required information.</p>		



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<p>Findings:</p> <p>On 2.26.25 the record was reviewed for Resident #1. Resident #1's summary sheet was missing the following information:</p> <ul style="list-style-type: none">• Date of Admission• Nearest relative or friend's name, address and telephone number• Person to be notified in an emergency, their name, address and telephone number <p>On 2.26.25 the record was reviewed for Resident #2. Resident #2's summary sheet was missing the following information:</p> <ul style="list-style-type: none">• Date of Admission• 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 <p>On 2.26.25 The House Manager was interview who confirmed the summary sheets were missing information, and stated they would have the Administrator update the information.</p>		



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<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> <p>Based on a review of facility fire drill records, and an interview with staff, the facility failed to provide evidence of completing two asleep fire drills, in the last year.</p> <p>Finding:</p> <p>On 2.26.25 the facility fire drill records were reviewed. No asleep fire drills were located in the record.</p> <p>On 2.26.25 The House Manager was interviewed who confirmed there were no asleep fire drills completed in the last year, but stated they would do one this month.</p>		



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<p>SECTION 16 – SANITATION AND SAFETY</p> <p>The following requirements were not met:</p> <p>16.4 Bathrooms. Bathrooms must be safe, sanitary and in good repair.</p> <p>16.4.4 Facilities shall supply a sanitary means for washing and drying hands in bathrooms.</p> <p>Based on observations of the facility, and an interview with staff, the facility failed to show evidence of providing a sanitary means for washing and drying hands in the bathroom.</p> <p>Finding:</p> <p>On 2.26.25 the bathroom was observed. The bathroom had no means for washing or drying hands. This finding was confirmed on 2.26.25 with The House Manager upon discovery.</p>		