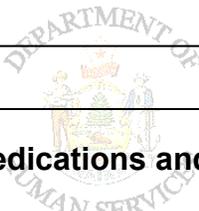


STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION <b>Biennial Survey</b>		Date Completed: 4/13/2023
Tall Pines Dr Administrator: Marcia Turcotte LEVEL III RESIDENTIAL CARE FACILITY Census: 3 Total Capacity: 3		Address: 30 Tall Pines Dr, New Gloucester, ME, 04260
<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>

30 Tall Pines Dr, a Level III Residential Care Facility, is in substantial compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities, Part of 10-144, Chapter 113.

 <p style="text-align: center;"><b>Summary Statement of Deficiencies Section 7</b></p>	<b>Plan of Correction</b>	<b>Completion Date</b>
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**Medications and Treatments**

**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. *[Classes I/II/III]*

**7.1.1** Residents shall receive only the medications ordered by his/her duly authorized licensed practitioner in the correct dose, at the correct time, and by the correct route of administration consistent with pharmaceutical standards. *[Classes I/II/III]*

*This has not been met as evidenced by:*

Based on a review of one resident record and an interview with staff, the facility failed to maintain current physician orders in one resident record.

**Findings:**

On 4/11/2023 the record was reviewed for Resident #1. The record contained no evidence of current physician order for Divalproex 500mg being administered to Resident #1. The House Manager was interviewed on 4/11/2023 at approximately 10:30am, who was unable to locate the current physician orders for Resident #1.

 <b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
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**Section 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 a review of the records for Resident #1, the facility failed to show evidence of having Proof of Guardianship documentation.

**Finding:**

On 4/11/2023 the records were reviewed for Resident #1 The facility failed to have a copy of Proof of Guardianship for Resident #1 present in the historical binder. The House Manager was interviewed on 4/11/2023 at approximately 11am, who was unable to locate Guardianship documentation.