

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION
Biennial Survey

Date Completed:
6/3/25

Name of Facility: Main Street Manor
Administrator: Ashlee Leighton
Level III – Residential Care Facility. Census: 4 Total Capacity: 5
License Number: RCC39525

Address:
641 Main St.
Old Town, ME 04468

Summary Statement of Deficiencies

Plan of Correction

Completion Date

Main Street Manor, 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.

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The following was not met:

3 Licensing

3.4.3 Additional licensing requirements. Prior to the issuance of a license and prior to re-licensure, the facility shall:

3.4.3.2 Comply with all applicable laws and regulations promulgated thereunder, relating to fire safety, plumbing, water supply, sewage disposal and maintenance of sanitary conditions. (Class II)

This has not been met as evidenced by:

Based on record review and interview, the facility did not utilize the Maine Background Check Center (MBCC) to obtain a comprehensive background check reports as required by 10-144 C.M.R., Ch.60, Maine Background Check Center Rule established under 22 M.R.S. Ch. 1691, Maine Background Check Center Act for 1 of 3 staff working with direct access to residents providing care.

See pg 2, for plan of corrections.

6/4/25

Finding:

Ashlee Leighton

Date: 7/13/25

Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>On 6/3/25 a request for completed checks utilizing the MBCC for the Administrator who provides direct care was requested for review.</p> <p>On 6/3/25 The Administrator confirmed she hadn't completed a MBCC at the time of exit.</p>	<ul style="list-style-type: none"> • MBCC checked, completed on 6/14/25. 	<p>6/14/25</p>
<p>7 MEDICATIONS AND TREATMENTS</p> <p>7.1.4 Unlicensed assistive personnel must be trained by a registered professional nurse in regard to the management of persons with diabetes. The registered professional nurse must provide in-service training and documentation to include: [Class III]</p> <p>7.1.4.1 Dietary requirements;</p> <p>7.1.4.2 Anti-Diabetic Oral Medications – inclusive of adverse reactions and interventions, hyper and hypo glycemc reactions;</p> <p>7.1.4.3 Insulin mixing including insulin action;</p> <p>7.1.4.4 Insulin storage;</p> <p>7.1.4.5 Injection techniques and site rotation;</p> <p>7.1.4.6 Treatment and prevention of insulin reaction including signs/symptoms;</p> <p>7.1.4.7 Foot care;</p> <p>7.1.4.8 Lab testing, urine testing and blood glucose monitoring; and</p> <p>7.1.4.9 Standard Precautions.</p>	<ul style="list-style-type: none"> • Going forward all admin and staff will have a MBCC completed, as required. • All employees will have training for diabetes completed on 7/29/25 on-site by RN. All employees will have record of training in files. • Moving forward, all employees will have yearly training done by RN, ongoing as needed by RN as well as all staff will be provided w/ point of contact by RN to always look back on. 	<p>7/29/25</p>

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<p>Documentation of training shall be included in the employee record.</p> <p>Review of this training shall be on an annual basis.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide evidence that staff are trained to manage persons with diabetes for 3 of 3 staff training records reviewed (Staff #1, Staff #2 and Staff #3).</p> <p>Finding:</p> <p>On 6/2/25 a review of the staff training records was completed. There was no evidence to show that Staff #1 completed an annual review training for diabetes, and Staff #2 and Staff #3 there was no evidence of diabetes training.</p> <p>This finding was reviewed with the Administrator at the exit interview on 6/3/25.</p> <p>7.12 Medication/treatment administration records (MAR) for medications administered by the residential care facility.</p> <p>7.12.2 Whenever a medication or treatment is started, given, refused or discontinued, including those ordered to be administered as needed (PRN), the medication or treatment shall be documented on the medication/treatment administration record. It shall be initialed by the administering individual, with the full signature of the individual written on the first page of each month's MAR. A medication or treatment shall not be discontinued without evidence of a stop order signed and dated by the duly authorized licensed practitioner. [Class III]</p>	<p>• All yearly training will be completed by RN on 7/29 @ 10am on site. All employees will have record of this on file.</p> <p>going forward, all staff will receive yearly training by RN with a record kept in their file.</p>	<p>7/29/25</p>

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<p>This has not been met as evidenced by:</p> <p>Based on records review and interview, the facility failed to ensure medication administration records (MARs) contained documentation of whether a medication was administered or refused for 2 of 2 resident records reviewed (Resident #1 and Resident #2).</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident #1's Medication Administration Records (MARs) for March 2025 through June 2025 was completed. <p>The March 2025 MAR contained eight (8) unexplained blanks for two (2) medications (Baclofen 10 mg and Symbicort Aerosol 160-4.5 mcg) scheduled to be administered at 2000 hour.</p> <p>The April 2025 MAR contained eight (8) unexplained blanks for two (2) medications (Baclofen 10 mg and Symbicort Aerosol 160-4.5 mcg) scheduled to be administered at 2000 hour.</p> <p>The May 2025 MAR contained eight (8) unexplained blanks for two (2) medications (Baclofen 10 mg and Symbicort Aerosol 160-4.5 mcg) scheduled to be administered at 2000 hour.</p> 2. A review of Resident #2's Medication Administration Records for March 2025 through May 2025 was completed. <p>The March MAR contained twenty-five (25) unexplained blanks for four (4) medications (Melatonin 3 mg, Risperidone</p> 	<ul style="list-style-type: none"> • A printed paper MAR will be in the MAR binder for each resident in their Section. In case of any computer problems, pcc issues, power outages. • going forward, all staff have been reminded of the proper use of a paper MAR when needed as well as to be sure they're signing off on medications given in a timely manner. 	<p>7/13/25</p>

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<p>1 mg, Carvedilol 3.125 mg) scheduled for 2000 hour, and (Refresh Tears 2 drops) scheduled for 1200, 1600, and 2000 hour.</p> <p>The April 2025 MAR contained twenty-one (21) unexplained blanks for four (4) medications (Melatonin 3 mg, Risperidone 1 mg, Carvedilol 3.125 mg) scheduled for 2000 hour, and (Refresh Tears 2 drops) scheduled for 1200, 1600, and 2000 hour.</p> <p>The May MAR contained six (6) unexplained blanks for five medications (Melatonin 3 mg, Risperidone 1 mg, Carvedilol 3.125 mg) scheduled for 2000 hour and (Refresh Tears 2 drops) scheduled for 1200, 1600, and 2000 hour.</p> <p>These findings were confirmed by the Administrator at the time of survey and at the exit interview on 6/3/25.</p> <p>Section 10 Provider and Staff Qualifications and Responsibilities</p> <p>10.6 Qualifications of other staff. Other caregivers must meet the following standards:</p> <p>10.6.2 Residential care staff shall attend and show evidence of successful completion of any training that the Department determines to be necessary.</p> <p>Based on records review and interview, the provider failed to show evidence of successful completion of required annual in-service</p>	<p>see page 4 for plan of corrections.</p> <p>• All employees will receive training required by the state on 7/29 10am by the RN. All employees will have record of these trainings in their employee files.</p>	<p>7/13/25</p> <p>7/29/25</p>

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<p>trainings for 3 of 3 staff records reviewed (Staff #1, Staff #2, and Staff #3).</p> <p>Findings:</p> <p>On 6/2/25 staff records were reviewed. The facility failed to provide evidence of successful completion of annual in-service training for 3 of 3 staff reviewed (Staff #1, Staff #2, and Staff #3).</p> <p>This finding was reviewed with the Administrator at the time of exit on 6/3/25.</p>	<p>See pg 5 for plan of corrections.</p> <p>• Going forward, all new employees and current employees will receive yearly training and on going training as needed.</p>	<p>7/29/25</p>