



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION	Date Completed: 11/29/2023
--	-------------------------------

Name of Facility: HARTLAND RD WAIVER Administrator: RACHEL FULLER LEVEL III RESIDENTIAL CARE FACILITY Census: 3 Total Capacity: 3 License Number: RCC2010	Address: 362 ESTES AVE PALMYRA, ME 04965-3837
--	---

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

<p>Hartland Road Waiver, a Level III Residential Care Facility, is not 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. The following requirements were not met:</p> <p>7 MEDICATIONS AND TREATMENTS</p> <p>7.1.7 Orders for medications and treatments shall be in writing, signed and dated by a duly authorized licensed practitioner and shall be in effect for the time specified by the duly authorized licensed practitioner, but in no case to exceed twelve (12) months, unless there is a written reorder. Orders for psychotropic medications shall be reissued every three (3) months, unless otherwise indicated by the duly authorized licensed practitioner. Standing orders for individual residents are acceptable when signed and dated by the duly authorized licensed practitioner.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to show documented evidence, within twelve (12) months, of duly authorized licensed practitioner orders for 1 of 2 resident records reviewed.</p> <p>Finding:</p> <p>On 11/29/2023 a review of Resident #1 November 2023 MAR and duly authorized practitioner orders was completed. The facility did not</p>	<p>Click or tap here to enter text.</p> <p>Click or tap here to enter text.</p>
---	---



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>have a duly authorized licensed practitioner order for the following medications:</p> <ul style="list-style-type: none">• Meloxicam 7.5mg oral tablet• Therapeutic Multivitamin• Pantoprazole 40mg• Refresh tears 0.5% eye drops <p>This finding was confirmed with the Assistant Residential Manager the time of the survey and at the exit interview on 11/29/2023.</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> <p>Based on observation and an interview, the facility failed to ensure water temperatures in resident areas did not exceed 120 degrees Fahrenheit.</p> <p>Finding:</p> <p>The hot water temperature was tested on 11/29/2023 at approximately 9:30 a.m. and exceeded 120 degrees Fahrenheit. The hot water temperature in bathroom #1 was 123.8 degrees Fahrenheit. The Assistant Residential Manager contacted maintenance and the temperature was lowered.</p> <p>This finding was confirmed by the Assistant Residential Manager at the time of the survey and at the exit interview on 11/29/2023.</p>		