



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey	Date Completed: 9/15/2023
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Name of Facility: Annette Overlock Home Administrator: Gail Varga Level III Residential Care Facility. Census: 3 Total Capacity: 4 License Number: RCC28	Address: 22 Canns Beach Road Owls Head, ME 04854
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Summary Statement of Deficiencies	Plan of Correction	Completion Date
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<p>Annette Overlock Home, Level III Residential Care Facility, is not in compliance with the “Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities, Part of 10-144, Chapter 113”. The following requirements have not been met:</p> <p>5 Resident Rights</p> <p>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 person 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 the facility, except as may be necessary to carry out these regulations. Upon admission, each resident shall</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
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<p>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. <i>[Class IV]</i></p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, 1 out of 2 Resident records did not contain a current written consent to release information.</p> <p>Finding:</p> <p>On 9/14/2023 a review of Resident #1's record was completed. The Resident record did not contain a current written consent to release information. The written consent in the record indicated that the consent was only good for 1 year and expired on 5/31/2023.</p> <p>At the time of the survey, an interview was conducted with the Residential Supervisor who confirmed this finding.</p> <p>7 Medications and Treatments</p> <p>7.1.4 Unlicensed assistive personnel must be trained by a registered professional nurse in regard to the management of persons with diabetes. Review of this training shall be on an annual basis.</p>		



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<p>The registered professional nurse must provide in-service training and documentation to include: [Class III]</p> <ul style="list-style-type: none"> 7.1.4.1 Dietary requirements; 7.1.4.2 Anti-Diabetic Oral medications – inclusive of adverse reactions and interventions, hyper and hypo glycemic 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. <p>Documentation of training shall be included in the employee record.</p> <p>Review of this training shall be on an annual basis.</p>		



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<p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to have evidence of annual diabetes training for 3 of 3 staff members reviewed.</p> <p>Finding:</p> <p>On 9/14/2023 a review of staff records was completed. Staff #1 did not have evidence of an annual diabetes training. The last recorded training was on 07/29/2021. Staff #2 (hired on 7/26/2018) and Staff #3 (hired on 5/31/23) did not have evidence of diabetes training.</p> <p>At the time of the survey, an interview was conducted with the Residential Supervisor who attempted to get evidence of diabetes training for the staff members, but was unable to locate the documentation.</p> <p>7.2 Administration of medications.</p> <p>7.2.4 PRN Medications.</p> <p>7.2.4.2 A person qualified to administer medications must be on site at the assisted living program or residential care facility whenever a resident(s) have medications prescribed “as needed” (PRN) if this medication is not self-administered.</p> <p>In no event, however, shall antipsychotic-type psychotropic medications be prescribed on a PRN</p>		



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<p>basis only, having no routinely scheduled and administered doses.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to have a person qualified to administer medication on site at the facility and residents at the facility are prescribed “as needed” (PRN) medications.</p> <p>Finding:</p> <p>On 9/14/2023 an interview was completed with the Residential Supervisor, who confirmed that Staff #4 was not CRMA certified, and work shifts without a CRMA or other licensed/qualified staff on duty.</p> <p>A review of Resident #1 and Resident #2’s MAR was completed. Resident #1 and Resident #2 are prescribed PRN medications and did not self-administer medications.</p> <p>A review of the facility’s staff schedule for September 2023 was completed. Staff #4 worked shifts alone on 9/3/2023 and 9/10/2023.</p> <p>This finding was confirmed with the Residential Supervisor at the time of the survey and at the exit interview on 9/14/2023.</p> <p>14 Safety Standards</p> <p>14.3 Drills or rehearsals.</p> <p>14.3.2 Facilities with 3 or more beds shall conduct drills or rehearsals of the emergency steps to be taken at irregular times of the day, at least 6 (six) times per year</p>		



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<p>spaced throughout the year. Two of the six drills must be conducted while residents are asleep. <i>[Class II]</i></p> <p>This has not been met as evidenced by:</p> <p>Based upon record review and interview the facility failed to show evidence that 6 rehearsals of the emergency steps were completed per year with at least two of those drills being conducted while residents were asleep.</p> <p>Findings:</p> <p>On 9/14/2023 a review of the fire drill logs was completed. The facility had the following drills completed: 9/2/2023 at 1:00 p.m., 5/19/2023 at 11:00 a.m., 7/4/2023 at 2:30 p.m., and 6/10/2023 at 9:00 p.m.</p> <p>An interview was conducted with the Residential Supervisor who confirmed that these were the only fire drill logs that had been completed.</p>		