



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION License Renewal Survey		Date Completed: 1/15/25
Name of Facility: Rose Administrator: Misty Marston Residential Care Facility. Census: 3 Total Capacity: 3 License Number: RCC38992	Address: 445 Main St apt D Biddeford	
Summary Statement of Deficiencies	Plan of Correction	Completion Date

<p>Rose, a Level III Residential Care Facility is not compliance with the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities, Part of 10-144, Chapter 113 and Infection Prevention and Control.</p> <p>The following requirements were not met:</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 sign, and date a written consent which lists individuals, groups, or categories of individuals with whom the program may share information (e.g.,</p>	
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<p>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 Consent may be withdrawn at any time. [Class IV]</p> <p>Based on a review of one resident record and an interview with staff, the facility failed to provide evidence of current written consent to release of information.</p> <p>Finding: On 1/15/25 the record was reviewed for Resident #1, #2 and #3. No evidence of evidence of current written consent to release of information found in the record. On 1/15/25 at approximately 12:30 PM Employee # 1 was interviewed, who was unable to locate evidence of current written consent to release of information.</p> <p>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]</p> <p>Based on a measurement taken from the upstairs bathroom sink, the facility failed to ensure the water temperature does not exceed one hundred twenty degrees (120°) Fahrenheit.</p> <p>Finding: On 1/15/25 an onsite inspection was completed. The water temperature in the bathroom sink was taken with a digital thermometer. The thermometer read one hundred and twenty-six point five degrees (126.5) Fahrenheit. On 1/15/25 at approximately 12:30 PM Employee confirmed this finding.</p>		



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<p>All findings were reviewed during the exit conference. Exit conference form was signed by surveyor and representative facility staff member.</p>		