 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 10/02/2023
Name of Facility: BECKET HOUSE Administrator: FRED FRENCH LEVEL IV RESIDENTIAL CARE FACILITY Census: 6 Total Capacity: 10 License Number: RCD39099	Address: 224 PINE TREE RD LITCHFIELD, ME 04350-3809	
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Becket House, a Level IV Residential Care Facility, is not in compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV Residential Care Facilities, Part of 10-144, Chapter 113.

The following requirements have not been met:

3 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.

3.25.3.6 The following shall be appended to the contract and made a part thereof:

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3.25.3.6.3 Resident rights; and

This has not been met as evidenced by:

Based on record review and interview, Section 5 resident rights was not included as an attachment to the standard contract for 2 of 2 resident records reviewed.

Finding:

On 9/20/2023 Resident records were reviewed. Resident #1 and #2 contracts did not include Section 5 Resident Rights as an attachment to the contract.

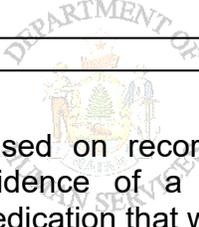
An interview was completed with the Administrator at the time of the survey who confirmed this finding.

This is a repeat deficiency from the 9/29/2021 Statement of Deficiencies.

7 MEDICATIONS AND TREATMENTS

7.1.6 For those residents for whom the facility is responsible for assistance with medication administration, no medications, including those brought into the facility by the resident, family or friends, shall be administered or discontinued without a written order signed by a duly authorized licensed practitioner or other person licensed to prescribe medications. *[Class III]*

This has not been met as evidenced by:

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Based on record review and interview, the facility failed to have evidence of a duly authorized licensed practitioner order for a medication that was administered to 1 of 2 resident reviewed.

Finding:

On 9/20/2023 a review of Resident #1's physician orders and September 2023 Medication Administration Record (MAR) were reviewed. The facility did not have evidence of a physician order for "Albuterol HFA 90 MCG inhaler, inhale 1 puff by mouth every 4-6 hours as needed." This medication was listed on the September 2023 MAR and was administered to Resident #1 on 9/17/2023.

This finding was confirmed with the Team Leader at the time of the survey and at the exit interview on 9/20/2023.

- 7.1.7 Orders for medications and treatments shall be in writing, signed and dated by a duly authorized licensed practitioner and shall be in effect for the time specified by the duly authorized licensed practitioner, but in no case to exceed twelve (12) months, unless there is a written reorder. Orders for psychotropic medications shall be reissued every three (3) months, unless otherwise indicated by the duly authorized licensed practitioner. Standing orders for individual residents are acceptable when signed and dated by the duly authorized licensed practitioner.

This has not been met as evidenced by:

Based on record review and interview, the facility failed to show documented evidence, within twelve (12) months of duly authorized licensed practitioner orders for a medication administered for 1 of 2 resident records reviewed.

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Finding:

On 9/20/2023 a review of Resident #2's physician orders and September 2023 MAR were reviewed. The facility did not have a current physician order for "Omeprazole DR 20 mg, take 1 capsule by mouth once daily 30 minutes before a meal." The only physician order that could be located for this medication was signed and dated on 1/4/2022.

This finding was confirmed with the Team Leader at the time of the survey and at the exit interview on 9/20/2023.

7.7 Expired and discontinued medications. For medications administered by the assisted living program or 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]

This finding has not been met as evidenced by:

Based on record review and interview, the facility failed to remove an expired medication from active medications that were in use for 1 of 2 resident records reviewed.

Finding:

On 9/20/2023 a review of Resident #2's medication cart was completed. Breathe Right Nasal Strips that had an expiration date of 6/22/2022 were found with active medications in the cart.

This finding was confirmed with the Team Leader at the time of the survey and at the exit interview on 9/20/2023.

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7.10 Schedule II controlled substances. Schedule II controlled substances listed in the Comprehensive Drug Abuse Act of 1970, Public Law 91-513, Section 202 and as amended pursuant to Section 202 are subject to the following standards . *[Class II]*

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:

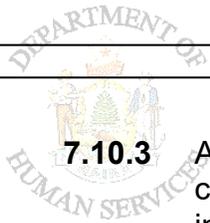
Based on record review and interview the individual inventory count recorded in the bound book was not maintained with all the required information for 1 of 2 resident records reviewed.

Finding:

On 9/20/2023 Resident # 1's Schedule II individual inventory count records were reviewed. The bound book for Schedule II medications was used for inventory purposes and resident individual count records. Resident #1's individual count records failed to identify the prescription number, the date, drug name, dosage, frequency and method of administration. The verification of the balance on hand was not identified by individual prescription numbers.

This finding was confirmed with the Administrator at the time of survey on 9/20/2023.

This is a repeat deficiency from the 9/29/2021 Statement of Deficiencies.

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7.10.3 All Schedule II controlled substances on hand shall be counted at least weekly and records kept of the inventory in a bound book with numbered pages, from which no pages shall be removed. *[Class II]*

This has not been met as evidenced by:

Based on record review and interview the individual inventory count recorded in the bound book was not maintained with numbered pages for 1 of 2 resident records reviewed.

Finding:

On 9/20/2023 Resident # 1's Schedule II individual inventory count records in the bound book were reviewed. Resident #1's individual inventory count records did not contain numbered pages.

This finding was confirmed with the Administrator at the time of survey on 9/20/2023.