



STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Renewal Survey		Date Completed: 5/8/2025
Name of Facility: Winthrop House Administrator: Jill McKenney Level III Residential Care Facility. Census: 3 Total Capacity: 3 License Number: RCC39001	Address: 48 Pleasant Hill Road Brunswick, ME 04011-3229	
Summary Statement of Deficiencies	Plan of Correction	Completion Date

Winthrop House, 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, Part of 10-144, Chapter 113".

The following requirements have not been met:

3 LICENSING

3.25 Rates and contracts.

3.25.2 Signing a contract. Each provider and each resident, or someone authorized to act on the resident's behalf, shall sign a standard contract issued by the department, attached as Appendix A, at the time of any modification of an existing contract and with all new admissions. The resident and/or resident's legal representative shall be given an original of the signed contract and the provider shall keep a duplicate in the resident's file. No one other than the resident shall incur any responsibility for the resident's obligations by signing the contract for admission of the resident. Financial responsibility for the resident's expenses can only be assumed according to Section 3.25.3.7.

Brighter Heights Maine has updated the Residential Contract and provided each resident and/or their representative a copy for review and signature. Included as an addendum is a copy of Resident Rights, Grievance Procedure, Brighter Heights Mainé Admission Policy. Brighter Heights Maine will keep a copy of the signed Residential Contract and a signed Attestation of the receipt of appended documents.

Documents were completed by 6/13/2025. Copies of signed Residential Contracts and appended attestations will be uploaded to Client's Electronic Health Record by 6/30/2025.

3.25.3.6 The following shall be appended to the contract and made a part thereof:



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3.25.3.6.1 Grievance procedure;
 3.25.3.6.3 Resident rights; and
 3.25.3.6.4 Copy of the admissions policy.

This has not been met as evidenced by:

Based on record review and staff interview the facility failed to include sign a standard contract, grievance procedure, resident rights, and admission policy were appended to the contract for 1 of 2 resident records reviewed.

Finding:

On 5/8/2025, a review of Resident #1's record was completed. The required attachments standard contract, grievance procedure, resident rights, and admission policy were not included in the record.

This finding was confirmed by the Residential Program Manager during the survey conducted on 5/8/2025.

7.3 Medication storage.

7.3.3 Medications/treatments administered by the assisted living program or residential care facility for external use only shall be kept separate from any medications to be taken internally. *[Class III]*

This has not been met as evidenced by:

Brighter Heights Maine purchased three separate storage containers, one per resident, and moved external medication to their respective containers that are stored separate for internal medication. Each CRMA has been made aware of this expectation and will monitor for continued compliance.

5/15/2025

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Based on observation and interview, the facility failed to ensure that the external use medication shall be kept separate from any medications to be taken internally.

Finding:

On 5/8/2025, an inspection of the facility's house stock of medical supplies was conducted. During the inspection, it was discovered that the extremally applied treatments, Nystatin Topical Powder and Arthritis Pain Reliving Gel were stored in the same container as an internal medication.

This finding was confirmed with the House Manager at the time of the survey and during the exit interview on 5/8/2025.

17 Sanitation and Safety

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, the facility failed to ensure water temperatures in resident areas did not exceed one hundred and twenty degrees (120°) Fahrenheit.

Finding:

On 5/8/2025, a digital water thermometer indicated the water temperature in the kitchen was 121°F. A subsequent reading taken at 12:00 p.m. showed the water temperature had increased to over 125°F.

House Manager adjusted water temperature gage to 120 degrees.

5/8/2025

The water temperature will be checked manually by House Manager and logged each month to ensure maintained compliance.

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This finding was confirmed with the Administrator at time of finding and during the exit interview on 5/8/2025.