



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION
BIENNIAL SURVEY

Date Completed:
10/21/2024

Name of Facility: Warren House
Administrator: Ilea Sangillo
Level 3 Residential Care Facility. Census: 3 Total Capacity: 3
License Number: RCC39445

Address:
1116 Middle Road
Warren, ME 04864-4425

Summary Statement of Deficiencies

Plan of Correction

Completion Date

Warren 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 and Infection Prevention and Control, Part of 10-144, Chapter 113.

The following requirements were not met:

7.2.1 Self-administration. Upon admission, each individual's ability to self-administer medications will be determined by an assessment of his/her ability or need for assistance, unless the resident/legal representative elects (in writing) to have the facility administer his/her medications. A final decision will be reached between the resident, his/her legal representative, his/her duly authorized licensed practitioner and a facility representative.

This has not been met as evidenced by:

Based on observation, record review and interview the facility failed to complete a self-administer medication assessment, to include the resident's ability and/or need for assistance, prior to the resident self-administering their own medication in 1 of 2 records reviewed (Resident #2).

Finding:



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>On 10/15/2024, an inspection of resident medication storage was completed. Resident #2's medications were found to be stored in a Medi-set container for self-administration. The Director, CRMA and resident confirmed that Resident #2 does self-administer their medications. The CRMA was unable to produce a self-administer assessment as required to determine the individuals ability and need for assistance as determined by the duly authorized licensed practitioner, resident and facility representative.</p> <p>This finding was confirmed and reviewed with the Director at the exit interview.</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 remove from use expired over the counter antiseptics.</p> <p>Finding:</p> <p>On 10/15/2024 an inspection of facility house stock medical supplies was completed. The following items were found to be expired and still in use:</p> <ol style="list-style-type: none">1. Rubbing Alcohol expired 04/20242. Hydrogen Peroxide expired 05/2023		



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<p>This finding was confirmed with the Director and CRMA at the time of the survey and reviewed at the exit interview.</p>		