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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION
Biennial Survey

Date Completed: 10/2/25

Name of Facility: HAMPDEN WOODS MANOR
Administrator: ELLEN GRANT
Residential Care Facility Census: 6 Total Capacity: 8
License Number: RCD39093

Address:
60 CARMEL RD S,
HAMPDEN, ME 04444-3122

Summary Statement of Deficiencies	Plan of Correction	Completion Date
Hampden Woods Manor is not in compliance with part of 10-144 C.M.R. Chapter 113, Assisted Housing Program Licensing Rule; Residential Care Facilities. The following requirements were not met: **Section 3** **Licensing** **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 with 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. **There is a new provision of the rule effective 9/18/25, see Section 2.U.1.2.a.** This has not been met as evidenced by: Based on record review and interview, the facility failed to have a signed standard contract in 1 out of 2 resident records reviewed (Resident # 1)	Click or tap here to enter text. Resident contract was put into the residents chart. New paperwork for the new facility owner has been put into the charts also for when the new license is approved.	Click or tap here to enter text. 11/6/25

Signature of Administrator: Ellen Grant
(Signature binding on all 9 page(s))

Date: 11/6/25

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Finding: On 10/2/2025 resident records were reviewed. Resident #1 failed to have a signed standard contract within the client record. This finding was confirmed with the Administrator during phone interview conducted on 10/2/2025. **7 Medications and Treatments** **7.12.2** Whenever a medication or treatment is started, given, refused or discontinued, including those ordered to be administered as needed (PRN), the medication or treatment shall be documented on the medication/treatment administration record. It shall be initialed by the administering individual, with the full signature of the individual written on the first page of each month's MAR. A medication or treatment shall not be discontinued without evidence of a stop order signed and dated by the duly authorized licensed practitioner. **There is a new provision of the rule effective 9/18/25, see Section 5.N.1.c.** This has not been met as evidenced by: Based on record review and interview, the facility failed to ensure that the Medication Administration Record (MAR) was documented to show whether medications were administered or refused in 2 of 2 resident records reviewed (Residents #1 and #2). Findings:	The MAR was reviewed and I spoke to staff about the missing documentation. I will be now reviewing the MAR and notes done by staff on a weekly notice.	11/6/25

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On 10/2/2025, resident records were reviewed with the following identified: 1. Resident #1: There was an unexplained blank for Ferrous Sulfate Oral Tablet 325 (65Fe) MG (Ferrous Sulfate) Give 1 tablet by mouth two times a day at 0900 on 9/8/2025. 2. Resident # 2: There was an unexplained blank for Levetiracetam 250 MG Tablet by mouth two times a day for anti-seizure at 0900 on 9/8/2025 and Leveitracetam Tablet 750 MG give 1 tablet by mouth two times a day at 0900 on 9/8/2025. This finding was confirmed during a phone interview with the Administrator on 10/2/2025. **Section 11 (effective 9/18/25)** **B.** General condition of the facility and surrounding premises. **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 This has not been met as evidenced by: Based on observation and interview, the facility failed to show evidence of routine maintenance and repair. Finding: On 10/2/2025 the closet door in the bathroom/laundry room was observed to be broken, with a portion of the door missing.		

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This finding was confirmed with the Certified Residential Medication Aide (CRMA) on duty at the time of survey. **I. Hazardous and toxic materials**. When not in use, hazardous and toxic materials such as household cleaning solutions, compounds, and other non-food supplies, must be stored in locked compartments which are used for no other purpose: [Class I] This has not been met as evidenced by: Based on observation and staff interview, the facility failed to ensure that hazardous and toxic materials were stored in a locked compartment. Finding: On 10/2/2025, during the facility tour, household cleaning supplies were observed unsecured in the bathroom/laundry area. Cleaning products were seen placed on top of the toilet tank and on open shelving within the same area. This finding was confirmed with the Certified Residential Medication Aide (CRMA) on duty at the time of survey. **Section 12** **Standards for Resident Care** **12.3.1 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 assessment. The plan shall	New doors and lock will be installed within 2 weeks. All cleaning and hazardous materials will be in the closet and locked	11/6/25

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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 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. **There is a new provision of the rule effective 9/18/25, see Section 13.C.1-9.** This has not been met as evidenced by: Based on record review and interview, the facility failed to ensure a service plan was developed and implemented within thirty (30) calendar days of admission for 1 of 2 resident records reviewed (Resident #1). Finding: On 10/2/2025, two resident records were reviewed. There was no service plan in Resident #1's record or evidence that a plan had been developed and implemented.	All service plans will be updated and printed for each residents chart. Resident nurse and staff will sign the serviceplans Will be completed within 2 weeks	11/6/25

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This finding was confirmed during a phone interview with the Administrator on 10/2/2025. **12.4** Progress notes. The facility shall maintain ongoing progress notes at least monthly, on implementation of the service plan and for any significant changes in the resident's life, including any increases or declines in the resident's physical and mental functioning that should be considered at the time of reassessment or adjustment in the service plan. Progress notes shall begin within twenty-four (24) hours of admission and include an initial summary of basic care needs, circumstances of resident's placement and resident's adjustment to the facility. **There is new provision of the rule effective 9/18/25, see Section 13.D.1.** This has not been met as evidenced by: Based on record review and interview, the facility failed to complete a progress note within 24 hours of admission that included an initial summary of basic care needs for 1 of 2 resident records reviewed (Resident #1). Finding: On 10/2/2025, Resident #1 record did not include a progress note completed within 24 hours of admission to include documentation summarizing the resident's basic care needs. This finding was confirmed during a phone interview with the Administrator on 10/2/2025.	Notes were reviewed by administrater and have been reviewed with staff. Weekly checks of all notes will ~~beef~~ be completed by aministrator and 24 hour admission notes will be done by staff.	11/6/25

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Section 13 **Staffing** **13.9** Registered nurse services. Each facility shall retain a registered nurse, either on staff (other than the Administrator) or on a contractual basis, to provide the following services: **13.9.1** Observe residents' signs and symptoms; **13.9.2** Review resident records for completeness and accuracy; **13.9.3** Review medication records; **13.9.4** Review medication administration practices and procedures; **13.9.5** Review therapeutic diets; **13.9.6** Recommend staff training; and **13.9.7** Undertake other reviews or make other recommendations as necessary. These services will be provided on the following timetable: For facilities licensed for 7-10 residents - a minimum of quarterly When the R.N. is not on staff (e.g., hired on a contractual basis) a written report with specific recommendations in each area shall be provided to the administrator within one (1) month. **There is a new provision of the rule effective 9/18/2025, see Section 9.D.1-7.**	Facility has not been able to Find /Keep an RN on a contractual basis. An RN has now been put on staff and will complete all required trainings and documentation with in 30 days.	11/6/25

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This has not been met as evidenced by: Based on a phone interview with the Administrator, the facility failed to provide registered nurse services at the minimum on a quarterly basis. Finding: On 10/2/2025 a phone interview was completed with the Administrator. The Administrator reported that the facility had not employed or contracted registered nurse services quarterly for the past year. This finding was confirmed with the Administrator during phone interview conducted on 10/2/2025. **Section 16 (Effective 9/18/25)** **16. K. Animals kept as pets.** Pets must not present a danger to residents or guests. **3.** There must be proof of rabies vaccinations for household pets; and This has not been met as evidenced by: Based on observation and interview the facility failed to provide evidence of proof of rabies vaccination for a canine. Finding: On 10/2/2025 a dog was observed present at the time of survey. The Certified Residential Medication Aide (CRMA) on duty reported that	Animals were removed from the Facility and will not return until all documents are available showing proof of vaccinations	11/6/25

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their dog visits the facility regularly during their shifts. The CRMA was unable to provide documentation verifying an up-to-date rabies vaccination for the canine. **16.Q**. Smoking area. Facilities which permit smoking must have a clean, self-contained, adequately ventilated smoking area that is accessible to residents that is located outdoors and no less than 20 feet from entryways, vents, windows, and doorways, in accordance with 22 M.R.S. §1580-A. [Class III]. This has not been met as evidenced by: Based on observation and interview, the facility did not maintain a designated smoking area located at least 20 feet away from entryways, vents, windows, and doorways. Finding: During the facility tour conducted on 10/2/2025, it was observed that there were smoking receptacles located directly outside the main entrance door. This finding was confirmed with the Certified Residential Medication Aide (CRMA) at the time of the facility tour conducted on 10/2/2025.	the smoking area will be moved so that it is not within 20 feet of the facility. Residents have been asked to smoke in a new designated area.	11/6/25

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