

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 7/22/2024
Name of Facility: ANSON STREET Administrator: MEGAN GOODINE LEVEL III RESIDENTIAL CARE FACILITY Census: 4 Total Capacity: 5 License Number: RCC1634		Address: 118 ANSON ST FARMINGTON, ME 04938-5735
Summary Statement of Deficiencies	Plan of Correction	Completion Date

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

12 MANAGEMENT OF RESIDENT PERSONAL ACCOUNTS

12.1 Written permission. The licensee or his/her representative may only manage personal accounts for a resident if requested to do so, in writing, by the resident or the resident’s legal representative.

This has not been met as evidenced by:

Based on record review and interview the facility failed to show evidence of written consent to management personal accounts for Resident #1.

Finding:

On 7/2/2024 at 12:23 p.m. a review of Resident #1’s record was completed. Resident #1’s record did have any evidence of a written consent to manage Resident #1’s personal accounts. An interview with the House Manager and the Associate Director of Quality Assurance was completed and they were also unable to locate a written consent to manage Resident #1’s personal accounts.

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This finding was confirmed by the House Manager and the Associate Director of Quality Assurance at the exit interview.