

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

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 8/27/2024
Name of Facility: WESTMINSTER PLACE Administrator: ANN-MARIE MAYBERRY LEVEL III RESIDENTIAL CARE FACILITY Census: 4 Total Capacity: 5		Address: 56 WESTMINSTER AVE PORTLAND, ME 04103-2431
Summary Statement of Deficiencies	Plan of Correction	Completion Date

Westminster Place, 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 and Infection Control.

The following requirements were not met:

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

5 RESIDENT RIGHTS

5.12 Right to confidentiality. Residents' records and information pertaining to their personal, medical and mental health status is confidential. Residents and their legal representatives shall have access to all records pertaining to the resident at reasonable times, in the presence of the provider or his/her representative, within one (1) business day of the request. Residents and their legal representatives are entitled to have copies made of their record within one (1) business day of the request. The licensee and employees shall have access to confidential information about each resident only to the extent needed to carry out the requirements of the licensing regulations or as authorized by any other applicable state or federal law. The written consent of the resident or his/her legal representative shall be required for release of information to any other persons except authorized representatives of the Department or the Long Term Care Ombudsman Program. The Department shall have access to these records for determining compliance with these regulations. Records shall not be removed from facility, except as may be necessary to carry out these regulations. Upon admission, each resident shall sign and date a written consent which lists individuals, groups, or categories of individuals with whom the program may share information (e.g., sons, daughters, family members or duly authorized licensed practitioners, etc.). A written consent to release of information shall be renewed and time dated every thirty (30) months, pursuant to 22 M.R.S.A. §1711-C (4). Consent may be withdrawn at any time. *[Class IV]*

This has not been met as evidenced by:

Based on a review of three resident records and an interview with staff, the facility failed to provide evidence of current written consent to release of information (Resident #1 and Resident #2).

Finding:

On 08/27/2024 the records were reviewed for Resident #1, #2 and #3. No evidence of current written consent to release of information was found in Resident #1 and Resident #2's records.

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

The Surveyor reviewed the findings with the Agency during the survey on 08/27/2024.

The Surveyor again discussed the findings with the Agency during the exit interview on 08/27/2024.

Section 7

Medications and Treatments

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: *[Class III]*

- 7.1.4.1** Dietary requirements;
- 7.1.4.2** Anti-Diabetic Oral Medications – inclusive of adverse reactions and interventions, hyper and hypo glyceemic reactions;
- 7.1.4.3** Insulin mixing including insulin action;
- 7.1.4.4** Insulin storage;
- 7.1.4.5** Injection techniques and site rotation;
- 7.1.4.6** Treatment and prevention of insulin reaction including signs/symptoms;
- 7.1.4.7** Foot care;
- 7.1.4.8** Lab testing, urine testing and blood glucose monitoring; and
- 7.1.4.9** Standard Precautions.

This has not been met as evidenced by:

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

Based on a review of staff records and communication with the Residential Services Director, the facility failed to provide evidence that unlicensed assistive personnel must be trained by a registered professional nurse regarding the management of persons with diabetes.

Finding:

The staff records were requested and reviewed by e-mail. No evidence that one of three requested facility staff records were trained by a registered professional nurse regarding the management of persons with diabetes was found. On 8/30/2024 The Residential Services Director was not able to locate evidence of diabetes training for one of the three requested CRMA staff.