



**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 10/15/2025
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NAME OF AGENCY: ACME CARE INC ADMINISTRATOR: FATUMA NOOR LICENSE NUMBER: PCA645	ADDRESS: 203 ANDERSON ST STE 1B, PORTLAND, ME 04101-2596
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ACME CARE INC, 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 DEFFICIENCES
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4.A.1.c	<p>A. QUALIFICATIONS.</p> <p>1. An agency may not permit an individual to provide specific direct care duties as outlined in Section 4(A)(2) unless the individual meets at least one of the following requirements:</p> <p style="padding-left: 40px;">c. Has been enrolled in Personal Support Specialist training or a Department-approved program related to the provision of personal care within 60 calendar days of hire.</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the employee records and an interview with the Administrator, the agency failed to have an employee enrolled in the Department approved program within 60 calendar days of hire. (Employee #E1)</p> <p>Findings: On 10/15/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <p style="padding-left: 40px;">1. Employee #E1 was out of compliance due to being hired on 11/20/2024 and the Administrator reported E1 was enrolled in the course on 02/11/2025 (form filled out on 02/10/2025). The Administrator reports E1 is signed up to take the exam on 10/17/2025. The Surveyor discussed the finding with the Administrator on 10/15/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges the finding. Employee #E1 has successfully completed the Department-approved Personal Support Specialist (PSS) training program and passed the certification exam on October 17, 2025. Documentation of training enrollment, completion, and exam results has been added to the employee's personnel file. With this, Employee #E1 is in full compliance with the state training requirements. A training tracking log has been implemented to record hire dates, enrollment dates, and completion status, which will be reviewed monthly to ensure ongoing compliance. All new employees who are not certified will be enrolled in the PSS course within the 60-day requirement and must complete the program within nine months of hire to remain eligible for continued employment. Completion Date: October 17, 2025 (E1); ongoing for all future hires Responsible Person: Fatuma Noor, Executive Director.</p>
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DATE COMPLETED 10/17/2025	TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Executive Director
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Fatuma Noor

10/30/25

4.A.1.c.i	<p>A. QUALIFICATIONS.</p> <p>1. An agency may not permit an individual to provide specific direct care duties as outlined in Section 4(A)(2) unless the individual meets at least one of the following requirements:</p> <p style="padding-left: 40px;">c. Has been enrolled in Personal Support Specialist training or a Department-approved program related to the provision of personal care within 60 calendar days of hire.</p> <p style="padding-left: 80px;">i. The employee must complete the training within nine months of hire.</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the employee records and an interview with the Administrator, the agency failed to have an employee complete the Personal Support Specialist (PSS) training within 9 months of hire.</p> <p>Findings: On 10/15/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 is out of compliance due to being hired on 11/20/2024 and the Administrator reported E1 was enrolled in the course on 02/11/2025 (form filled out on 02/10/2025). The Administrator reports E1 is signed up to take the exam on 10/17/2025. The Surveyor discussed the finding with the Administrator on 10/15/2025 during the Exit Conference.
	<p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges the finding. Employee #E1 has successfully completed the Department-approved Personal Support Specialist training program and passed the certification exam on October 17, 2025. Documentation of training enrollment, completion, and exam results has been added to the employee's personnel file. With this, Employee #E1 is now in full compliance with the state training requirements. All new employees who are not yet certified will be enrolled in the PSS course within the required 60 days of hire and must complete the program within nine months to remain eligible for continued employment. The agency will continue to collaborate with Saco River Education to identify earlier exam dates for employees whose primary language is not English, as interpreter-supported testing often results in longer wait times.</p> <p>Completion Date: October 17, 2025 (E1); ongoing for all future hires Responsible Person: Fatuma Noor, Executive Director.</p>
DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:
10/17/2025	Fatuma Noor, Executive Director

5.A.1.d.xi	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p style="padding-left: 40px;">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 style="padding-left: 80px;">xi. Client service plans, including documentation of services provided and emergency procedures related to the client;</p> <p>This has not been met as evidenced by:</p>
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	<p>Based on a review of the agency's Operational Manual and Policies & Procedures Manual, the Agency failed to have a policy on Client service plans, including documentation of services provided and emergency procedures related to the client.</p> <p>Finding: On 10/10/2025 the Surveyor reviewed the agency's Operational Manual and Policies & Procedures Manual, provided to the Surveyor by the Administrator. The Manuals did not have in the documentation policy that the employee must include their signature with each date of service. The Surveyor discussed the finding with the Administrator during the survey on 10/15/2025 and again reviewed the finding with the Administrator during the Exit Conference on 10/15/2025.</p> <p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges the finding. While this practice has been consistently implemented, it was not clearly documented in the written policy. To address this, the agency has developed and added a new policy titled "Documentation and Timesheet Policy." This policy explicitly states that all employees must include their initials with each date of service on all client documentation and timesheets. Timesheets that are missing initials will be considered invalid until corrected.</p> <p>Completion Date: October 18, 2025; ongoing monthly self audits Responsible Person: Fatuma Noor, Executive Director.</p>
DATE COMPLETED 10/18/2025	TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Executive Director

5.A. 1.d.xii	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p style="padding-left: 40px;">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 style="padding-left: 40px;">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 & Procedures Manual, the agency failed to have a grievance procedure policy that complies with regulatory requirements.</p> <p>Finding: On 10/10/2025, the Surveyor reviewed the agency's manuals provided by the Administrator. 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 with the Administrator during the survey on 10/15/2025 and again during the Exit Conference on the same date.</p> <p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges the finding. To correct this, the Grievance Procedure Policy has been revised to reflect that all grievances must be addressed and resolved within 7 calendar days of receipt. A copy of the resolution will be maintained in the client's record. All clients will receive letters informing them of this change, and all employees will receive training on the updated policy to ensure understanding and compliance.</p> <p>Completion Date: October 18, 2025, ongoing; will send letters and train all employees on the updated policy by November 15, 2025. Responsible Person: Fatuma Noor, Executive Director.</p>
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DATE COMPLETED	10/18/2025	TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Executive Director

5.A.1.d.xv	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p style="padding-left: 40px;">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 style="padding-left: 40px;">xv. Contingency planning, including agency closure;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the agency's Operations Manual and Policies & Procedures Manual, the Agency failed to have a policy on contingency planning, including agency closure.</p> <p>Finding: On 10/10/2025 the Surveyor reviewed the agency's Manuals provided to the Surveyor by the Administrator. The Manuals did not have in them a policy on contingency planning, including agency closure. The Surveyor discussed the finding with the Administrator during the survey on 10/15/2025 and again reviewed the finding with the Administrator during the Exit Conference on 10/15/2025.</p>	
	<p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges the finding. To address this, a new Contingency Planning Policy has been developed and implemented. This policy outlines procedures to ensure continuity of client services in the event of unforeseen circumstances, including voluntary or involuntary agency closure, and provides guidance on transferring services to another provider.</p> <p>Completion Date: Policy implemented October 18, 2025; staff training by November 15, 2025</p> <p>Responsible Person: Fatuma Noor, Executive Director.</p>	
DATE COMPLETED	10/18/25	TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Executive Director

5.B.2.i	<p>B. STAFF ORIENTATION.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p style="padding-left: 40px;">i. Contingency planning practices;</p> <p>This has not been met as evidenced by:</p>

	<p>Based on a review of the employee records and an interview with the Administrator, the agency failed to have employees complete the required orientation training related to the agency policies on contingency planning practices.</p> <p>Findings: On 10/15/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E2 was hired on 9/19/2025. The Orientation provided and completed by E2 on 9/17/2025 – 9/18/2025 did not have the agency policies on contingency planning practices. The Surveyor discussed the findings with the Administrator on 10/15/2025 during the Exit Conference. <p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges the finding. To correct this, all new employees will receive training on the agency's Contingency Planning Practices as part of their orientation. Employee #E2, who was hired in September, will receive this training during her upcoming updated orientation in early November, as it was not provided at the time of hire. All existing employees will also receive training on the updated Contingency Planning Policy as part of their annual training in early November to ensure full understanding and compliance.</p> <p>Completion Date: Policy implemented October 18, 2025; staff training by November 15, 2025 Responsible Person: Fatuma Noor, Executive Director.</p>
DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:
10/18/25	Fatuma Noor, Executive Director

5.D.1.c.i	<p>D. SUPERVISION.</p> <ol style="list-style-type: none"> 1. The agency must designate one or more individuals who will be responsible for supervision of employees providing direct care. <ol style="list-style-type: none"> c. The on-site supervisory visit must be documented. This documentation must include, at a minimum, the following: <ol style="list-style-type: none"> i. The services that the supervisor observed; <p>This has not been met as evidenced by:</p> <p>Based on a review of employee records and an interview with the Administrator, the agency failed to ensure that on-site supervision was provided at least once every 30 days during the first three months of employment for each employee assigned direct care duties documenting the services the supervisor observed.</p> <p>Findings: On 10/15/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired 11/21/2024. The agency performed supervisions however they did not note the services the supervisor observed during the supervision. The Surveyor discussed these findings with the Administrator during the Exit Conference on 10/15/2025.
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	AGENCY PLAN OF CORRECTION: The agency acknowledges the finding. To correct this, the Supervisory Visit Form has been revised to include a section where all services observed by the supervisor are clearly noted. This updated form will be used for all new hires and will also be applied during the second and third supervisory visits for a current hire who started in late September. Completion Date: Form updated October 18, 2025; ongoing use for all visits Responsible Person: Fatuma Noor, Executive Director.	
DATE COMPLETED 10/18/2025	TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Executive Director	

5.D.1.c.ii	D. SUPERVISION. 1. The agency must designate one or more individuals who will be responsible for supervision of employees providing direct care. c. The on-site supervisory visit must be documented. This documentation must include, at a minimum, the following: ii. Any competency issues noted; This has not been met as evidenced by: Based on a review of employee records and an interview with the Administrator, the agency failed to ensure that on-site supervision was provided at least once every 30 days during the first three months of employment for each employee assigned direct care duties documenting any competency issues noted. Findings: On 10/15/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following: 1. Employee #E1 was hired 11/21/2024. The agency performed supervisions however they did not note any competency concerns during the supervision. The Surveyor discussed these findings with the Administrator during the Exit Conference on 10/15/2025.	
	AGENCY PLAN OF CORRECTION: The agency acknowledges the finding. To address this, the Supervisory Visit Form has been revised to include a dedicated section for noting any competency concerns observed during supervisory visits. Supervisors will now document both services observed and any competency issues for all employees. This revised form will be used during all future supervisory visits (for new hires) to ensure proper monitoring of employee performance. Completion Date: Form updated October 18, 2025; ongoing use for all visits Responsible Person: Fatuma Noor, Executive Director.	
DATE COMPLETED 10/18/2025	TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Executive Director	

5.D.1.c.iii	<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>iii. The action plan to resolve any issues;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of employee records and an interview with the Administrator, the agency failed to ensure that on-site supervision was provided at least once every 30 days during the first three months of employment for each employee assigned direct care duties documenting the action plan to resolve any issues the supervisor observed.</p> <p>Findings: On 10/15/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired 11/21/2024. The agency performed supervisions however they did not note the action plan to resolve any issues the supervisor observed during the supervision. <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 10/15/2025.</p> <p>AGENCY PLAN OF CORRECTION: The agency acknowledges the finding. To correct this, the Supervisory Visit Form has been revised to include a section for documenting an action plan to address any issues or concerns observed during supervisory visits. While no competency issues were noted for Employee #E1, supervisors will now complete this section for all employees as needed to ensure that any future observed issues are addressed promptly and appropriately. Completion Date: Form updated October 18, 2025; ongoing use for all visits Responsible Person: Fatuma Noor, Executive Director.</p>
DATE COMPLETED 10/18/2025	TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Executive Director

7.A.2	<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.</p> <p>This has not been met as evidenced by:</p> <p>Based on record reviews and interview, 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 #1 and Client #2).</p> <p>Finding:</p>
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<p>On 10/15/2025, a review of Client #1 and Client #2's records was completed. Client #1 and Client #2's records did not have evidence the client was given a copy of the agency expectations. This finding was confirmed with the Administrator at the time of the survey and the exit interview on 10/15/2025.</p>	
<p>AGENCY PLAN OF CORRECTION: The agency acknowledges the finding. To correct this: Client #2 has signed the updated agency expectations agreement and received a copy. A meeting is scheduled next week for Client #1 to sign and receive a copy of the new form. Previously, the agency had a form; however, it did not meet the format and wording required by the ruling. The form has now been revised to comply with regulatory requirements. 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. Completion Date: October 30, 2025; ongoing for all new clients Responsible Person: Fatuma Noor, Executive Director.</p>	
<p>DATE COMPLETED 10/30/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Executive Director</p>

7.A.3	<p>A. EXPECTATIONS.</p> <p>3. A signed copy must be maintained in the clients record.</p> <p>This has not been met as evidenced by:</p> <p>Based on record reviews and an interview, 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 #1 and Client #2).</p> <p>Finding: On 10/15/2025, a review of Client #1 and Client #2's records was completed. Client #1 and Client #2's records did not include a signed copy of the agency's expectations. This finding was confirmed with the Administrator at the time of the survey and the exit interview on 10/15/2025.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency acknowledges the finding. Client #2 has signed the updated agency expectations agreement, and a copy has been placed in their client record. A meeting is scheduled next week for Client #1 to sign the new form and have a copy placed in their client record. Previously, the agency had a form; however, it did not meet the format and wording required by the ruling. The form has now been revised to comply with regulatory requirements. All new clients will receive a copy of the updated agency expectations agreement upon intake, and a signed copy will be maintained in their client record. All employees will receive training on the new expectations agreement to ensure proper implementation and documentation moving forward. Completion Date: October 30, 2025; ongoing for all new clients Responsible Person: Fatuma Noor, Executive Director.</p>
<p>DATE COMPLETED 10/30/25</p>	<p>TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Executive Director</p>

8.A.2.e	<p>A. SERVICE PLAN DEVELOPMENT AND IMPLEMENTATION.</p> <p>2. The service plan must identify the following:</p> <p>e. The client's and/or legal representative's signature attesting to their involvement and agreement with the plan.</p>
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	<p>This has not been met as evidenced by:</p> <p>Based on record reviews and an interview, the agency failed to have documentation of the client's and/or legal representative's signature attesting to their involvement and agreement with the plan. (Client #C1)</p> <p>Finding: On 10/15/2025, a review of Client #C1 and Client #C2's records was completed. Client #C1's records did not have evidence of a signed current service plan. This finding was confirmed with the Administrator at the time of the survey and the exit interview on 10/15/2025.</p> <p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges the finding. Client #1 reviewed and signed the updated service plan on October 30th, and a copy of the signed plan has been placed in the client's record. Completion Date: October 30, 2025; ongoing for all future service plans Responsible Person: Fatuma Noor, Executive Director.</p>
DATE COMPLETED 10/30/25	TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Executive Director

8.B.1	<p>B. DOCUMENTATION OF SERVICES PROVIDED.</p> <p>1. At each visit, the employee must document what services were provided to the client.</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the client records and an interview with the Administrator, the agency failed to document at each visit what services were provided to the client.</p> <p>Findings: On 10/15/2025 the Surveyor reviewed two (2) client files and interviewed the Administrator regarding the agency's other client files. The Surveyor determined the following: Client #C1 had notes with dates but did not have services provided. The Surveyor discussed the findings with the Administrator on 10/15/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges the finding. To correct this: All future timesheets will not be accepted unless all services provided are clearly documented and checked. Staff have been reminded of this requirement and will receive training to ensure full compliance. Completion Date: October 15, 2025; ongoing monthly audits Responsible Person: Fatuma Noor, Executive Director.</p>
DATE COMPLETED 10/15/2025	TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Exec. Director

8.B.2	<p>B. DOCUMENTATION OF SERVICES PROVIDED.</p> <p>2. Documentation must include the signature of the employee and date of service(s) provided.</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the client records and an interview with the Administrator, the agency failed to have daily documentation (when services were performed by the employee) signed by the employee.</p> <p>Findings: On 10/15/2025 the Surveyor reviewed two (2) client files and interviewed the Administrator regarding the agency's other client files. The Surveyor determined the following: Client #C1 had notes but some were missing daily signatures. The Surveyor discussed the findings with the Administrator on 10/15/2025 during the Exit Conference.</p>	
	<p>AGENCY PLAN OF CORRECTION:</p> <p>The agency acknowledges the finding. To correct this: The Documentation and Timesheet Policy has been updated to require that all daily documentation include the employee's initials and date of service. All future Timesheets will be reviewed to ensure initials and dates are present. Staff have been reminded of this requirement and will receive training to ensure compliance moving forward.</p> <p>Completion Date: October 18, 2025; ongoing monthly audits</p> <p>Responsible Person: Fatuma Noor, Executive Director</p>	
	<p>DATE COMPLETED 10/18/25</p>	<p>TITLE OF PERSON RESPONSIBLE: Fatuma Noor, Executive Director</p>