STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION **End of Provisional**	Date Completed: 11/22/2024
Name of Facility: Captain Lewis Residence Administrator: Elida Randall Level IV Residential Care Facility. Census: 9 Total Capacity: 34 License Number: RCD6245	Address: 270 Maine Ave Farmingdale, ME 04344

Summary Statement of Deficiencies	Plan of Correction	Completion Date
Captain Lewis Residence, 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 and Infection Prevention and Control, Part of 10-144, Chapter 113. The following requirements have not been met: **3 Licensing** **3.5 Requirement for bond**. The applicant shall furnish evidence of a bond covering the applicant and any employee or agent of the applicant who manages, holds or otherwise is entrusted with resident funds in an amount sufficient to replace those funds in the event of loss. This has not been met as evidenced by: Based on record review and interview, the facility failed to furnish evidence of a bond to cover resident funds that are managed by facility staff. Finding: On 11/13/2024 an interview was completed with the Administrator regarding resident funds. The Administrator confirmed that some Resident funds were being held by the facility. The Administrator further confirmed that the facility did not have bonding insurance at this time.	Click or tap here to enter text.	Click or tap here to enter text.

Signature of Administrator: _____ Date: _____
(Signature binding on all 14 page(s))

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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 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. This has not been met as evidenced by: Based on record review and interview, the facility failed to ensure resident contracts were signed by the provider for 1 of 3 resident records reviewed. (Resident #2.) Finding: On 11/13/2024 a review of resident records was completed. For Resident #2, the standard contract was not signed by the provider. This information was confirmed with the Administrator at the time of the survey and at the exit interview on 11/14/2024.		

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7 Medications and Treatments **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] This has not been met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that a discontinued medication was removed from use and properly destroyed for 1 of 3 residents reviewed. (Resident #3.) Finding: On 11/14/2024, Resident #2's medication orders were reviewed, and medication inventory observed. One medication (Meclizine) discontinued on 8/21/2024 was stored with resident's active medications. This finding was confirmed with the Administrator at the time of the survey and at the exit interview on 11/14/2024. **7.12 Medication/treatment administration records (MAR) for medications administered by the residential care facility**. **7.12.1** Individual medication/treatment administration records shall be maintained for each resident and shall include all treatments and medications ordered by the duly authorized licensed practitioner. The		

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name of the medication, dosage, route and time to be given shall be recorded in the medication/treatment administration record. Documentation of treatments ordered and time to be done shall be maintained in the same manner. These rules apply only to treatments ordered by licensed health care professionals. *[Class III]* This has not been met as evidenced by: Based on record review and interview, the facility failed to maintain Medication Administration Records (MARs) by failing to remove medications from MARs that were not active duly authorized licensed practitioner orders for 2 of 3 resident records reviewed. (Resident #2 and Resident #3). Findings: 1. Resident #2's MARs for 09/01/2024 through 11/13/2024 and duly authorized licensed practitioner orders were reviewed. There was no evidence for two PRN (as needed) medications (Robafen and Antacid Anti-gas Liquid) transcribed to the MARs had current duly authorized licensed practitioner orders. 2. Resident #3's MARs for 09/01/2024 through 11/13/2024 and duly authorized licensed practitioner orders were reviewed. There was no evidence for one PRN medication (Reguloid Powder) that was transcribed to the MARs had a current duly authorized licensed practitioner order. On 11/14/2024 these findings were confirmed with the Administrator and Residential Care Director (RCD) at the exit interview.		

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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. *[Class III]* This has not been met as evidenced by: Based on record reviews and interview, the facility failed to ensure that all medications discontinued by a duly authorized licensed practitioner were appropriately documented as discontinued on the Medication Administration Record (MAR) for 1 of 3 resident records reviewed. (Resident #1). Finding: 1. Resident #1's MAR for 09/01/2024 through 11/13/2024 and duly authorized licensed practitioner orders were reviewed. A signed discontinued order from 8/15/2024 contained Clotrimazole 1 % Cream and another order from 8/7/2024 showed that Fluconazole 150 mg was a one (1) time only administration. A review of Resident #1's MARs included both medications and did not indicate that the medication was completed and/or discontinued.		

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On 11/13/2024 an interview was completed with the Residential Care Director (RCD) who confirmed these findings. These findings were also reviewed with the Administrator at the time of the exit interview on 11/14/2024. **11 Administrative and Resident Records** **11.1 Individual records required**. Information pertaining to a resident's stay shall be centralized in an individual record, containing the following, where applicable: **11.1.6.10** Documented proof of guardianship, conservatorship, representative payee, power of attorney or other legal representative, if such a relationship exists; and This has not been met as evidenced by: Based on record review and interview, the facility failed to have documented proof of the legal representative for 1 of 3 resident records reviewed. (Resident #3.) Finding: On 11/13/2024 Resident #3's record was reviewed. There was no proof of a legal representative when the record indicted that Resident #3 had a legal representative. An interview was completed with the Residential Care Director (RCD) and Administrator at the time of the survey who attempted to		

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locate documented proof of the legal representative. The RCD later confirmed the paperwork could not be located. **11.1.7 Incident reports**. An incident report shall be completed for any resident who has sustained or caused a fall, injury or accident in the facility, while being transported by the facility, or in an activity supervised by facility staff, who unsafely wanders from the facility, who is involved in an altercation with another resident, who has a medication reaction, or when an error is made in the documentation or administration of medication. The report shall describe the incident and indicate the extent of the injury or reaction and necessary treatment. The dispensing pharmacy shall be consulted regarding incidents involving medications, in order to assist in assessing adverse drug reaction, drug-drug interaction, drug-food interaction and allergies/sensitivities. If, in the opinion of the administrator or person in charge, the incident is not serious enough to call an examining duly authorized licensed practitioner, an incident report shall still be recorded in the resident's record. The administrator shall initial the record within seventy-two (72) hours. If examination and treatment by a duly authorized licensed practitioner is necessary as a result of an incident, the facility shall notify the guardian or conservator as soon as possible, within seventy-two (72) hours. This has not been met as evidenced by:		

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Based on record review and interview an incident report was not initialed by the Administrator within 72 hours of the incident occurring for 1 of 3 Resident records reviewed. (Resident # 1.) Finding: On 11/13/2024, Resident #1's incident reports were reviewed. An incident report dated 5/5/2024 regarding Resident #1's unwitnessed fall, was not initialed by the Administrator within 72 hours of the incident occurring. An interview was completed with the Administrator at the time of the survey who confirmed these findings. **12 STANDARDS FOR RESIDENT CARE** **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 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		

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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 observation, record review, and interview, a resident service plan was not modified after identified changes for 1 of 3 resident records reviewed (Resident #2). Finding: On 11/13/2024 a review of Resident #2's record was completed. Resident #2's most recent service plan was completed on 6/25/2024. Resident #2's record showed that the resident started hospice services on 10/9/2024. Resident #2's service plan did not show modifications for the identified change of hospice care services. This finding was confirmed with the Administrator and RCD at the time of the survey and reviewed with the Administrator at the exit interview on 11/14/2024. **14 DIETARY SERVICES** **14.7 Diet manual**. Each facility shall have a current (not more than five [5] years old) therapeutic diet manual that is recommended or approved by a qualified consultant dietitian. This has not been met as evidenced by:		

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Based on observation and staff interview, the facility failed to have a current diet manual (not more than five (5) years old). Finding: On 11/22/2024, the surveyor requested to see the facilities diet manual. The diet manual provided dated 2018 was more than 5 years old. This finding was confirmed with Administrator at the time of survey and reviewed with Administrator and Maintenance Director at exit interview on 11/22/2024 at approximately 1:00 p.m. **15 SANITATION/DIETARY SERVICES** **15.3 Food storage**. All food shall be stored using safe and sanitary methods. *[Class III]* **15.3.3** Shelving in storage areas, refrigerators and freezers shall be in good condition with cleanable surfaces. This has not been met as evidenced by: Based on observation and staff interview, the facility failed to ensure shelving in food storage areas had cleanable surfaces. Findings: On 11/22/2024 at approximately 9:50 a.m. surveyor observed the dry food stage area in the basement.		

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Shelving that stored canned and dry goods were observed to be stored on unfinished wooden shelving creating an uncleanable surface. This finding was confirmed with Administrator at the time of survey and review with Administrator and Maintenance Director at exit interview on 11/22/2024 at approximately 1:00 p.m. **15.14 Manual dishwashing**. When manual dishwashing is employed, equipment and utensils shall be thoroughly washed in a detergent solution having a temperature of at least one hundred twenty degrees (120°) Fahrenheit and then shall be rinsed free of such solution. Eating and drinking utensils shall be sanitized by one of the following three methods: **15.14.1** Immersion for at least one-half (1/2) minute in clean hot water at a temperature of at least one hundred seventy degrees (170°) Fahrenheit. **15.14.2** Immersion for at least one (1) minute in a clean solution containing at least fifty (50) parts per million of available chlorine as a hypochlorite and at a temperature of at least seventy-five degrees (75°) Fahrenheit. **15.14.3** Other sanitizing methods may be used upon written approval of the Department. This has not been met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure when manual dishwashing was employed, equipment and utensils were washed in a detergent solution having		

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a temperature of at least 120 degrees Fahrenheit (F) and that eating and drinking utensils were sanitized by one of the three above methods. On 11/22/2024 at approximately 9:45 a.m. the surveyor observed that the mechanical dishwasher had been removed and facility was utilizing a three (3) bay dishwashing sink for manual dishwashing. The water temperature log was reviewed with the following entries: 1. The wash temperature for breakfast on the 23rd,24th,26th,27th 28th,29th,30th and 31st were below 120F. 2. The wash temperatures for lunch on the 23rd,24th,28th,29th,30th,31st were below 120F. 3. The wash temperatures for dinner on the 23rd,24th,26th,27th 28th,29th,30th and 31st were below 120F. The Administrator confirmed the temperature log was for the month of October 2024. Additionally, it was confirmed the facility was using Oasis 146 Multi- Quat sanitizer for manual sanitation in the three (3) bay sink. The facility failed to have written approval from the Department to use this type of sanitizer. This finding was confirmed with Administrator and Maintenance Director at the time of survey and reviewed with Administrator and Maintenance Director at the exit interview on 11/22/2024 at approximately 1:00 p.m. **16 SANITATION/PHYSICAL PLANT REQUIREMENTS** **16.3 Heating systems**. There shall be a central heating plant connected to each room or area used by residents or staff by means of a radiator, convector or register. The heating system		

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must be capable of maintaining a temperature of seventy-five degrees (75°) Fahrenheit throughout resident areas of the facility. Alternate types of heating systems may be approved by the Department, if a uniform temperature of seventy-five degrees (75°) Fahrenheit can be maintained. Systems other than electric heating shall have an annual inspection and the heating source shall be tagged as being inspected. This has not been met as evidenced by: Based on observation and staff interview, the facility failed to ensure three (3) of the facilities fuel heating systems were tagged as inspected annually. Findings: On 11/22/2024 at approximately 10:15 a.m. surveyor observed the facilities fuel heating systems. Three (3) fuel heating systems located in the basement were not tagged as inspected in the last year and no evidence of inspections within the last year was provided. This finding was confirmed with Administrator and Maintenance Director at the time of survey and review with Administrator and Maintenance Director at exit interview on 11/22/2024 at approximately 1:00 p.m. **16.6 General condition of the facility and surrounding premises**. **16.6.1** The facility and surrounding premises shall show evidence of routine maintenance and housekeeping and repair of wear and tear shall be made in a timely fashion.		

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This has not been met as evidenced by: Based on observation and staff interview, the facility failed to ensure there was evidence of routine maintenance in some areas. Findings: On 11/22/2024 at approximately 9:15 a.m. surveyor toured the facility and observed the following. 1. Call bell in the shared bathroom for bedrooms 19/21 would not work when tested. 2. A depression in the pavement was observed located by the activity area entrance/exit steps and a crack in the pavement was observed located by the fence near the main parking area creating a potential trip hazard. 3. Handrail by kitchen door had slight wobble. 4. Shared bathroom for bedrooms 10/12, 16/18 and 2nd floor shared bathrooms had overhead vent dust accumulation. These findings were confirmed with Maintenance Director at the time of survey and review with Maintenance Director and Administrator at exit interview on 11/22/2024 at approximately 1:00 p.m.		