

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 11/2/2023
Name of Facility: Morrells Mills Administrator: Sally Milleson LEVEL III RESIDENTIAL CARE FACILITY Census: 4 Total Capacity: 4		Address: 104 Morrells Mill Rd North Berwick, ME, 03906
Summary Statement of Deficiencies	Plan of Correction	Completion Date

Morrells Mills, 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.

Section 3

Rates and Contracts.

3.25.2 Signing a contract. Each provider and each resident, or someone authorized to act on the resident’s behalf, shall sign a standard contract issued by the department, attached as Appendix A, at the time of any modification of an existing contract and will all new admissions. The resident and/or resident’s legal representative shall be given an original of the signed contract and the provider shall keep a duplicate in the resident’s file. No one other than the resident shall incur any responsibility for the resident’s obligations by signing the contract for admission of the resident. Financial responsibility for the resident’s expenses can only be assumed according to Section 3.25.3.7.

This has not been met as evidenced by:

Based on a review of two resident records and an interview with staff, the facility failed to maintain a current Standard Contract in two resident records.

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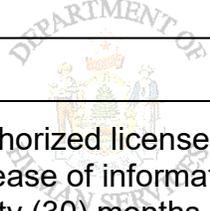
Finding:

On 11/02/2023 the records were reviewed for Resident #1 and Resident #2. The records contained no evidence of a current Standard Contract. The House Manager was interviewed on 11/02/2023 at approximately 12:30pm, who was unable to locate these documents for Resident #1 or Resident #2.

Section 5

Resident Rights

5.12 Right to confidentiality. Residents’ records and information pertaining to their personal, medical and mental health status is confidential. Residents and their legal representatives shall have access to all records pertaining to the resident at reasonable times, in the presence of the provider or his/her representative, within one (1) business day of the request. Residents and their legal representatives are entitled to have copies made of their record within one (1) business day of the request. The licensee and employees shall have access to confidential information about each resident only to the extent needed to carry out the requirements of the licensing regulations or as authorized by any other applicable state or federal law. The written consent of the resident or his/her legal representative shall be required for release of information to any other persons except authorized representatives of the Department or the Long Term Care Ombudsman Program. The Department shall have access to these records for determining compliance with these regulations. Records shall not be removed from facility, except as may be necessary to carry out these regulations. Upon admission, each resident shall sign and date a written consent which lists individuals, groups, or categories of individuals with whom the program may share information (e.g., sons, daughters, family members or duly

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authorized licensed practitioners, etc.). A written consent to release of information shall be renewed and time dated every thirty (30) months, pursuant to 22 M.R.S.A. §1711-C (4). Consent may be withdrawn at any time. *[Class IV]*

This has not been met as evidenced by:

Based on a review of two resident records and an interview with staff, the facility failed to maintain up to date Releases of Information in two resident records.

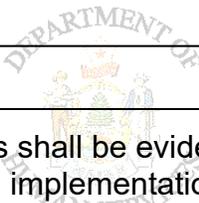
Finding:

On 11/02/2023 the records were reviewed for Resident #1 and Resident #2. The records contained no evidence of current Releases of Information for Resident #1 and Resident #2. The House Manager was interviewed on 11/02/2023 at approximately 12:35pm, who was unable to locate the documents for Resident #1 and Resident #2.

Section 11

Health Care and Access to Services.

11.2 Assessments. Each resident shall be assessed within thirty (30) calendar days of admission. Reassessments must be completed annually or more frequently if there is a significant change in his/her condition. The assessments/reassessments are to determine each resident's abilities and need for services. Residents shall have an opportunity to receive individualized services that help them function in the facility and in the community and that help restore them to an optimal state of health, or for constructive activity, as needed. The facility will assure, to a practicable extent, that residents' needs will be accommodated regarding individual choices and preferences.

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This shall be evidenced in the assessment, in the development and implementation of individual service plans and in regular progress notes. The areas identified below are to be assessed. The resident and resident's guardian or other legal representative, as well as staff or other persons approved by the resident or resident's guardian who are knowledgeable about the resident, shall participate in or be consulted concerning the assessment. The listing of these areas is not meant to exclude assessment of any other obvious needs that residents may exhibit. The most current assessment shall be kept in the resident's record. Previous assessments shall be kept with the resident's active record.

This has not been met as evidenced by:

Based on a review of two resident's records and an interview with staff, the facility failed to maintain a Functional Assessment for Resident #1 and Resident #2.

Findings:

On 11/02/2023 the records were reviewed for Resident #1 and Resident #2. The records contained no evidence of a current Functional Assessment for Resident #1 and Resident #2. The House Manager was interviewed on 11/02/2023, at approximately 12:45pm and was unable to locate the documents for Resident #1 and Resident #2.