



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey	Date Completed: 10/15/2024
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Name of Facility: Rose of Sharon/ Haven of Rest 1 Administrator: Laurie Hall Level III – Residential Care Facility. Census: 6 Total Capacity: 6 License Number: RCC1637	Address: 984 N Main St. Winterport, ME 04496-3404
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Summary Statement of Deficiencies	Plan of Correction	Completion Date
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<p>Rose of Sharon/Haven of Rest 1, a Level III Residential Care Facility, is not in substantial compliance with the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities, and Infection Prevention and Control, Part of 10-144, Chapter 113.</p> <p>The following has not been met:</p> <p>7 Medications and Treatments</p> <p style="padding-left: 40px;">7.1.4 Unlicensed assistive personnel must be trained by a registered professional nurse in regard to the management of persons with diabetes. The registered professional nurse must provide in-service training and documentation to include: <i>[Class III]</i></p> <p style="padding-left: 80px;">7.1.4.1 Dietary requirements;</p> <p style="padding-left: 80px;">7.1.4.2 Anti-Diabetic Oral Medications – inclusive of adverse reactions and interventions, hyper and hypo glycemc reactions;</p> <p style="padding-left: 80px;">7.1.4.3 Insulin mixing including insulin action;</p> <p style="padding-left: 80px;">7.1.4.4 Insulin storage;</p> <p style="padding-left: 80px;">7.1.4.5 Injection techniques and site rotation;</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
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<p>7.1.4.6 Treatment and prevention of insulin reaction including signs/symptoms;</p> <p>7.1.4.7 Foot care;</p> <p>7.1.4.8 Lab testing, urine testing and blood glucose monitoring; and</p> <p>7.1.4.9 Standard Precautions.</p> <p>Documentation of training shall be included in the employee record.</p> <p>Review of this training shall be on an annual basis.</p> <p>This has not been met as evidenced by:</p> <p>Based on employee record review and interview, the facility failed to ensure staff were trained in the management of person(s) with diabetes for 3 of 4 staff (Staff #1, #2, #3).</p> <p>Finding:</p> <p>On 10/9/2024, a review of staff employee records was completed. For staff #1, #2, and #3 there was no evidence of annual Diabetes in-service training completed within the last 12 months.</p> <p>This finding was confirmed with the House Manager during survey and at the exit conference on 10/9/2024, and again via email on 10/15/2024.</p>		



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<p>13 STAFFING</p> <p>13.1 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>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to maintain resident records for 1 of 3 resident records reviewed (Resident #2).</p> <p>Finding:</p> <p>On 10/9/2024, Resident #2's record was reviewed. Resident #2's Summary Face Sheet did not list the duly authorized licensed practitioner's name or nearest relative.</p> <p>This finding was confirmed with the House Manager at the time of the survey and again on exit on 10/9/2024.</p> <p>13.5 Employee records. Facilities must maintain individual records on all related and unrelated employees. Records shall contain the initial date of employment, date of birth, home</p>		



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<p>address and telephone number, experience and qualifications, social security number, copy of current occupational license (if applicable), references and reference check information, job description, record of participation in in-service, orientation or other training programs, results of annual personnel evaluations, disciplinary actions, illness and injury records and date of and reason for termination. Records may be computerized.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure staff records were maintained for four of four staff records reviewed (Staff #1, #2, #3, #4).</p> <p>Finding:</p> <p>On 10/9/2024, four employee records were reviewed. The facility failed to produce documentation of completed orientation for 4 of 4 employee records reviewed.</p> <p>This finding was reviewed onsite with the House Manager during the survey and again at the time of exit on 10/2/2024.</p> <p>17 Sanitation and Safety</p> <p>17.7 Hot water. Water temperatures in resident areas shall not exceed one hundred twenty degrees (120°) Fahrenheit. Hot water shall be supplied in adequate quantities. [Class III]</p> <p>This has not been met as evidenced by:</p>		



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<p>Based on observation and interview, the facility failed to ensure that the facility water temperature did not exceed 120° Fahrenheit.</p> <p>Finding:</p> <p>On 10/9/2024 at approximately 9:54 AM a facility tour was completed. A resident bathroom water temperature tested at 123.8° Fahrenheit on the first floor. A plan was in place by approximately 10:30 AM to rectify the issue.</p> <p>This finding was reviewed with the House Manager at the time of survey and exit on 10/9/2024.</p> <p>Section 2. Infection Prevention and Control</p> <p>A.5 The facility must provide education on IPC to all staff at hire.</p> <p>a. The training must include:</p> <p>i. Standard Precautions, including:</p> <ol style="list-style-type: none">1. Hand hygiene, which must include procedures to be followed by staff involved in direct patient care or food preparation; 10-144 CMR Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Infection Prevention and Control, Major Substantive Rule 52. Bloodborne pathogens;3. The proper selection and use of Personal Protective Equipment (PPE); to include putting		



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<p>on (donning) and taking off (doffing); and</p> <p>4. Respiratory hygiene/cough etiquette;</p> <p>ii. Environmental cleaning and disinfection;</p> <p>iii. Transmission-based precautions; and</p> <p>iv. Sharps/injection safety, including immediate actions to take when exposure to blood or other potentially infectious material (OPIM) occurs.</p> <p>b. Documentation of staff training and observed to be competency in Infection Prevention and Control must be maintained in each employee's personnel file.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to produce documentation on staff education of Infection Prevention and Control (Staff #1, #2, #3, #4).</p> <p>Finding:</p> <p>On 10/9/2024, four staff records were reviewed. 4 of 4 staff had no evidence of Infection Prevention and Control education completed at the time of hire within their employee files.</p> <p>This finding was reviewed with the House Manager while onsite during the survey and at the exit on 10/9/2024.</p>		