



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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION End of Provisional Survey		DATE COMPLETED 10/30/2025
NAME OF FACILITY: SENTRY HILL AT YORK HARBOR ADMINISTRATOR: SARA ANN JOHNSON LICENSE NUMBER: PND39805 CENSUS: 28 TOTAL CAPACITY: 54		ADDRESS: 2 VICTORIA CT YORK, ME 03909-1455
SENTRY HILL AT YORK HARBOR, a PNMI LEVEL IV RESIDENTIAL CARE FACILITY, 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:		
RULE	SUMMARY STATEMENT OF DEFFICIENCES	

Sanitation and dietary services

Section 10. Food Storage and Meal Preparation (effective 9/18/25)

C. Equipment and utensils. All kitchenware and equipment used in the preparation, service, display or storage of food must be maintained in a clean and sanitary manner. [Class II, III]

6. An ice machine must show evidence of routine cleaning and the ice scoop must be stored outside of the machine in a designated, sanitary holder. (Class I, II)

This has not been met as evidenced by:

Based on observation and interview, the facility failed to ensure ice scoops were stored in a clean and sanitary holder.

Findings:

On 10/30/2025 a facility ice machine was observed in the main kitchen.

Two (2) ice scoops were observed.

One was observed on top of the ice machine; another ice scoop was observed stored in a holder on the side of the ice machine.

The holder on the side of the machine was repaired with duct tape.

These findings were confirmed with the Director of Dietary Services at the time of observation and reviewed with Plant Operations, Healthcare Wellness Director and Director of Dietary Services at exit interview on 10/30/2025 at approximately 1:45 p.m.

Section 15. Dietary Services (effective 9/18/25)

D. Menus posted and filed. The facility must post menus for each week conspicuously in the food service area and in an area used frequently by residents, and must keep weekly menus on file for three (3) months.

The posted menu must be in large enough print for all residents to be able to read easily.

SanitationDietsvcs01

Sara Johnson
 CLS (Rev 9/2025)

This has not been met as evidenced by:

Based on observation and interview, the facility failed to ensure menus were posted in an area frequently used by residents.

Findings:

On 10/30/2025 Garden and Dickens units were toured. The location of the posted menu's was requested.

It was confirmed that there were no posted menus in either Dickens or Garden unit at the time of survey.

These findings were confirmed with Plant Operations at the time of observation and reviewed with Plant Operations, Healthcare Wellness Director and Director of Dietary Services at exit interview on 10/30/2025 at approximately 1:45 p.m.

AGENCY PLAN OF CORRECTION:

New clean and sanitary holder was installed for ice scoop on 11/24/25. Only 1 scoop to be used at a time, when dirtied replaced by second scoop. Scoop to be cleaned and sanitized before placing in holder.

On 12/3/2025 framed menus were posted in an area frequently used by residents on the Dicken's and Garden units. They will be updated and posted ongoing.

DATE COMPLETED

12/3/2025

TITLE OF PERSON RESPONSIBLE:

Executive Director

Physical plant and sanitation - general

Section 16. Physical Plant Requirements (effective 9/18/25)

C. Heating systems. The facility must have a central heating plant connected to each room or area used by residents or staff by means of a radiator, convector or register. [Class III]

1. Systems other than electric heating must have an annual inspection and the heating source must be tagged as being inspected by a qualified inspector, certified by the state of Maine for the applicable heating system.

This has not been met as evidenced by:

Based on observation and interview, the facility failed to have heating systems tagged as inspected annually.

Findings:

PhysicalPlant01

On 10/30/2025, the facility two fuel boilers were observed. None were observed to be tagged and as inspected.

These findings were confirmed with Plant Operations at the time of observation and reviewed with Plant Operations, Healthcare Wellness Director and Director of Dietary Services at exit interview on 10/30/2025 at approximately 1:45 p.m.

F. Toilets and bathing facilities. The facility must have toilet and bathing facilities that are indoors, safe, private, and kept in a clean and sanitary condition.

2. Facilities with toilets in private resident rooms must also have adequate separate toilet facilities for staff and visitors. There must be bathrooms for staff and visitors at a ratio of:

g. Any public bathrooms accessible to residents must be equipped with call bells.

This has not been met as evidenced by:

Based on observation and interview, the facility failed to ensure bathrooms accessible to residents were equipped with calls bells:

Findings:

On 10/30/2025 the facility was toured with the following observations:

1. A bathroom in "Dickens" bedroom 106 was observed to be unequipped with a call bell.
2. A common bathroom in "Dickens" was designated staff only; however, door was unlocked and accessible to residents. This bathroom was unequipped with a call bell.
3. A bathroom in "Garden" was locked, however there were key by the bathroom entrance door allowing it to be potentially accessible to residents. It was later confirmed that this was a staff bathroom, however it was still accessible to residents by having the key by the door.

This bathroom was unequipped with a call bell

These findings were confirmed with Plant Operations at the time of observation and reviewed with Plant Operations, Healthcare Wellness Director and Director of Dietary Services at exit interview on 10/30/2025 at approximately 1:45 p.m.

AGENCY PLAN OF CORRECTION:

On 12/2/25 Heating systems were tagged. A call bell will be installed on 12/12/2025 in apartment 106 on the Dickens unit. The door of the staff bathroom in Dicken's unit is locked, and the key can only be accessed by getting it from the nurse's station as of 11/25/25. The door of the staff bathroom in Garden unit is locked, and the key can only be accessed by getting it from the nurse's station as of 11/25/25.

DATE COMPLETED

12/3/2025

TITLE OF PERSON RESPONSIBLE:

Executive Director