

	STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION <b>Biennial Survey</b>		Date Completed: 9/1/2023
	Name of Facility: MILLIE MORRILL HOUSE Administrator: ANN-MARIE MAYBERRY LEVEL III RESIDENTIAL CARE FACILITY Census: 5 Total Capacity: 6		Address: 205 LUDLOW ST PORTLAND, ME 04102-1807
<b>Summary Statement of Deficiencies</b>		<b>Plan of Correction</b>	<b>Completion Date</b>

Millie Morrill House, a Level III Residential Care Facility, is not in substantial compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities, Part of 10-144, Chapter 113.

The following requirements were not met:

**7 MEDICATIONS AND TREATMENTS**

- 7.1.1 Residents shall receive only the medications ordered by his/her duly authorized licensed practitioner in the correct dose, at the correct time, and by the correct route of administration consistent with pharmaceutical standards. *[Classes I/II/III]*

*This has not been met as evidenced by:*

Based on an observation of the current medication cabinet, a review of the current medication orders and a review of the Medication Administration Records (MARs), the facility failed to administer the correct medication.

Finding:

On 09/01/2023, the Surveyor observed the current medication cabinet, reviewed Resident #1 and Resident #2's September 2023 MARs and reviewed the Medication Orders by a duly authorized licensed practitioner. The Surveyor observed the following discrepancy in current medications being administered to Resident #1:

- **Medication order by a duly authorized licensed practitioner signed 7/20/23 for Resident #1: Calcium**

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Citrate 600mg with 400iu with vitamins, minerals – take 2 tablets po daily (DX: Osteopenia)

- **Medication being administered in current medication cabinet for Resident #1:** Calcium Citrate (with not the dose of vitamins the order prescribed); 2 Medication Bottles in Current Overflow for Resident #1: Now Calcium Citrate (Vitamin D2 100 IU; Calcium 600 MG; Magnesium Oxide 300 MG)
- **Medication on the September 2023 MAR:** Calcium 600-Vit D3 600 MG-400 Tablet – Give two tabs mouth every day. DX: Osteoporosis
  
- **Medication order by a duly authorized licensed practitioner signed 7/20/23 for Resident #1:** Vitamin D3 2000 IU 50mcg – Give one tablet or softgel by mouth every day (DX: Osteopenia)
- **Medication being administered in current medication cabinet for Resident #1:** Vitamin D3 25mcg (1,000 IU)
- **Medication on the September 2023 MAR:** Vitamin D3 2000 INTER UNITS (50mcg) – Tablet 1 tablet/soft gel; Give 1 Tab by Mouth Everyday DX: Osteoporosis

The Surveyor reviewed the finding with the Program Manager during the Survey. The Program Manager confirmed the finding on 09/01/2023.

***\*Repeat Deficiency from 09/09/2021***

**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

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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. [Class III]

*This has not been met as evidenced by:*

Based on an observation of the current medication cabinet and a review of the Medication Administration Records (MARs), the facility failed to remove reportedly discontinued medications from the current medication cabinet.

Finding:

On 09/01/2023, the Surveyor observed the current medication cabinet, reviewed Resident #1 and Resident #2's September 2023 MARs and reviewed Medication Orders by a duly authorized licensed practitioner. The Surveyor observed the following medication orders and medications in the current medication cabinet for Resident #1:

- **Medication order by a duly authorized licensed practitioner signed 7/20/23 for Resident #1:**  
Acetaminophen/Tylenol 500mg 2 tabs (1000mg) PO three times a day every 7 hours for Pain, Not to exceed 3000mg in 24 hours
- **Medication in current medication cabinet for Resident #1 (not being administered (reported to be discontinued but no d/c orders available (reported by Program Manager to have been for past surgery))):** Acetaminophen 500mg Extra Strength
- **Medication on the September 2023 MAR:** None
- **Medication order by a duly authorized licensed practitioner signed 7/20/23 for Resident #1:** Aspirin EC 81mg 1 tab PO twice a day for DVT Prophylaxis

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- **Medication in current medication cabinet for Resident #1 (not being administered (reported to be discontinued but no d/c orders available (reported by Program Manager to have been for past surgery))):** St. Joseph Low Dose Aspirin Safety Coated 81 mg EC
- **Medication on the September 2023 MAR:** None

The Surveyor reviewed the finding with the Program Manager during the Survey. The Program Manager confirmed the finding on 09/01/2023.