

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Gorham House		STREET ADDRESS, CITY, STATE, ZIP CODE 50 New Portland Rd Gorham, ME 04038	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on review of the Facility Reported Incident (FRI), 5-day incident follow-up, facility's abuse prohibition policy, and investigative report, the facility failed to ensure that 1 of 6 sampled residents was free from verbal abuse. (#1)</p> <p>Finding:</p> <p>On 6/13/2025 the Division of Licensing and Certification (DLC) received a facility reported incident (FRI) reporting that on 6/12/25 two CNAs were alleged to have verbally abuse a resident [Resident #1], the incident was reported to the facility by [non-facility member] who overhead what was said while using a video and audio communication app.</p> <p>On 6/17/25 the DLC received the facility 5-day follow-up to the 6/13/25 incident the follow-up stated that the two CNAs involved were interview and admitted to saying to Resident #1 I hope you are not saying inappropriate things to my peers, you will be in big trouble. And if you touch me, I will bite you. The two CNAs also admitted to saying things such as when Resident #1 asked the year they stated 2022 and told Resident #1 your [spouse] is dead. When Resident #1 asked to go the bathroom Resident #1 was told to go in your pants.</p> <p>Additionally, the follow-up states that Resident#1 did not recall any of the interactions with the CNAs, and the two CNAs involved were terminated from employment.</p> <p>A review of the facility investigation states that Resident #1 has a history of being sexually inappropriate and has dementia-severe with psychotic disturbance diagnosis and does exhibit behaviors at times. The facility investigation confirms that the two CNAs admitted to making the statements to Resident #1. The investigation concluded that the CNAs violated: professional behavior, dignity of a resident, resident right to feel safe in environment, and compassionate care.</p> <p>A review of the facility's Abuse Prohibition Policy with a last review date of 3/6/25 states The resident has the right to be free from abuse and the policy/procedure includes information regarding verbal abuse.</p> <p>Resident #1 was not able to be interviewed, however; a clinical record review does not reveal any negative outcome because of the above interactions with the two CNAs.</p> <p>On 7/1/25 at approximately 9:00 a.m., in an interview with the Director of Nursing, the surveyor discussed that Resident #1 was verbally abused by two CNAs employed at the facility.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Gorham House		STREET ADDRESS, CITY, STATE, ZIP CODE 50 New Portland Rd Gorham, ME 04038	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At the time of the survey, the facility presented the surveyor with corrective action taken to address this incident. The facility was determined to be in past non-compliance after the review and verification of the implemented corrective actions.</p> <p>The facility conducted a facility wide education on Compassionate Dementia Care and Abuse Training. Completed a review of staff hired during the month of June to ensure that all staff have received abuse training during their orientation process. The CNAs involved were terminated from duty.</p> <p>Observations of Resident #1 find that [he/she] is well-groomed and interactions with staff are courteous and professional.</p>