



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biannual Survey	Date Completed: 8/9/2023
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Name of Facility: FRANKLIN HEIGHTS Administrator: MEGAN GOODINE PNMI LEVEL III RESIDENTIAL CARE FACILITY Census: 4 Total Capacity: 4 License Number: RCC370	Address: 125 BELCHER RD FARMINGTON, ME 04938-5713
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Summary Statement of Deficiencies	Plan of Correction	Completion Date
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<p>Franklin Heights, 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”. The following requirements were not met:</p> <p>7 MEDICATIONS AND TREATMENTS</p> <p>7.1.7 Orders for medications and treatments shall be in writing, signed and dated by a duly authorized licensed practitioner and shall be in effect for the time specified by the duly authorized licensed practitioner, but in no case to exceed twelve (12) months, unless there is a written reorder. Orders for psychotropic medications shall be reissued every three (3) months, unless otherwise indicated by the duly authorized licensed practitioner. Standing orders for individual residents are acceptable when signed and dated by the duly authorized licensed practitioner.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to show documented evidence, within twelve (12) months of duly authorized licensed practitioner orders for medications and treatments administered to 2 out of 2 residents.</p> <p>Finding:</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
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Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>On 8/9/2023 a review of Resident #1 and Resident #2's August 2023 MAR and duly authorized practitioner orders was completed. The facility did not have duly authorized licensed practitioner orders for the following medications for Resident #1: Nystatin 100,000 unit/g cream and Lanolin Cream and the following medications for Resident #2: Vanicream and Lanolin Cream.</p> <p>This finding was confirmed by the Employee #1 at the time of the survey and at the exit interview on 8/9/2023.</p> <p>7.3.2 Medications administered by the assisted living program or residential care facility shall be kept in their original containers in a locked storage cabinet. The cabinet shall be equipped with separate cubicles, plainly labeled, or with other physical separation for the storage of each resident's medications. It shall be locked when not in use and the key carried by the person on duty in charge of medication administration. [Class III]</p> <p>This has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to keep a resident medication separated.</p> <p>Finding:</p> <p>On 8/9/2023 the surveyor observed Resident #2's Nystatin Cream stored in Resident #1's active medication.</p> <p>This finding was confirmed by the Employee #1 at the time of the survey and at the exit interview on 8/9/2023.</p>		