STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION **End of Provisional**	Date Completed: 01/28/2025
Name of Facility: Keep House 1 Administrator: Jessica Hines Level III Residential Care Facility. Census: 2 Total Capacity: 3 License Number: RCC38883	Address: 669 Hancock Street Rumford, ME 04276

Summary Statement of Deficiencies	Plan of Correction	Completion Date

Keep House 1, a 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 and Infection Prevention and Control, Part of 10-144, Chapter 113.

The following requirements were not met:

7. **Medications and Treatments**

7.10 Schedule II controlled substances. All Schedule II controlled substances administered by the residential care facility listed in the Comprehensive Drug Abuse Act of 1970, Public Law 91-513, Section 202 and as amende pursuant to Section 202 are subject to the following standards. *[Class II]*

7.10.3 All Schedule II controlled substances on hand shall be counted at least weekly and records kept of the inventory in a bound book with numbered pages, from which no pages shall be removed. *[Class II]*

This has not been met as evidenced by:

Based on record review, observation and interview the facility failed to maintain a bound book with numbered pages, from which no pages shall be removed.

 Signature of Administrator: _____ Date: _____ ALLS 17 (R1002)
(Signature binding on all 4 page(s))

Summary Statement of Deficiencies	Plan of Correction	Completion Date

Findings:

On 01/28/2025 a review of the Schedule II bound book was conducted and upon inspection a page was found to have been removed and missing and the page numbers written on the bottom corner of each page had been changed after page number 32.

These findings were reviewed and confirmed with the Administrator and Program Manager at the exit interview.

14. Safety Standards

14.3 Drills or rehearsals.

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 spaced throughout the year. Two of the six drills must be conducted while residents are asleep. *[Class II]*

This has not been met as evidenced by:

Based on a review of emergency drills and interviews, the facility failed to ensure two drills or rehearsals per year were conducted while residents were asleep.

Finding:

On 01/28/2025 a review of the facility evacuation drills log for 2024 was reviewed and on 01/29/2025 the survey team received the facility evacuation drills for 2023 from the Administrator via email. The following asleep drills or rehearsals were conducted:

1. 07/15/2023 at 1:00AM
2. 04/19/2024 at 10PM

This finding was reviewed with the Administrator and House Manager at the exit interview and confirmed with the House Manager via phone on 02/04/2025.

17. Sanitation and Safety

17.1.1 The facility and surrounding premises shall show evidence of routine maintenance and housekeeping and repair of wear and tear shall be made in a timely fashion.

This was not met as evidenced by:

Based on observation and interview the facility failed to ensure routine maintenance and repair of wear and tear to the facility were made.

Findings:

On 01/28/2025 a tour of the facility was conducted and the following repair needs were observed:

1. Bathroom #2's floor around the standing shower was soft and spongy with black colored growth along the base of the shower and floor
2. Bathroom #2's door did not have a working lock mechanism

These findings were reviewed and confirmed with the Administrator and Program Manager at the exit interview.

Summary Statement of Deficiencies	Plan of Correction	Completion Date

17.7 Hot water. Water temperatures in resident areas shall not exceed one hundred twenty degrees (120°) Fahrenheit. Hot water shall be supplied in adequate quantities. [Class *III]*

This has not been met as evidenced by:

Based on observation and an interview, the facility failed to ensure water temperatures in resident areas did not exceed 120 degrees Fahrenheit.

Findings:

On 01/28/2025 at approximately 10:15AM, the facility hot water temperature was measured and observed to exceed 120 degrees Fahrenheit. In the kitchen sink, the water temperature was measured at 123.2 degrees Fahrenheit and in the resident bathroom/laundry room the water temperature was measured at 124 degrees Fahrenheit.

These findings were confirmed by the Administrator and Program Manager at the time of survey. A member of the facility maintenance team arrived and adjusted the water temperature and the Administrator identified a safety plan prior to the survey team leaving.

Date Completed: