

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION <b>End of Provisional Survey</b>		Date Completed: 12/16/2024
Name of Facility: BUSSIÈRE MFH Administrator: ATHENA BUSSIÈRE LEVEL II RESIDENTIAL CARE FACILITY Census: 2 Total Capacity: 3 License Number: RCB39754		Address: 34 HOLBROOK RD TURNER, ME 04282-4651
<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>

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

**3 LICENSING**

**3.4.3 Additional licensing requirements.** Prior to the issuance of a license and prior to re-licensure, the facility shall:

**3.4.3.3** Comply with all other applicable laws and regulations pertaining to licensing; and

This has not been met as evidenced by:

Based on record review and interview, the facility did not 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 Employee #1, Employee #2 and Employee #3.

Finding:

On 12/16/2024 a review of Employee #1, Employee #2 and Employee #3's personnel record was completed. Employee #1, Employee #2



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and Employee #3's personnel records contained only the Maine Background Check Center quick check. The records had no evidence that the facility completed the Maine Background Check Center comprehensive background check report for Employee #1, Employee #2 and Employee #3.

On 12/16/2024 at approximately 3:30 p.m. the Maine Background Check Program, Program Manager confirmed that the facility had not completed the enrollment process for MBCC and that no employees at the facility have had MBCC checks.

## 5 RESIDENT RIGHTS

**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 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



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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, children, 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. [Class IV]

This has not been met as evidenced by:

Based on record review and interview, 1 out of 1 record reviewed did not contain a current written consent to release information (Resident #1).

Finding:

On 12/16/2024 a review of Resident 1's record was completed. Resident #1's record had no evidence of a current written consent to release information to Resident #1's family member.

At approximately 10 a.m., an interview was conducted with the Administrator, who also could not locate a current written consent to release information for Resident #1's family member. The Administrator reported that the facility had contact with Resident #1's family member on 12/15/2024.

This finding was confirmed with the Administrator at the time of the Survey and at the exit interview on 12/16/2024.