



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey	Date Completed: 1/3/2024
--	-----------------------------

Name of Facility: Round Pond Green Administrator: Nancy Marcille Level III Residential Care Facility. Census: 6 Total Capacity: 6 License Number: RCC2036	Address: 1410 State Route 32 Round Pond, ME 04564
---	---

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

<p>Round Pond Green, 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, Part of 10-144, Chapter 113”.</p> <p>The following requirements were not met:</p> <p>Section 3</p> <p>Licensing</p> <p>3.25 Rates and contracts.</p> <p style="padding-left: 20px;">3.25.2 Signing a contract. Each provider and each resident, or someone authorized to act on the resident’s behalf, shall sign a standard contract issued by the department, attached as Appendix A, at the time of any modification of an existing contract and with all new admissions. The resident and/or resident’s legal representative shall be given an original of the signed contract and the provider shall keep a duplicate in the resident’s file. No one other than the resident shall incur any responsibility for the resident’s obligations by signing the contract for admission of the resident. Financial responsibility for the resident’s expenses can only be assumed according to Section 3.25.3.7.</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>This has not been met as evidenced by:</p> <p>Based on record review and interview, 1 of 2 records did not include a signed standard contract. (Resident #1)</p> <p>Findings:</p> <p>On 1/3/2024, a review of Resident #1's record was completed. Resident #1's standard contract in the record was not signed by the provider.</p> <p>This finding was confirmed with the House Manager at the exit meeting on 1/3/2024 at approximately 1:00 p.m.</p> <p>3.25.3.6 The following shall be appended to the contract and made a part thereof:</p> <ul style="list-style-type: none">3.25.3.6.1 Grievance procedure;3.25.3.6.2 Tenancy obligations;3.25.3.6.3 Resident rights; and3.25.3.6.4 Copy of the admissions policy. <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, 1 of 2 records did not include resident rights appended to the contract. (Resident #1)</p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>Findings:</p> <p>On 1/3/2024, a review of Resident #1's record was completed. Resident #1's standard contract did not include resident rights appended to the contract.</p> <p>This finding was confirmed with the House Manager at the exit meeting on 1/3/2024 at approximately 1:00 p.m.</p> <p>Section 7</p> <p>Medications and Treatments</p> <p>7.12 Medication/treatment administration records (MAR) for medications administered by the residential care facility.</p> <p>7.12.1 Individual medication/treatment administration records shall be maintained for each resident and shall include all treatments and medications ordered by the duly authorized licensed practitioner. The name of the medication, dosage, route and time to be given shall be recorded in the medication/treatment administration record. Documentation of treatments ordered and time to be done shall be maintained in the same manner. These rules apply only to treatments ordered by licensed health care professionals. [Class III]</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, 1 of 2 records reviewed did not include the correct dosage for one medication on the MAR.</p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>Findings:</p> <p>On 1/3/2024, a review of Resident #2's record was completed. A medication order read "Sennosides (Senna Lax) 8.6 mg Tab, Take 1 Tablet by mouth Daily before bed. Take 1-2 tabs nightly as needed." Resident #2's medication bubble pack indicated a dosage of 8.6 mg for this medication; however, the MAR documented a dosage of 50mg.</p> <p>This finding was confirmed with the House Manager at the exit meeting on 1/3/2024 at approximately 1:00 p.m.</p> <p>Section 17</p> <p>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 interview, the facility failed to ensure water temperatures in resident areas did not exceed 120° F.</p> <p>Findings:</p> <p>On 1/3/2024, Surveyor tested water temperature in facility shower room. The temperature was 125.6°F at approximately 9:40 a.m.</p> <p>House Manager was interviewed on 1/3/2024 at approximately 12:50 p.m. and reported a maintenance worker came to the facility and adjusted the temperature while Surveyor was onsite.</p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>Surveyor rechecked water temperature in the facility shower room at approximately 1:00 p.m. and it was 121.1°F.</p>		