



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey	Date Completed: 1/5/2024
--	-----------------------------

Name of Facility: SAND ROAD WAIVER Administrator: RACHAEL FULLER LEVEL III RESIDENTIAL CARE FACILITY Total Capacity: 3 License Number: RCC38838	Address: 18 SAND ROAD NEWPORT, ME 04953-3463
--	--

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

<p>Sand Road Waiver, 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. The following requirements have not been met:</p> <p>7 MEDICATIONS AND TREATMENTS</p> <p>7.7 Expired and discontinued medications. For all medications administered by the residential care facility, medications shall be removed from use and properly destroyed after the expiration date and when discontinued, according to procedures contained in Section 7.9. They shall be taken out of service, and locked separately from other medications until reordered or destroyed. <i>[Class III]</i></p> <p>This has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure that an expired medication was removed from use and properly destroyed.</p> <p>Findings:</p> <p>On 1/4/2024, an inspection of Resident #2 medications was completed. Resident #2 Polyethylene Glycol 3350 was stored with active medications and with an expiration of 10/2023.</p>	
--	--



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>This finding was confirmed by the Assistant Residential Manager at the time of the survey and at the exit interview on 1/4/2024.</p> <p>7.12 Medication/treatment administration records (MAR) for medications administered by the assisted living program or residential care facility.</p> <p>7.12.1 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. [Class III]</p> <p>This has not been met as evidenced by:</p> <p>Based on record review, observations, and an interview, there were medications listed on a duly authorized licensed practitioner orders that were not transcribed to residents MAR's and resident medications that were transcribed incorrectly.</p> <p>Finding:</p> <p>On 1/4/2024 a review of Resident #1 and Resident #2's January 2024 MAR and duly authorized licensed practitioner orders was completed.</p> <p>Resident #1 had a duly authorized licensed practitioner order dated 6/19/2023 for Robitussin DM and Hydrocortisone 1% tropical cream.</p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>This order was not transcribed on Resident #1's January 2024 MAR and there was no stop order in the record. Resident #2 had a duly authorized licensed practitioner order dated 6/9/2023 for Robitussin DM, Coricidine HBP and Hydrocortisone 1% tropical cream. This order was not transcribed on Resident #2's January 2024 MAR and there was no stop order in the record.</p> <p>Resident #1 had a duly authorized licensed practitioner orders dated 6/19/2023 that were transcribed incorrectly to the January 2024 MAR. The order stated Acetaminophen 325mg tablet, take 2 tablets PO Q 4 HRS PRN for temperature over 100°F and pain and discomfort; the January 2024 MAR stated Acetaminophen 500mg tablet, take 2 tablets every four hours as needed. The order also stated Orajel mouth aid apply to affected area TID PRN for mouth pain; the January 2024 MAR stated Orajel use up to four times a day.</p> <p>This finding was confirmed by the Assistant Residential Manager at the time of the survey and at the exit interview on 1/4/2024.</p> <p>This is a repeat deficiency from the 1/10/2022 Statement of Deficiencies.</p> <p>7.15 Whenever a Registered Nurse teaches or provides in-service training to unlicensed personnel on medical issues, treatments and/or use of medical equipment not specifically outlined in these regulations, there must be documentation in the employee file.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to have documented proof of an in-service training in employee files.</p>		



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>Finding:</p> <p>On 1/4/2023 a review of Resident #2's December 2023 and January 2024 MAR and Employee trainings records was completed. Resident #2's December 2023 and January 2024 MAR states "Wash Stoma Site with soap and water; every day 2 times(s) a day."</p> <p>An interview was completed with the Assistant Residential Manager who reported that all employees were trained on washing Resident #2's stoma site. The employee records did not contain training certificates for all employees.</p> <p>On 1/5/2023 the Assistant Residential Manager confirmed that the agency did not have documented proof of the in-service for washing Resident #2's stoma site in the record for Employee #2, Employee #3, Employee #4 and Employee #5.</p>		