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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Biennial Survey	DATE COMPLETED 1/30/2026
NAME OF FACILITY: NEIGHBORHOOD RESIDENTIAL, INC. ADMINISTRATOR: VICTOR K. MUBANG LICENSE NUMBER: RCC38637 CENSUS: 5 TOTAL CAPACITY: 6	ADDRESS: 36 HADLEY LAKE RD MARSHFIELD, ME 04654-5108

NEIGHBORHOOD RESIDENTIAL, INC., is not in compliance with part of 10-144 C.M.R. Chapter 113, Assisted Housing Program Licensing Rule; Residential Care Facilities.

The following requirements were not met:

RULE	SUMMARY STATEMENT OF DEFFICIENCES
5(N)(1)(c)	**Section 5 medications and treatments** N. Medication/treatment administration records (MAR). Individual medication/treatment administration records must be maintained for each resident for medications administered by the facility including all treatments and medications ordered by the duly authorized licensed practitioner. [Class III] 1. Each MAR must include: c. Whenever a medication or treatment is started, given, refused or discontinued, including those ordered to be administered PRN, the medication or treatment must be documented on the medication/treatment administration record. It must be initialed by the administering individual. A medication or treatment must not be discontinued without evidence of a stop order signed and dated by the duly authorized licensed practitioner; This has not been met as evidenced by: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) contained documentation of whether medications and treatments were administered or refused for 1 of 2 resident records reviewed (Resident #2). Finding: On 1/28/2026, a review of Resident #2's Medication Administration Record (MAR) for the months of November 2025, December 2025, and January 2026 was completed with the following identified: The November 2025 MAR contained eleven (11) circled staff initials for seven (7) medications (Duloxetine, Gabapentin, Glipizide, Buspirone, Magnesium, Vitamin D, Loratadine) scheduled through the day and evening hours with no documentation signifying the reason for the circled initials. In addition, the November 2025 MAR contained ninety-three (93) check marks with no staff initials for 3 treatments (Snack at bedtime, daily stretching, inquire of back pain) scheduled through the day and evening hours. The December 2025 MAR contained ninety-three (93) check marks with no staff initials for 3 treatments (Snack at bedtime, daily stretching, inquire of back pain) scheduled throughout the afternoon and evening hours. The January 2026 MAR contained sixty-nine (69) check marks with no staff initials for three (3) treatments (Snack at bedtime for low BS, daily stretching, inquire of back pain to offer PRN) that was scheduled at bedtime. This finding was reviewed with the LPN during the survey, and with the LPN and Administrator during the exit conference on 1/28/2026.

	AGENCY PLAN OF CORRECTION:
DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:

5(N)(1)(d)	**Section 5 medications and treatments** N. Medication/treatment administration records (MAR). Individual medication/treatment administration records must be maintained for each resident for medications administered by the facility including all treatments and medications ordered by the duly authorized licensed practitioner. [Class III] 1. Each MAR must include: d. Administration of medications ordered PRN must be documented and must include date, time given, medication and dosage, route, reason given, results or response and initials or signature of administering individual; This has not been met as evidenced by: Based on record review and interview, the facility failed to maintain the Medication Administration Record (MAR) for 2 of 2 resident records reviewed (Resident #1, Resident #2). Findings: 1. On 1/28/2026, Resident #1's November 2025, December 2025, and January 2026 Medication Administration Records (MARs) were reviewed. The MAR was not maintained with documented response or result for As Needed (PRN) medications administered as follows: The November 2025 MAR indicated thirty-nine (39) initialed PRN administrations for three (3) medications (Meclizine, Melatonin, Ondansetron) with no results or response documented on the MAR. The December 2025 MAR indicated thirty-six (36) initialed PRN administrations for two (2) medications (Meclizine, Melatonin) with no results or response documented on the MAR. The January 2026 MAR indicated twenty-five (25) initialed PRN administrations for two (2) medications (Acetaminophen, Melatonin) with no results or response documented on the MAR. 2. On 1/28/2026, Resident #2's November 2025, December 2025, and January 2026 Medication Administration Records (MARs) were reviewed. The MAR was not maintained with documented response or result for As Needed (PRN) medications administered as follows: The November 2025 MAR indicated fifty-nine (59) initialed PRN administrations for three (3) medications (Fluticasone, Mupirocin, Imodium) with no results or response documented on the MAR. The December 2025 MAR indicated eighty-eight (88) initialed PRN administrations for two (2) medications (Loperamide, Mupirocin) with no results or response documented on the MAR. The January 2026 MAR indicated thirty-seven (37) initialed PRN administrations for two (2) medications (Loperamide, Mupirocin) with no results or response documented on the MAR. These findings were reviewed with the LPN at the time of survey, and with the LPN and Administrator during the exit conference on 1/28/2026.
	AGENCY PLAN OF CORRECTION:

Date Completed:

DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:

9(F)(4)	**Section 9 Staffing Requirements** F. Employee records. Facilities must maintain individual records on all employees. Records may be computerized 3. Results of an Adult Protective Services check; This has not been met as evidenced by: Based on record review and interview, the facility failed to complete Adult Protective Services (APS) check for facility staff completing direct care (Staff#1, Staff #2). Finding: On 1/28/2026, a review of staffing records was completed. Staff #1 and Staff #2 had no evidence of completed Adult Protective Services (APS) check results in their file. On 1/28/2026, the LPN and Administrator confirmed that the Adult Protective checks had not been completed.
	AGENCY PLAN OF CORRECTION:

DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:

9(F)(4)	**Section 9 Staffing Requirements** F. Employee records. Facilities must maintain individual records on all employees. Records may be computerized 4. Department of Motor Vehicles driving record, when the operation of a motor vehicle to transport residents is reasonably expected as part of an employee's job duties; This has not been met as evidenced by: Based on record review and interview, the facility failed to complete a Motor Vehicles driving record check for staff operating a motor vehicle to transport residents (Staff #1). Finding: On 1/28/2026, an interview was held with Staff #1 who confirmed that they were the only staff that transported residents. Staff #1 and the facility Administrator confirmed that a Motor Vehicle check had not been completed for Staff #1.
	AGENCY PLAN OF CORRECTION:

DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:

9(F)(7)	**Section 9 Staffing Requirements** F. Employee records. Facilities must maintain individual records on all employees. Records may be computerized 7. Record of participation in in-service, orientation, or other training programs, including date, content area, and trainer, including training conducted under Section 9(B)(1) of this rule; This has not been met as evidenced by: Based on record review and interview, the facility failed to ensure documentation of employee completed participation of in-service training, orientation, and/or other training programs. Finding: On 1/28/2026, a review of the facilities in service, orientation, and other staff training programs was completed. There was no evidence of completed orientation or in-service training for Staff #1. The LPN confirmed that the facility reviewed orientation topics, but there was no standardized checklist or record completed. This finding was reviewed and confirmed with the LPN at the time of survey and with the LPN and Administrator during the exit conference on 1/28/2026.
	AGENCY PLAN OF CORRECTION:

DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:

9(F)(8)	**Section 9 Staffing Requirements** F. Employee records. Facilities must maintain individual records on all employees. Records may be computerized 8. Results of annual personnel evaluations; This has not been met as evidenced by: Based on record review and interview, the facility failed to ensure completion of an annual personnel evaluation (Staff #1). Finding: On 1/28/2026, a review of Staff #1's employee file was completed. There was no evidence of an annual personnel evaluation completed for this staff employed more than one year. This finding was reviewed and confirmed with the LPN at the time of survey and Administrator during the exit conference on 1/28/2026.

	AGENCY PLAN OF CORRECTION:
DATE COMPLETED	TITLE OF PERSON RESPONSIBLE: