



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION <b>Biennial Survey</b>		Date Completed: 10/30/2024
Name of Facility: Changing Tides Administrator: Tara Strout Level III – Residential Care Facility. Census: 6 Total Capacity: 6 License Number: RCC2376	Address: 57 E Main St. Harrington, ME 04643-3041	
<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>

<p>Changing Tides, a Level III Residential Care Facility, is 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 have not been met:</p> <p><b>7 Medications and Treatments</b></p> <p><b>7.1 Use of safe and acceptable procedures.</b> The administrator shall ensure that all persons administering medications and treatments (except residents who self-administer) use safe and acceptable methods and procedures for ordering, receiving, storing, administering, documentation, packaging, discontinuing, returning for credit and/or destroying of medications and biologicals. All employees must practice proper hand washing and aseptic techniques. A hand-washing sink shall be available for staff administering medications. <i>[Classes I/II/III]</i></p> <p><b>7.1.1</b> Residents shall receive only the medications ordered by his/her duly authorized licensed practitioner in the correct dose, at the correct time, and by the correct route of administration consistent with pharmaceutical standards.</p> <p>This has not been met as evidenced by:</p>	<p align="center" style="color: gray;">Click or tap here to enter text.</p>
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<p>Based on record review and interview, the facility failed to administer a medication as ordered by a duly authorized licensed practitioner for 1 of 3 resident records reviewed (Resident #1).</p> <p>Finding:</p> <p>On 10/30/2024, Resident #1's Medication Administration Record (MAR) for the months October 2024 and September 2024, and duly authorized practitioner orders were reviewed. Resident #1's MAR showed a schedule medication of "Atenolol 50MG - Give 2 tabs by mouth daily". The practitioner order showed "Atenolol 50MG – Give 1 tab by mouth daily". The facility Administrator confirmed that the medication was transcribed incorrectly and the medication was administered in the wrong dose.</p> <p>This was reviewed and confirmed with the facility Administrator at the time of survey and during the exit conference 10/30/2024.</p> <p><b>7.1.6</b> For those residents whom the facility is responsible for assistance with medication administration, no medications, including those brought into the facility by the resident, family or friends, shall be administered or discontinued without a written order signed by a duly authorized licensed practitioner or other person licensed to prescribe medications. <i>[Class III]</i></p> <p>Based on record review and interview, the facility failed to have written orders for medications administered to 1 of 3 residents record reviewed (Resident #1).</p> <p>Finding:</p>		



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<p>On 10/30/2024, Resident #1's September 2024 and October 2024 Medication Administration Records (MAR) were reviewed. The following orders were transcribed to the MAR's and administered without evidence of a signed physician order:</p> <ol style="list-style-type: none"><li>1. Biotin 5,000mcg – “take 2 tablets by mouth daily”</li><li>2. Eliquis 5mg – “take 1 tab by mouth 2x daily”</li></ol> <p>This was reviewed and confirmed with the facility Administrator at the time of survey and during the exit conference 10/30/2024.</p> <p><b>7.12 Medication/treatment administration records (MAR) for medications administered by the residential care facility.</b></p> <p><b>7.12.1</b> 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. <i>[Class III]</i></p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a medication was transcribed as ordered by the duly authorized licensed practitioner for 1 of 3 resident records reviewed (Resident #1).</p>		



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<p><b>Finding:</b></p> <p>On 10/30/2024, a review of Resident #1's Medication Administration Record (MAR) for September and October 2024, and medication orders signed by the resident's licensed practitioner were completed. The following order "Atenolol 50mg tablet – 1 tab by mouth 1x a day" was incorrectly transcribed to the September and October 2024 MAR's as "Atenolol 50mg tablet give 2 tabs by mouth daily" for a total of 100 mg.</p> <p>This was reviewed and confirmed with the facility Administrator at the time of survey and during the exit conference 10/30/2024.</p> <p><b>7.12.4</b> Administration of medications ordered as needed (PRN) shall be documented and shall include date, time given, medication and dosage, route, reason given, results or response and initials or signature of administering individual. Treatments ordered PRN shall be documented in the same manner.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to maintain the Medication Administration Record (MAR) for 1 of 3 resident records reviewed (Resident #1).</p> <p><b>Finding:</b></p> <p>On 10/30/2024, Resident #1's September and October 2024 Medication Administration Records (MAR) were reviewed. The following As Needed (PRN) medications had no response on the back of the MAR after administration:</p>		



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<p>1. Tylenol 500 mg – initialed administration on 10/1, 10/3, and 10/5-10/30 with no documentation on the back of the MAR.</p> <p>2. Ibuprofen 200 mg – initialed administrations 10/1 AM and noon dose, 10/3 AM dose, 10/5-10/30 AM dose with no documentation on the back of the MAR.</p> <p>This was reviewed and confirmed with the facility Administrator at the time of survey and during the exit conference 10/30/2024.</p>		