



**MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES LICENSING AND CERTIFICATION
PERSONAL CARE AGENCY**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
End of Provisional Survey

DATE
COMPLETED
10/23/2025

NAME OF AGENCY: HOLDING CARE
ADMINISTRATOR: ABDIKADIR NOOR
LICENSE NUMBER: PCA321

ADDRESS:
203 ANDERSON ST STE 1A,
PORTLAND, ME 04101

HOLDING CARE, a PERSONAL CARE AGENCY, is not in compliance with part of 10-144, Chapter 129, Personal Care Agency Licensing Rule.

The following requirements were not met:

RULE	SUMMARY STATEMENT OF DEFICIENCIES
------	-----------------------------------

<p>5.A. 1.d.x j</p>	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p>d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p>xii. Grievance procedures;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the agency's Operations Manual and Policies, the agency failed to have a grievance procedure policy that complies with the rules enumerated in Section 7 (b).</p> <p>Finding: On 10/21/2025, the Surveyor reviewed the agency's manuals provided by the Agency. The grievance procedures policy did not include a requirement to provide a written resolution to the client within seven (7) calendar days, nor did it specify that a copy of the resolution must be maintained in the client's record. The Surveyor discussed the finding during the survey on 10/23/2025 and again during the Exit Conference on the same date.</p>
-----------------------------	--

AGENCY PLAN OF CORRECTION:
The agency acknowledges this finding. To address this, the Grievance Procedure Policy in both our Operations Manual and our Policies and Procedures has been updated to require that all grievances receive a written resolution within seven (7) calendar days. The updated policy also specifies that a copy of the resolution will be maintained in the client's record. All clients will receive written notification of this change, and all employees will receive training on the updated policy to ensure understanding and compliance.

DATE COMPLETED 10/24/25	TITLE OF PERSON RESPONSIBLE: Abdikadir Noor, Executive Director
-------------------------	---

<p>5.D. 1.c.i</p>	<p>D. SUPERVISION.</p> <p>1. The agency must designate one or more individuals who will be responsible for supervision of employees providing direct care.</p> <p>c. The on-site supervisory visit must be documented. This documentation must include, at a minimum, the following:</p> <p>i. The services that the supervisor observed;</p> <p>This has not been met as evidenced by:</p>
-----------------------	---

Page 1 of 4 Signature of Administrator: Abdikadir Noor
CLS (Rev 9/2025)

Date: 12/10/25

(Signature binding on all 4 page(s))

	<p>Based on a review of employee records and an interview with the HR PSS, the agency failed to ensure that on-site supervisory visits included documentation of the services observed, as required by Section 5.D.1.c.i, for employees providing direct care during the first three months of employment.</p> <p>Findings: On 10/23/2025, the Surveyor reviewed two (2) employee files and interviewed the HR PSS regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> Employee #E2 was hired on 03/18/2025. The employee's supervision forms did not include documentation of the services observed during on-site supervisory visits, as required. <p>The Surveyor discussed the finding during the survey on 10/23/2025 and again during the Exit Conference on the same date.</p>
	<p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges this finding. Although services were being observed during supervisory visits, the previous Supervisory Visit Form did not include a designated section to document these observations. To correct this, the form has been revised to include a clearly labeled area where all services observed by the supervisor must be recorded. The updated form will be used for all new hires and implemented immediately to ensure full and accurate documentation during supervisory visits.</p>
DATE COMPLETED 10/23/25	TITLE OF PERSON RESPONSIBLE: Abdikadir Noor, Executive Director

<p>5.D. 1.d</p>	<p>D. SUPERVISION.</p> <p>1. The agency must designate one or more individuals who will be responsible for supervision of employees providing direct care.</p> <p>d. The supervisor must complete an annual performance review, based on the employee's date of hire. The evaluation must be maintained in the employee's personnel record.</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of employee records and an interview with the HR PSS, the agency failed to ensure the supervisor must complete an annual performance review, based on the employee's date of hire. The evaluation must be maintained in the employee's personnel record.</p> <p>Findings: On 10/23/2025, the Surveyor reviewed two (2) employee files and interviewed the HR PSS regarding the agency's other employees. The Surveyor determined the following:</p> <p>1. Employee #E1 was hired on 01/03/2023. The employee's file did not have an annual performance review. The Surveyor discussed the finding during the survey on 10/23/2025 and again during the Exit Conference on the same date.</p>
	<p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges this finding. Although we had an ongoing procedure for annual performance reviews, we learned that it did not meet the regulatory requirements. We have revised our annual performance review process to ensure full compliance with these requirements. All completed performance reviews will be maintained in the employee's personnel record moving forward.</p>
<p>DATE COMPLETED 10/26/25 form completed. Annual Reviews are ongoing with employees should be completed by the end of December</p>	<p>TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Human Resources</p>

Page 2 of 4 Date Completed:

<p>7.A. 2</p>	<p>A. EXPECTATIONS.</p> <p>2. The client must be given a copy of these agency expectations at the time of signing a contract with the agency. This has not been met as evidenced by:</p> <p>Based on record reviews and an interview with the Administrator, the agency failed to ensure the client was given a copy of the agency expectations at the time of signing a contract with the agency. (Client #C1 and Client #C2).</p> <p>Finding: On 10/23/2025, a review of Client #C1 and C2's records was completed. Client #C1 and C2's records did not have evidence the client was given a copy of the agency expectations enumerated in Section 7. The Surveyor discussed the finding during the survey on 10/23/2025 and again during the Exit Conference on the same date.</p>
-------------------	---

	<p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges this finding. Previously, the agency had a form; however, it did not meet the format and wording required by the ruling. To correct this, the form has now been revised to comply with regulatory requirements. All current clients will have signed the new form by the end of December. All new clients will receive a copy of the updated agency expectations agreement upon intake. All employees will receive training on the new expectations agreement to ensure proper implementation moving forward.</p>
<p>DATE COMPLETED 10/23/25/ Ongoing (Collecting Signatures and giving clients copies)</p>	<p>TITLE OF PERSON RESPONSIBLE: Abdikadir Noor, Executive Director</p>

<p>7.A. 3</p>	<p>A. EXPECTATIONS.</p> <p>3. A signed copy must be maintained in the client's record.</p> <p>This has not been met as evidenced by:</p> <p>Based on record reviews and an interview with the HR PSS, the agency failed to ensure that a signed copy of the agency expectations was included in two (2) out of two (2) clients' records reviewed. (Client #C1 and C2)</p> <p>Finding: On 10/23/2025, a review of Client #C1 and C2's records was completed. Client #C1 and C2's records did not include a signed copy of the agency's expectations enumerated in Section 7. The Surveyor discussed the finding during the survey on 10/23/2025 and again during the Exit Conference on the same date.</p>
	<p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges this finding. Previously, the agency had a form in place; however, it did not meet the format and wording required by the ruling. To correct this, the form has been revised to fully comply with regulatory requirements. All current clients will receive and sign the updated expectations agreement, and a copy will be placed in their client record by the end of December. All new clients will receive the updated agency expectations agreement during intake, and a signed copy will also be maintained in their client record. Additionally, all employees will receive training on the new expectations agreement to ensure proper implementation and documentation moving forward.</p>
<p>DATE COMPLETED 10/23/25/Ongoing</p>	<p>TITLE OF PERSON RESPONSIBLE: Abdikadir Noor, Executive Director</p>

<p>9.B. 1.e</p>	<p>B. CLIENT RECORDS.</p> <p>1. An individualized record must be maintained for each client. These records may be paper records or electronic records. The record must contain, at a minimum, the following:</p> <p>e. Date of admission;</p>
---------------------	---

	<p>This has not been met as evidenced by:</p> <p>Based on a review of the client records and an interview, the agency failed to have the date of admission documented in the client record in two (2) records review (Client #C1 and Client #C2).</p> <p>Findings: Client #C1's and #C2's did not have the date of admission documented in their client record. The Surveyor discussed the finding during the survey on 10/23/2025 and again during the Exit Conference on the same date.</p>
	<p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges this finding. To correct this, we have created a Client File Outline Sheet that clearly documents both the client's date of admission and the date services began. Although this information was included in our client intake paperwork, the new outline sheet provides a more consistent and accessible method to ensure this requirement is met. The updated form has been added to all current client records and will be placed on the front page of each client's file. It will also be used for all new clients moving forward to ensure full compliance.</p>
DATE COMPLETED 10/23/25	TITLE OF PERSON RESPONSIBLE: Fatuma Noor, HR

<p>9.B. 1.f</p>	<p>B. CLIENT RECORDS.</p> <p>1. An individualized record must be maintained for each client. These records may be paper records or electronic records. The record must contain, at a minimum, the following:</p> <p>f. Date services began;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the client records and an interview, the agency failed to have the date services begun documented in the client record in two (2) records review (Client #C1 and Client #C2).</p> <p>Findings: Client #C1's and #C2's did not have the date services begun documented in their client record. The Surveyor discussed the finding during the survey on 10/23/2025 and again during the Exit Conference on the same date.</p>
	<p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges this finding. To correct this, we have created a Client File Outline Sheet that clearly documents both the client's date of admission and the date services began. Although this information was included in our client intake paperwork, the new outline sheet provides a more consistent and accessible method to ensure this requirement is met. The updated form has been added to all current client records and will be placed on the front page of each client's file. It will also be used for all new clients moving forward to ensure full compliance.</p>
DATE COMPLETED 10/23/25	TITLE OF PERSON RESPONSIBLE: Fatuma Noor, HR