



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Case Investigations #36121, 36222		Date Completed: 3/12/2024	
Name of Facility: Harborchase of South Portland Administrator: Acting Administrator Caitlin Marsanskis Level IV Residential Care Facility. Census: 22 Total Capacity: 52 License Number: RCD39425		Address: 25 Country Club Drive South Portland, Maine 04106	
Summary Statement of Deficiencies	Plan of Correction	Completion Date	
Harborchase of South Portland, a Level IV Residential Care Facility, is not in compliance with the "Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV Residential Care Facilities, Part of 10-144, Chapter 113".			
Section 7- Medications and Treatments			
7.1 Use of safe and acceptable procedures. The administrator shall ensure that all persons administering medications and treatments (except residents who self-administer) use safe and acceptable methods and procedures for ordering, receiving, storing, administering, documentation, packaging, discontinuing, returning for credit and/or destroying of medications and biologicals. All employees must practice proper hand washing and aseptic techniques. A hand-washing sink shall be available for staff administering medications. <i>[Class III]</i>			
Finding: On 3/12/2024 the records were reviewed for Residents #1, #2, and #4. The March 2024 MARs (Medication Administration Records) for Residents #1, #2, and #4 had multiple blank boxes where there was no documentation of the medication administered. On 3/12/2024 at approximately 11:30am Employee #3, who confirmed the staff person did not initial or sign the MARs after administering medications. This was reviewed with the Administrator and Management Staff at the exit meeting.			



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<p>Section 12- Standards for Resident Care</p> <p>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 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.</p> <p>Findings:</p> <p>Surveyor reviewed service plan for Resident #1 and #2. Resident #1 and #2's service plan did not include goals to improve or maintain the resident's level of functioning.</p> <p>This was reviewed with the Administrator and Management Staff at the exit meeting.</p>		



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<p>This is a repeat deficiency from Statement of Deficiencies dated 10/18/2022.</p> <p>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.</p> <p>Findings: On 3/12/2024 the records were reviewed for Resident #1, Resident #2, and Resident #4. There were no monthly progress notes in the records since December 2023. This was reviewed with the Administrator and Management Team at the exit meeting.</p> <p>This is a repeat deficiency from Statement of Deficiencies dated 10/18/2022.</p>		