



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION BIENNIAL SURVEY	Date Completed: 7/17/2024
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Name of Facility: BEAN'S CORNER WAIVER Administrator: RACHEL FULLER PNMI Level IV Residential Care Facility. Census: 2 Total Capacity: 3 License Number: RCC2162	Address: 723 CANAAN RD PITTSFIELD, ME 04967-5542
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Summary Statement of Deficiencies	Plan of Correction	Completion Date
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<p>Bean's Corner Wavier, a Level III Residential Care Facility, is <i>not in</i> 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 was not met:</p> <p>3. Licensing</p> <p>3.25 Rates and contracts.</p> <p>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>This has not been met as evidenced by:</p> <p>Based on record review and interview, the provider failed to ensure a resident contract was signed by the provider for 1 record reviewed.</p> <p>Finding:</p>	<p align="center">Click or tap here to enter text.</p>	<p align="center">Click or tap here to enter text.</p>
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<p>On 7/17/2024 Resident #1 record was reviewed. The 6/14/2024 standard contract was not signed by the provider.</p> <p>This finding was confirmed with the Assistant Residential Manager at the exit interview on 7/17/2024.</p> <p>17. Sanitation and Safety 17.1.1 The facility and surrounding premises shall show evidence of routine maintenance and housekeeping and repair of wear and tear shall be made in a timely fashion.</p> <p>This has not been met by evidenced by:</p> <p>Based on observation and interview the facility failed to show evidence of general housekeeping in 2 of 2 resident bathrooms.</p> <p>Finding:</p> <p>On 7/17/2024 a tour of the facility was completed. Both resident bathroom vents were observed to have an excess accumulation of dust.</p> <p>This finding was confirmed with the Assistant Residential Manager at the exit interview on 7/17/2024.</p> <p>17.1.2 The administrator shall take immediate steps to correct any condition, in the physical facility or on the premises, which poses a danger to a resident's life, health and/or safety. [Classes II]</p> <p>This has not been met by evidenced by:</p>		



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<p>Based on observation and interview the Administrator failed to correct a condition which posed a danger to a resident's safety.</p> <p>Finding:</p> <p>On 7/17/2024 a tour of the facility was completed. In the bathroom located next to the staff office the drain in the bathtub consisted of a raised hard plastic attachment that posed a risk to the resident while standing in the shower.</p> <p>This finding was confirmed with the Assistant Residential Manager at the exit interview on 7/17/2024.</p> <p>Infection Prevention and Control 10th Part of 10-144 C.M.R. Chapter 113. Section 2. Infection Prevention and Control</p> <p>A.5.2 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 by evidenced by:</p> <p>Based on record review the facility failed to maintain in the employee record the completion of Infection Prevention and Control training for 1 of 3 staff records reviewed, (Staff #3).</p> <p>Finding:</p> <p>On 7/17/2024 three staff training records were reviewed. The record for Staff #3 did not include evidence of the completion of the Exposure Control Plan Policy and Procedure training.</p>		