

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

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|  STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION<br><b>Biennial Survey</b>                            |                           | Date Completed:<br>11/16/2023                                  |
| Name of Facility: DR EUNICE NELSON-BAUMANN HOME<br>Administrator: CANDY RENEE HENDERLY<br>LEVEL III RESIDENTIAL CARE FACILITY Census: 4 Total Capacity: 6<br>License Number: RCC39133 |                           | Address:<br>2 SARAHS SPRING LN<br>INDIAN ISLAND, ME 04468-1270 |
| <b>Summary Statement of Deficiencies</b>  | <b>Plan of Correction</b> | <b>Completion Date</b>   |

Dr. Eunice Nelson-Baumann Home, a Level III Residential Care Facility, is not in substantial compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities, Part of 10-144, Chapter 113. The following requirements were not met:

**3 LICENSING**

**3.4 Application and licensure.**

**3.4.3 Additional licensing requirements.** Prior to the issuance of a license and prior to re-licensure, the facility shall:

**3.4.3.3** Comply with all other applicable laws and regulations pertaining to licensing; and

This has not been met as evidenced by:

Based on record review, the facility did not utilize the Maine Background Check Center (MBCC) to obtain a comprehensive background check report as required by 10-144 C.M.R., Ch. 60, Maine Background Check Center Rule established under 22 M.R.S. Ch. 1691, Maine Background Check Center Act (Employee 1, Employee 2).

Finding:

On 11/16/2023, records for Employee #1 and Employee #2 were reviewed. The employee records reviewed did not contain

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documented evidence of the facility utilizing the Maine Background Check Center for employee background checks.

This finding was confirmed with the Administrator during survey and at the exit conference on 11/16/2023.

## 5 RESIDENT RIGHTS

**5.12 Right to confidentiality.** Residents' records and information pertaining to their personal, medical and mental health status is confidential. Residents and their legal representatives shall have access to all records pertaining to the resident at reasonable times, in the presence of the provider or his/her representative, within one (1) business day of the request. Residents and their legal representatives are entitled to have copies made of their record within one (1) business day of the request. The licensee and employees shall have access to confidential information about each resident only to the extent needed to carry out the requirements of the licensing regulations or as authorized by any other applicable state or federal law. The written consent of the resident or his/her legal representative shall be required for release of information to any other persons except authorized representatives of the Department or the Long Term Care Ombudsman Program. The Department shall have access to these records for determining compliance with these regulations. Records shall not be removed from facility, except as may be necessary to carry out these regulations. Upon admission, each resident shall sign and date a written consent which lists individuals, groups, or categories of individuals with whom the program may share information (e.g., sons, daughters, family members or duly authorized licensed practitioners, etc.). A written consent to release of

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information shall be renewed and time dated every thirty (30) months, pursuant to 22 M.R.S.A. §1711-C (4). Consent may be withdrawn at any time. *[Class IV]*

This has not been met as evidenced by:

Based on record review and interview, 1 of 2 resident records did not contain a current release of information (Resident #2).

Finding:

On 11/16/2023, a review of Resident #2's record was completed. Resident #2's record did not contain a current, written consent to release information. Facility staff confirmed on-going communication with the pharmacy and provides regarding Resident #2.

This finding was confirmed with the Administrator at the exit conference on 11/16/2023.

**\*Repeat deficiency from the 11/9/2021 Statement of Deficiency.**

## 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. *[Classes I/II/III]*

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**7.1.1** Residents shall receive only the medications ordered by his/her duly authorized licensed practitioner in the correct dose, at the correct time, and by the correct route of administration consistent with pharmaceutical standards. *[Classes I/II/III]*

This has not been met as evidenced by:

Based on record review and interview, the facility failed to ensure medications were administered as ordered by a duly authorized, licensed practitioner for 1 of 2 resident records reviewed (Resident #1).

Finding:

On 11/16/2023, Resident #1’s medication administration record (MAR) for November 2023, and medication orders signed by the resident’s duly authorized, licensed practitioner were reviewed.

Resident #1’s record included a signed order, written on 10/25/2023, for “Acetaminophen 500mg – Take 2 capsules by mouth 3 times a day if needed for pain.” Resident #1’s November 2023 MAR contained the transcription “Tylenol 500mg – 2 tabs orally 3 times a day” and indicated 3 daily administrations of this medication on 11/1/23, 11/2/23, 11/3/23, 11/4/23, 11/5/23, 11/6/23, 11/7/23, 11/8/23, 11/9/23, 11/10/23, 11/11/23, 11/12/23, 11/13/23, 11/14/23, and 11/15/23. The medication was administered as a scheduled medication rather than a PRN medication.

This finding was confirmed with the Administrator at the exit conference on 11/16/2023.

**7.1.7** Orders for medications and treatments shall be in writing, signed and dated by a duly authorized

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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, there were no orders signed by a duly authorized, licensed practitioner for 1 of 2 residents (Resident #2).

Finding:

On 11/16/2023, Resident #2's records were reviewed. Resident #2's November 2023 MAR included transcriptions for the following medications with no current order, signed by the resident's duly authorized practitioner, contained in the resident's record:

1. Tylenol (Acetaminophen) 500mg – Take 2 tabs PO for pain or fever as needed.
2. OTC Hydrocortisone cream – BID PRN for bug bites and rashes.
3. Docusate Sodium 100mg – Take 1 cap PO BID as needed for stool softener.
4. Aquaphor Ointment – Apply small amount to affected area(s) twice a day if needed.
5. A&D Ointment – Apply small amount to affected area(s) twice a day if needed for dry skin.
6. Nystatin Powder – Apply under breast and skin folds everyday PRN for rash.

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This finding was confirmed with the Administrator at the exit conference on 11/16/2023.

**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, the facility failed to remove an expired medication from use.

Finding:

On 11/16/2023, an inspection of the facility’s house medications was completed. Narcan Nasal Spray 4mg 2 pack, with an expiration of “Sep 2023” was stored with active house medications.

This finding was confirmed with staff during survey and with the Administrator at the exit conference on 11/16/2023.

**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 name of the medication, dosage, route and time to be given

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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, medication orders signed by a duly authorized, licensed practitioner were not transcribed or were transcribed incorrectly to the resident’s medication administration record (MAR) for 2 of 2 residents (Resident #1, Resident #2).

Findings:

On 11/16/2023, records for Resident #1 and Resident #2, including signed medication orders and November 2023 medication administration records , were reviewed.

Resident #1’s record contained a signed order, dated 10/27/2023, for “Biofreeze – PRN pain.” The resident’s November 2023 MAR did not contain a transcription for this medication order.

Resident #1’s record contained a signed order, dated 10/25/2023, for “acetaminophen 500mg – Take 2 capsules by mouth 3 times a day if needed for pain.” This order was incorrectly transcribed to Resident #1’s November 2023 MAR as “Tylenol 500mg – 2 tabs orally 3 times per day.”

Resident #2’s record contained a signed order, dated 10/25/2023, for “Menthol 4% - Apply a small amount to the affected area every 4 hours if needed for sore knees to be used when breakthrough pain when diclofenac has already been used – not more than 4 times daily.” The

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resident's November 2023 MAR did not contain a transcription for this medication order.

Resident #2's record contained a signed order, dated 10/25/2023, for "Fluticasone 50mcg spray, nasal – Use 1 puff into the nostrils twice a day." This order was incorrectly transcribed to Resident #2's November 2023 MAR as "Flonase – 2 sprays each nostril twice a day."

These findings were confirmed with the Administrator during survey and at the exit conference on 11/16/2023.

**7.12.4** Administration of medications ordered as needed (PRN) shall be documented and shall include date, time given, medication and dosage, route, reason given, results or response and initials or signature of administering individual. Treatments ordered PRN shall be documented in the same manner.

This has not been met as evidenced by:

Based on record review and interview, the facility failed to ensure that information related to the administration of medications ordered as needed was documented on the resident's MAR for 1 of 2 resident records reviewed (Resident #2).

Findings:

On 11/16/2023, Resident #2's record was reviewed. Resident #2's November 2023 MAR indicated that the following medications were administered PRN with no record of time given, reason given, results, or response documented on the MAR:

1. Zofran 8mg – every 8 hours as needed for nausea administered on 11/3/23.

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2. Nystatin Cream – Apply topically to affected area PRN 4 times daily administered on 11/2/23, 11/3/23, and 11/4/23.
3. Nicotine Gum 4mg – As needed suggested after meals administered on 11/12/23, and 11/13/23.

These findings were confirmed with the Administrator during survey and at the exit conference on 11/16/2023.

## 14 SAFETY STANDARDS

### 14.3 Drills or rehearsals.

**14.3.2 Facilities** with 3 or more beds shall conduct drills or rehearsals of the emergency steps to be taken at irregular times of the day, at least 6 (six) times per year spaced throughout the year. Two of the six drills must be conducted while residents are asleep. *[Class II]*

This has not been met as evidenced by:

Based on record review and interview, the facility failed to ensure that fire drills were conducted at least 6 times throughout the year.

Finding:

On 11/16/2023, facility records for fire drills were reviewed. Records indicated that only 3 drills or rehearsals had been conducted from 10/31/2023 to 11/16/2023.

This finding was confirmed with the Administrator during survey and at the exit conference on 11/16/2023.

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**17 SANITATION AND SAFETY**

**17.12 Animals.** There shall be proof of rabies vaccinations for household pets. Pets must not present a danger to residents or guests. The facility shall be free of pet odors and waste shall be disposed of regularly. *[Class III]*

This has not been met as evidenced by:

Based on record review and interview, documented proof of current rabies vaccination was not available for 1 animal living in the facility.

Finding:

On 11/16/2023, the Administrator reported that 1 of the residents keeps a cat in the facility. The facility had no documented proof of current rabies vaccination for the cat in the facility.

This finding was confirmed with the Administrator during exit conference on 11/16/2023.