



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION

Date Completed: 9/8/2023

Name of Facility: OLIVER HOUSE
Administrator: MEGAN GOODINE
LEVEL III RESIDENTIAL CARE FACILITY Census: 4 Total Capacity: 4
License Number: RCC776

Address:
482 FARMINGTON FALLS RD
FARMINGTON, ME 04938-6438

Summary Statement of Deficiencies

Plan of Correction

Completion Date

Oliver 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

7.10.1 For all Schedule II controlled substances, there shall be an individual record in which shall be recorded the name of the resident, prescription number, the date, drug name, dosage, frequency and method of administration, the signature of the person administering it and verification of the balance on hand. [Class II]

This has not been met as evidenced by:

Based on record review and interview, the facility failed to sign the bound book verifying the balance on hand.

Finding:

On 9/8/2023 a review of the facility Schedule II bound book was completed. Resident #2 was administered Hydroco/APAP 7.5-325 three times on 9/6/2023. The second and third dose did not have the following in the bound book: date and the signature of the person administering the Schedule II. Resident #3 was administered



Summary Statement of Deficiencies	Plan of Correction	Completion Date
<p>Hydroco/APAP three times on 9/6/2023. The second and third dose did not have the following in the bound book: date and the signature of the person administering the Schedule II.</p> <p>This finding was confirmed by Employee #1 at the time of the survey and at the exit interview on 9/8/2023</p>		