

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 2/14/2023
Name of Facility: Pownal Rd Administrator: Brian Vye LEVEL III RESIDENTIAL CARE FACILITY Census: 3 Total Capacity: 3		Address: 1807 Pownal Rd Auburn, ME, 04210
Summary Statement of Deficiencies	Plan of Correction	Completion Date

Pownal Rd, a Level I 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.

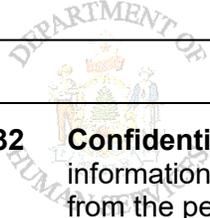
Licensing

3.25 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 one resident record and an interview with staff, the facility failed to maintain a copy of the annual contract in one resident record.

Findings:
 On 2/14/2023 the record was reviewed for Resident #1. The record contained no evidence of the annual contract. The house manager was interviewed on 2/14/2023 at approximately 12:30pm, who was unable to locate the current annual releases for Resident #1.



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3.32 Confidential information. Pursuant to 22 M.R.S.A. §7703, confidential information may not be released without a court order or a written release from the person about whom the confidential information has been requested, except as provided by law.

This has not been met as evidenced by:

Based on a review of one resident record and an interview with staff, the facility failed to maintain releases of information in one resident record.

Findings:

On 2/14/2023 the record was reviewed for Resident #1. The record contained no evidence of current annual releases. The house manager was interviewed on 2/14/2023 at approximately 12:30pm, who was unable to locate the current information releases for Resident #1.