



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey	Survey Completion Date: 10/21/2025
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Name of Facility: The Terraces Administrator: Loriman Looke PNMI Level IV Residential Care Facility Census: 55 Total Capacity: 62 License Number: RCD27116	Address: 30 Community Dr. Camden, ME 04843-2061
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Summary Statement of Deficiencies	Plan of Correction	Completion Date
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<p>The Terraces is not in compliance with part of 10-144 C.M.R. Chapter 113, Assisted Housing Program Licensing Rule; Residential Care Facilities.</p> <p>The following was not met:</p> <p>7 Medications and Treatments</p> <p>7.1.4 Unlicensed assistive personnel must be trained by a registered professional nurse in regard to the management of persons with diabetes. The registered professional nurse must provide in-service training and documentation to include: [Class III]</p> <p style="padding-left: 40px;">7.1.4.1 Dietary requirements;</p> <p style="padding-left: 40px;">7.1.4.2 Anti-Diabetic Oral medications – inclusive of adverse reactions and interventions, hyper and hypo glycemc reactions;</p> <p style="padding-left: 40px;">7.1.4.4 Insulin storage;</p> <p style="padding-left: 40px;">7.1.4.6 Treatment and prevention of insulin reaction including signs/symptoms;</p> <p style="padding-left: 40px;">7.1.4.7 Foot care;</p>		<p>Click or tap here to enter text.</p>
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<p>7.1.4.8 Lab testing, urine testing and blood glucose monitoring; and</p> <p>7.1.4.9 Standard Precautions.</p> <p>Documentation of training shall be included in the employee record.</p> <p>Review of this training shall be on an annual basis</p> <p>There is a new provision of the rule effective 9/18/25, see Section 5.A.6.a.b.i-ix.</p> <p>This has not been met as evidenced by:</p> <p>Based on record reviews and interviews, the facility failed to ensure unlicensed assistive personnel were trained by a registered professional nurse in regard to the management of persons with diabetes for 2 of 6 employee records reviewed (Staff #2 and Staff #5).</p> <p>Finding:</p> <p>On 9/15/2025 and 9/16/2025 a review of employee records was completed. Staff #2 and Staff #5's training records did not include diabetes training. Staff #2 initialed Resident 1's Medication Administration Record (MAR) as administering insulin to the resident on 9/5/2025, 9/12/2025, 9/13/2025 and 9/14/2025. Staff #5 initialed Resident #1's MAR as administering insulin to the resident on 9/3/2025.</p>		



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<p>This finding was confirmed with the Director of Residential Care at the time of the survey and at the exit interview with the Director of Residential Care, the Unit Coordinator and the Administrator.</p> <p>7.6 Improperly labeled medications. For medications administered by the assisted living program, residential care facility, or private non-medical institution, all pharmaceutical containers having soiled, damaged, incomplete, incorrect, illegible or makeshift labels shall be returned to the original dispensing pharmacy for relabeling within two (2) working days or shall be disposed of in accordance with the requirements contained in Section 7.9. [Class III]</p> <p>There is a new provision of the rule effective 9/18/25, see Section 5.H.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review, observation and interview, the facility failed to ensure a medication was correctly labeled for 1 of 5 resident records reviewed (Resident #1).</p> <p>Finding:</p> <p>On 9/16/2025, Resident #1's record and medication inventory was reviewed. The record indicated an 8/18/2025 order for "Increase Semglee Insulin 100 units/ml SQ to 28 units at bedtime daily." The in-use medication bottle, reflecting a previous order, was incorrectly labeled as "Semglee Insulin 100 units/ml inject 24 units at bedtime."</p>		



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<p>This finding was confirmed with the CRMA on duty at the time of the survey and at the exit interview with the Administrator, Director of Residential Care and Unit Coordinator on 9/17/2025.</p> <p>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 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]</p> <p>There is a new provision of the rule effective 9/18/25, see Section 5.I.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review, observation and interview, the facility failed to ensure a discontinued medication was taken out of service and locked separately from active medications for 1 of 5 resident records reviewed (Resident #1).</p> <p>Finding:</p> <p>On 9/16/2025, Resident #1 medication inventory was inspected. A bubble pack of Lisinopril 5mg discontinued on 7/23/2025 was stored with active medications.</p> <p>This finding was confirmed at the time of the survey with the CRMA on duty and reviewed with the Administrator, Director of Residential Care and Unit Coordinator at the exit interview on 9/17/2025.</p>		



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<p>7.14 Breathing apparatus. When the assisted living program assists a consumer with a hand-held bronchodilator, metered dose nebulizers, intermittent positive pressure breathing machine or oxygen machine, there shall be documentation of the following:</p> <p>7.14.1 The names of staff who are qualified or trained to use the equipment and/or to mix medications, the nature of their training, the date and who provided it;</p> <p>There is a new provision of the rule effective 9/18/25, see Section 5.P.4.</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure breathing apparatus training was completed for 2 of 6 staff (Staff #2 and Staff #5) who assisted a resident with a hand-held bronchodilator (Resident #2).</p> <p>Finding:</p> <p>On 9/16/25 Resident #2 had an active order that read “Ciclesonide Inhalation Aerosol Solution 80 MCG/ACT 1 puff inhale orally two times a day for asthma.” Staff #2 initialed Resident #2’s September 2025 Medication Administration Record (MAR) as assisting Resident #2 with the inhaler on 9/12/2025, 9/13/2025, and 9/14/2025. Staff #5 initialed Resident #2’s September 2025 MAR as assisting Resident #2 with the inhaler on 9/3/2025.</p> <p>On 9/16/2025 a review of Staff #2 and Staff #5’s training records did not show evidence of breathing apparatus training.</p>		



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<p>This finding was confirmed with the Administrator, Director of Residential Care and Unit Coordinator at the exit interview on 9/17/2025.</p> <p>Section 10. Food Storage and Meal Preparation (effective 9/18/25)</p> <p>F. Refrigerated storage. All perishable foods must be stored at such temperatures as will protect against spoilage. [Class II]</p> <p>3. Perishable foods that do not have a manufacturer's use by date must be served or discarded within 4 days of preparation.</p> <p>This has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure perishable food was discarded within 4 days of preparation.</p> <p>Finding:</p> <p>On 10/21/25 a tour of the facility kitchen/dietary services was completed with the following observations:</p> <ol style="list-style-type: none">1. A container was labeled: pumpkin mousse good thru 10/18.2. A sealed tray containing corned beef was labeled: today's date 10/16 good thru 10/19. <p>This finding was confirmed with the Maintenance Director and reviewed with the Administrator on 10/21/25.</p>		



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<p>Section 11. Physical Plant Standards (effective 9/18/25)</p> <p>B. General condition of the facility and surrounding premises.</p> <p>1. The facility and surrounding premises must show evidence of routine maintenance, repair of wear and tear, and ongoing housekeeping, to include records of purchases and maintenance orders and receipts.</p> <p>This has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to show routine maintenance in interior areas.</p> <p>Finding:</p> <p>On 10/21/25 a tour for the facility interior was completed with the following observation: the 3rd floor dryer had accumulated lint around the venting duct near the connection to the wall.</p> <p>This finding was confirmed with the Maintenance Director and reviewed with the Administrator on 10/21/25.</p> <p>Section 16. Physical Plant Requirements (effective 9/18/25)</p> <p>C. Heating systems. The facility must have a central heating plant connected to each room or area used by residents or staff by means of a radiator, convector or register. [Class III]</p>		



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<p>1. Systems other than electric heating must have an annual inspection and the heating source must be tagged as being inspected by a qualified inspector, certified by the state of Maine for the applicable heating system.</p> <p>This has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to have heating systems tagged as inspected annually.</p> <p>Finding:</p> <p>On 10/21/25, the facility two fuel boilers were observed to be tagged and dated, 9/17/24 and 9/18/24, not within the past 12 months.</p> <p>This finding was confirmed with the Maintenance Director and reviewed with the Administrator on 10/21/25.</p>		