



STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION
Case Investigations: 2025-AHP-41306 & 2025-AHP-41106

Date Completed:
6/12/2025

Name of Facility: Armando's Manor
Administrator: Sharon Leighton
Level IV – Residential Care Facility. Total Capacity: 8
License Number: RCD38864

Address:
1592 US HWY 1
Hancock, ME 04640-3840

Summary Statement of Deficiencies

Plan of Correction

Completion Date

Armando's Manor, a Level IV Residential Care Facility, is not in substantial compliance with the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV Residential Care Facilities, and Infection Prevention and Control, Part of 10-144, Chapter 113.

The following has not been met:

Standards for Resident Care

12.2 Resident assessment. Residents shall be assessed within thirty (30) calendar days of admission and reassessed annually or if there is a significant change in a resident's condition, using the state approved Resident Assessment Instrument (RAI) or other assessment or assessment process as required by the agency providing the MaineCare funds, to determine their abilities and need for services. The resident and resident's legal representative, as well as staff or other persons approved by the resident or resident's legal representative who are knowledgeable about the resident, shall participate in or be consulted concerning the assessment. The areas identified below are to be assessed. The listing of these areas is not meant to exclude assessment of any other obvious needs which the residents may exhibit.

12.2.1 Ability and need for psychological or supportive services, as may be evidenced by his/her adjustment to the facility, social and emotional issues, communications/relations with others,

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Sharon Leighton

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<p>behaviors, compatibility with staff and other residents, or adapting/controlling personal habits;</p> <p>This has not been met as evidenced by:</p> <p>Based on record review and interview, the facility failed to reassess a resident's need for psychological or supportive services for known suicidal ideation behaviors for 1 of 1 resident records reviewed.</p> <p>Finding:</p> <p>On 6/11/2025, an interview was held with the House Manager, and on 6/12/2025 an interview was held with the Administrator of the facility. Both House Manager and Administrator reported that Resident #1 has presented with ongoing suicidal ideation behaviors since their admission into the facility. A review of the 4/4/2025 MDS assessment did not indicate suicidal ideation behaviors for Resident #1.</p> <p>This finding was reviewed with the Administrator on 6/12/2025.</p> <p>12.3 Service plan. A service plan shall be developed and implemented within thirty (30) calendar days of admission for each resident based upon the findings of the resident assessment instrument (RAI). The plan shall address those areas in which the resident needs encouragement, assistance or an intervention strategy. The resident, his/her legal representative (if applicable) and others chosen by the resident shall be actively involved in the development of the service plan, unless he/she is unable or unwilling to participate. There shall be documentation in the resident's record identifying who participated in the development of the service plan. The service plan shall describe strategies</p>	<p>MDS coordinator will add on next MDS 10/4/25</p> <p>Manager will add an addendum page to MDS stating suicidal ideation.</p> <p>manager will add to MAR a daily check at fam to check in with resident to see if they are having any suicidal thoughts. If so crisis will be contacted.</p> <p>On all future MDS's manager will send an update page of any suicidal thoughts/concerns to accompany other paperwork required to complete MDS. MAR is also sent for current</p>	<p>Done on next MDS by MDS coordinator 10/4/25</p> <p>Done by manager 6/30/25</p> <p>4/30/25 Done by manager</p> <p>done by manager</p> <p>future MDS's starting now 6/25/25</p>

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and approaches to meet the resident's needs, names of who will arrange and/or deliver services, when and how often services will be provided and goals to improve or maintain the resident's level of functioning. Residents shall be encouraged to be as independent as possible in their functioning, including ADLs and IADL's if they choose, unless contraindicated by the resident's duly authorized licensed practitioner. The service plan shall be modified, as necessary, based upon identified changes. Residents shall never be required to perform activities specified in the residential service plan or any other activities and cannot be used to replace paid staff.

This has not been met as evidenced by:

Based on record review and interview, the facility failed to modify a service plan for known suicidal ideation behaviors for 1 of 1 resident records reviewed.

Finding:

On 6/11/2025, an interview was held with the House Manager, and on 6/12/2025 an interview was held with the Administrator of the facility. Both House Manager and Administrator reported that Resident #1 has presented with ongoing suicidal ideation behaviors since their admission into the facility. A review of the 4/4/2025 service plan showed no documentation of known suicidal ideation behaviors, triggers, or staff interventions associated with Resident #1's care needs.

This finding was reviewed with the Administrator on 6/12/2025.

Addendum regarding house suicidal ideation will be attached to current Service plan. 6/30/25
manager

MAR page will have check in with Resident added daily. If any suicidal ideation, will be documented by manager on MAR + CRISIS contacted. 6/30/25 Done

MDS coordinator updates Service Plans when doing MDS'S. MAR IS required paperwork to complete an MDS + will reflect suicidal ideation with daily check if occurring and splan will be updated to reflect that. house manager + mds coordinator going forward 6/30/25

Service plan note page will also be given if any significant changes have occurred.