

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION <b>Biennial Survey</b>		Date Completed: 5/8/2024
Name of Facility: KATAHDIN HOUSE Administrator: MICHAELA YORK LEVEL III RESIDENTIAL CARE FACILITY Census: 4 Total Capacity: 4 License Number: RCC548		Address: 55 TIMBER LN # 1 NEWCASTLE, ME 04553-3320
<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>

Katahdin House, a Level III Residential Care Facility, is not in compliance with Part of 10-144, Chapter 113, Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facility and Infection Prevention and Control.

The following requirements were not met:

**3 LICENSING**

**3.25 Rates and contracts.**

**3.25.3 Provisions of contract.** The contract shall contain standard provisions regarding services and accommodations to be provided and the rates and charges for such and any other related charges not covered by the facility/program’s basic rate. The contract may contain additional provisions, as addenda, that do not conflict with these regulations. The provider may supplement but not replace the standard provisions, as long as they are consistent with the applicable assisted housing program rules. Each contract is subject to the following requirements:

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

**3.25.3.6.1** Grievance procedure;

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- 3.25.3.6.2 Tenancy obligations;
- 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 interview, the facility failed to append resident rights and a copy of the admission policy to the contract for 1 of 1 resident. (Resident #1)

Findings:

On 5//8/2024 Surveyor reviewed standard contract in Resident #1's record. Standard contract for Resident #1 did not include all resident rights and copy of the admissions policy.

This finding was confirmed with the House Manager during an interview at 11:20 a.m. on 5/8/2024.

## 12 MANAGEMENT OF RESIDENT PERSONAL ACCOUNTS

**12.2 Documentation.** The provider must maintain and document an accounting of the funds, with supporting documentation for each expenditure that exceeds \$2.00.

Under no circumstances shall the personal funds of any resident, beyond what the provider receives for monthly payments, be used for the operating costs of the facility or the personal expenses of the provider or his/her representative.

*This has not been met as evidenced by:*

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Based on record review and interview, the provider failed to maintain and document an accounting of the funds for 1 of 1 resident.  
(Resident #1)

Findings:

Surveyor reviewed Resident #1's personal fund account documentation and storage of funds. Resident #1's fund storage contained cash but there was no documentation of accounting of the cash.

Resident #1's record contained an authorization for provider to manage funds dated 6/25/2023.

Surveyor interviewed House Manager at 11:05 a.m. and they confirmed there was not a written accounting for the cash found in the fund storage. House Manager stated they were unaware of how cash got in Resident #1's fund storage.

## Section 16

### Living Area and Sleeping Accommodations

- 16.2.7 Each resident bedroom shall have at least one (1) exterior wall and a window glass equal to at least one tenth (1/10) of the minimum required floor space per Sections 16.2.1 and 16.2.2. Windows shall be operable and equipped with window shades or an equivalent and curtains or drapes that provide privacy. Window covers must be kept in good repair. In air-conditioned buildings, at least one window in each room must be able to be opened.

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*This has not been met as evidenced by:*

Based on observation and interview, the provider failed to ensure windows were equipped with window shades or an equivalent and curtains or drapes that provide privacy for 1 resident. (Resident #2)

Findings:

Surveyor observed Resident #2's bedroom during onsite tour of facility at 10:40 a.m. on 5/8/2024. Resident #2's bedroom had two windows that did not have window shades or an equivalent and curtains or drapes that would provide privacy.

This finding was confirmed by the House Manager at the time of observation.