

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 10/2/2023
Name of Facility: ONE WILLOW MANOR Administrator: ORANE WALSH LEVEL II RESIDENTIAL CARE FACILITY Census: 2 Total Capacity: 6		Address: 97 SCHOOL ST SOUTH PORTLAND, ME 04106-1545
Summary Statement of Deficiencies	Plan of Correction	Completion Date

One Willow Manor, a Level II Residential Care Facility, is not in substantial compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level I Residential Care Facilities, Part of 10-144, Chapter 113.

The following requirements were not met:

3 LICENSING

3.4 Application and licensure.

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

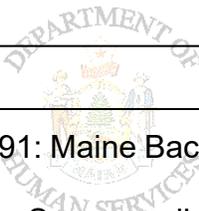
This has not been met as evidenced by:

Based on a request of records, the provider failed to conduct a Maine Background Check Center (MBCC) background when the MBCC became required for three (3) of three (3) employees checked during the biennial survey.

Finding:

On 10/02/2023 the Surveyor requested from the provider the Maine Background Check report during a biennial survey for the three employees.

The provider did not utilize the Maine Background Check Center as required by Title 22 of the Health and Welfare Statute, Chapter

 Summary Statement of Deficiencies	Plan of Correction	Completion Date
---------------------------------------------------------------------------------------------------------------------------	---------------------------	------------------------

1691: Maine Background Check Center (MBCC) of Staff #1 – Staff #3.

The Surveyor discussed the finding with the Administrator during the exit interview on 10/2/2023.

The Surveyor confirmed the finding with DHHS MBCC on 10/16/2023.

14 SAFETY STANDARDS

14.3 Drills or rehearsals.

14.3.2 Facilities with 3 or more beds shall conduct drills or rehearsals of the emergency steps to be taken at irregular times of the day, at least 6 (six) times per year spaced throughout the year. Two of the six drills must be conducted while residents are asleep. *[Class II]*

This has not been met as evidenced by:

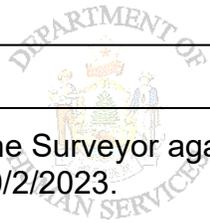
Based on a review of facility paperwork, the facility failed to complete 6 (six) fire drills per year spaced throughout the year.

Finding:

On 10/02/2023 the Surveyor reviewed the facility’s fire drills. The Surveyor found the following fire drills had been completed between 10/2/2022 – 10/2/2023:

- 7/5/2023 @ 1:00pm
- 5/15/2023 @ 4:30pm
- 3/10/2023 @ 6:30am
- 1/26/2023 @ 9:00pm
- 11/29/2022 @ 4:00pm

The Surveyor reviewed the findings with the Administrator during the survey.



Summary Statement of Deficiencies	Plan of Correction	Completion Date
-----------------------------------	--------------------	-----------------

The Surveyor again discussed the findings with the Administrator on 10/2/2023.