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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION End of Provisional Survey	DATE COMPLETED 5/21/26
NAME OF FACILITY: 25 WINTERGREEN WAY ADMINISTRATOR: KAREN QUALLS LICENSE NUMBER: RCC39904 TOTAL CAPACITY: 6	ADDRESS: 25 WINTERGREEN WAY BREWER, ME 04412-9602

25 WINTERGREEN WAY, is not in compliance with part of 10-144 C.M.R. Chapter 113, Assisted Housing Programs Licensing Rule; Part B: Residential Care Facilities.

The following requirements were not met:

RULE	SUMMARY STATEMENT OF DEFFICIENCES

7(E)(7)(h, I, j, m, n, o, p, q)

Section 7. Administration

E. Licensee responsibilities. The owner and the administrator are responsible for the overall operation of the facility, which includes the following: *[Class II]*

7. Develop, maintain and carry out written policies and procedures to implement this rule. Policies must indicate what staff are responsible for coordination or implementation of policies and procedures. Required policies include: *[Class III]*

h. Dietary;

i. Medications (administration, returning, discontinuing, destroying, charting, pharmacy consultation);

j. Medication inventory procedures, including but not limited to: role and responsibilities related to medication inventory, ordering and accessing medications.

m. Admission /discharge and scope of services policy;

n. Confidentiality;

o. Activities/Social Services;

p. Staff training and development (including orientation and in-service education);

q. Nursing services;

This has not been met as evidenced by:

Based on record review and interview, the Administrator failed to develop, maintain and carry out written policies and procedures for the required policies and procedures as mandated by regulation.

Findings:

On 5/21/26, a review of the facilities policies and procedures was completed. The facility policy and procedures manual did not include a policy and procedure for the following topics: Dietary, Medications (administration, returning, discontinuing, destroying, charting, pharmacy consultation), Medication inventory procedures, Admission/Discharge, Confidentiality, Activities/Social Services, Staff training and development, and Nursing Services.

These findings were confirmed with the Administrator at the time of survey and exit interview on 5/21/26.

Signature of Administrator: Karen Qualls Date: 7/10/26

(Signature binding on all 2 page(s))

	AGENCY PLAN OF CORRECTION: 1) Dietary policy updated and placed in home 2) med adm. policies, med inventory policy, adm/d/c change/stop of Servs updated, confidentiality policy created, activities/social servs policy created, staff training and development policy created and nursing services created and available at home
DATE COMPLETED 7-10-26	TITLE OF PERSON RESPONSIBLE: Allen Quales

9(F)(3)	**Section 9 Staffing Requirements** **F. Employee records.** Facilities must maintain individual records on all employees. Records may be computerized. **3.** Results of an Adult Protective Services check; This has not been met as evidenced by: Based on record review and interview, the facility failed to maintain employee records to include a completed Maine Adult Protective Services (APS) check (Employee #1, Employee #2). Findings: On 5/21/26, a records review was completed. Employee #1 and Employee #2 records did not contain results of completed Maine Adult Protective Services (APS) checks. These findings were confirmed with the Administrator at the time of survey and exit interview on 5/21/26.
	AGENCY PLAN OF CORRECTION: 1) Prior to start of work ongoing APS/CPS checks will be completed 2) All current employee APS/CPS checks are completed or in progress as of 7/10/26
DATE COMPLETED 7-10-26	TITLE OF PERSON RESPONSIBLE: Allen Quales

7/10/26

Date Completed: