
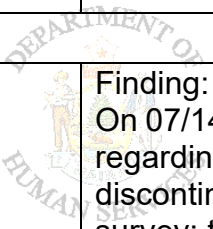
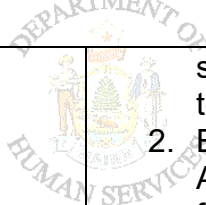


MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES LICENSING AND CERTIFICATION PERSONAL CARE AGENCY

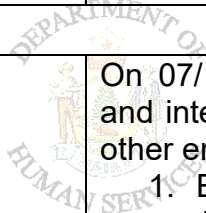
 <p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION End of Provisional</p>			<p>DATE COMPLETED 7/14/2025</p>	
<p>NAME OF AGENCY PRESTIGE HOME CARE, LLC ADMINISTRATOR: TAREQ TAHER LICENSE NUMBER: PCA566</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 75 BISHOP ST STE 8 PORTLAND, ME 04103-2614</p>		
<p>PRESTIGE HOME CARE, LLC, a PERSONAL CARE AGENCY, is not in substantial compliance with Part of 10-144, Chapter 129, Personal Care Agency Licensing Rule. The following requirements were not met:</p>				
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
3.C.1. a	<p>C. ADMISSIONS.</p> <p>1. The agency must keep a record of all admissions that includes the following:</p> <p style="padding-left: 20px;">a. Name of the client;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of agency records and an interview with the Administrator, the agency failed to keep an admission record with the name of the client.</p> <p>Finding: On 07/14/2025, the Surveyor interviewed the Administrator regarding a record of all client admissions. The Administrator reported during the survey; they did not have a record with the names of the clients. The Surveyor discussed the finding with the Administrator on 07/14/2025 during the Exit Conference.</p>	3.C.1. a	<p>An excel document will be created to include each client's name, date services started, and date and reason services were discontinued if applicable.</p> <p style="text-align: center;">Responsible for Implemetning Correction: Administrator</p>	10/10/25

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
3.C.1. b	<p>C. ADMISSIONS.</p> <p>1. The agency must keep a record of all admissions that includes the following:</p> <p>b. The date services began,</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of agency records and an interview with the Administrator, the agency failed to keep an admission record with the date services began.</p> <p>Finding: On 07/14/2025, the Surveyor interviewed the Administrator regarding a record of all client admissions. The Administrator reported during the survey they did not have a record with the date services began for each client. The Surveyor discussed the finding with the Administrator on 07/14/2025 during the Exit Conference.</p>	3.C.1. b	<p>An excel document will be created to include each client's name, date services started, and date and reason services were discontinued if applicable.</p> <p>Responsible for Implemetning Correction: Administrator</p>	10/10/25
3.C.1.c	<p>C. ADMISSIONS.</p> <p>1. The agency must keep a record of all admissions that includes the following:</p> <p>c. If services were discontinued, the date services were discontinued and the reason services were discontinued.</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of agency records and an interview with the Administrator, the agency failed to keep a record of all admissions including if services were discontinued, the date services were discontinued and the reason services were discontinued.</p>	3.C.1. c	<p>An excel document will be created to include each client's name, date services started, and date and reason services were discontinued if applicable.</p> <p>Responsible for Implemetning Correction: Administrator</p>	10/10/25

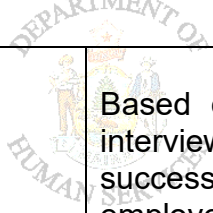
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>Finding: On 07/14/2025, the Surveyor interviewed the Administrator regarding a record of all client discharges (services were discontinued). The Administrator reported during the survey; the agency did not have a record of all admissions including if services were discontinued, the date services were discontinued and the reason services were discontinued. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
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>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 employees enrolled in the Department approved program within 60 calendar days of hire.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 2 employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <p>1. Employee #E1 was hired on 12/13/2023 and the Administrator reported E1 is signed up for the PSS training (although the Administrator was unable to</p>	4.A.1. c.	<p>The agency administrator will work with each PSS who is currently enrolled in the PSS certification program to get back on track to finish the program and certified by the end of January of 2026. The administrator will work closely with those who's English isn't advanced enough to aim to find ways to help them get through the course and exam to be certified.</p> <p>The agency administrator will also work with those who have not be enrolled in the PSS certification program to get them enrolled and started by mid October 2025.</p> <p>Responsible for Implemetning Correction: Administrator</p>	10/15/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>show proof of this) but has not signed up for the PSS test to receive their certificate.</p> <p>2. Employee #E2 was hired on 11/27/2024 and the Administrator reported E2 has not been signed up for the PSS training (E2 is out of compliance of the 60 days to enroll in a department approved course) and has not taken the PSS test for their certification. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			

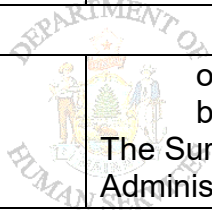
<p>4.A.1.c .i-.ii.</p>	<p>A. QUALIFICATIONS.</p> <p>1. An agency may not permit an individual to provide specific direct care duties as outlined in Section 4(A)(2) unless the individual meets at least one of the following requirements:</p> <p>c. Has been enrolled in Personal Support Specialist training or a Department-approved program related to the provision of personal care within 60 calendar days of hire.</p> <p>i. The employee must complete the training within nine months of hire.</p> <p>ii. If an individual does not complete the program within nine months of hire, they will no longer meet the qualifications to provide direct care and may not provide personal care services until they have completed the program.</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 Personal Support Specialist (PSS) training within 9 months of hire.</p> <p>Findings:</p>	<p>4.A.1. c.i-.ii.</p>	<p>The agency administrator will work with each PSS who is currently enrolled in the PSS certification program to get back on track to finish the program and certified by the end of January of 2026. The administrator will work closely with those who's English isn't advanced enough to aim to find ways to help them get through the course and exam to be certified.</p> <p>The agency administrator will also work with those who have not be enrolled in the PSS certification program to get them enrolled and started by mid October 2025.</p> <p>Responsible for Implemetning Correction: Administrator</p>	<p>10/15/2025</p>
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023 and the Administrator reported E1 is signed up for the PSS training (although the Surveyor did not see proof of this) but has not been signed up for the PSS test to receive their certificate. 2. Employee #E2 was hired on 11/27/2024 and the Administrator reported E2 has not signed up for the PSS training and has not taken the PSS test for their certification. <p>Both E1 and E2 continue to work for the Agency. The Surveyor interviewed the Administrator on 07/14/2025 regarding which employees were enrolled in the PSS training and exam. The Administrator verbally reported the following about their current employees during the survey:</p> <ul style="list-style-type: none"> • "Not a lot are PSS" (or a CNA). • "Almost all are signed up for the PSS training." • "Maybe 2 are signed up for the PSS Exam." <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
4.B.1	<p>B. ELIGIBILITY FOR EMPLOYMENT.</p> <p>1. All employees and the owner(s) and administrators must be eligible for employment as evidenced by successful completion of a background check completed by the Maine Background Check Center (MBCC) under 22 MRS Ch. 1691. The MBCC check fulfills the statutory obligation to check the Maine Registry of Certified Nursing Assistants and Direct Care Workers for CNA listing and disqualifying notations.</p> <p>This has not been met as evidenced by:</p>	4.B.1	<p>Immediate: MBCC checks will be completed for all active staff; retroactive documentation added.</p> <p>Long-Term: Policy updated: MBCC must be veried before first client shift.</p> <p>Responsible for Implemetning Correction: Administrator</p>	10/10/2025

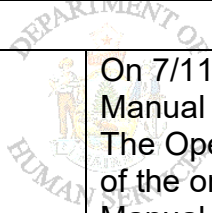
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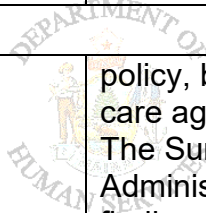
	 <p>Based on a review of the employee records and an interview with the Administrator, the agency failed to successfully complete the MBCC for employees prior to the employees working independently as direct care staff.</p> <p>Findings: On 07/14/2025, the Surveyor reviewed 2 employee files and interviewed 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 on 12/13/2023 and did not have MBCC documents in their employee file. The Administrator reported the employee's MBCC might have been placed in "another file". The Surveyor received from the MBCC department a spreadsheet containing the names and dates of MBCCs completed by the Agency. The spreadsheet received by e-mail on 7/15/2025 did not contain the E1's information. 2. Employee #E2 was hired on 11/27/2024 and the Administrator showed the Surveyor a MBCC report dated 7/14/2025 (day of survey). The Surveyor asked the Administrator when the report was run, and the Administrator reported they had run the report on a previous date for E2. The Surveyor received a list from MBCC containing the names and dates of MBCCs completed by the Agency. The Surveyor reviewed the dates the MBCCs were requested for the Agency provided by MBCC and determined the Agency had run the MBCC report for E2 on the day of the survey (7/14/2025). <p>The Surveyor discussed the original findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
4.B.2	<p>B. ELIGIBILITY FOR EMPLOYMENT.</p> <p>2. The agency must determine that each employee has no history of substantiated incidents of abuse, neglect, or misappropriation of property by either Maine Adult Protective Services or Maine Child Protective Services.</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 successfully determine that each employee has no history of substantiated incidents of abuse, neglect, or misappropriation of property by either Maine Adult Protective Services or Maine Child Protective Services for employees prior to the employees working independently as direct care staff.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023 as of the date of the survey, 7/14/2025, the Agency had not determined E1 has no history of substantiated incidents of abuse, neglect, or misappropriation of property by either Maine Adult Protective Services or Maine Child Protective Services for employees before they worked independently as direct care. 2. Employee #E2 was hired on 11/27/2024, as of the date of the survey, 7/14/2025, the Agency had not determined the E2 has no history of substantiated incidents of abuse, neglect, or misappropriation of property by either Maine Adult Protective Services 	4.B.2	<p>Immediate: Adult and Child Protective Services checks will be run on all current staff.</p> <p>Long-Term: Added to pre-employment checklist with required documentation.</p> <p>Responsible for Implemetning Correction: Administrator</p>	10/10/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>or Maine Child Protective Services for employees before they worked independently as direct care. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
4.B.3	<p>B. ELIGIBILITY FOR EMPLOYMENT.</p> <p>3. The agency must maintain a file which contains the result of all background checks. This file must contain the date each check was conducted and a printout from the databases checked or documentation from the source that performed the check.</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 maintain a file which contains the result of all background checks. This file must contain the date each check was conducted and a printout from the databases checked or documentation from the source that performed the check.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 2 employee files and interviewed the Administrator regarding the agency's other employees. As of 7/14/2025 the Agency did not maintain a file which contains the result of all background checks. This file must contain the date each check was conducted and a printout from the databases checked or documentation from the source that performed the check. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>	4.B.3	<p>Immediate: Central digital le created containing all background check documents with dates.</p> <p>Long-Term: Background check results will be securely stored digitally.</p> <p>Responsible for Implemetning Correction: Administrator</p>	10/15/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
5.A.1.b	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p>b. Job descriptions for all positions within the agency;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the Agency's operations manual, the agency failed to have job descriptions for all positions within the Agency.</p> <p>Finding: On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have all the job descriptions for all the positions at the Agency. The Surveyor discussed the findings with the Administrator during the survey on 7/14/2025 and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>	5.A.1. b	<p>Immediate: Job descriptions for all roles were created and inserted into the manual.</p> <p>Long-Term: All job roles reviewed annually and updated.</p> <p>Responsible for Implemetning Correction: Administrator</p>	10/30/25
5.A.1.c	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p>c. A description of the orientation program, including but not limited to mandated reporting requirements;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the Agency's operations manual, the agency failed to have a description of the employee orientation program required.</p> <p>Finding:</p>	5.A.1. c	<p>Immediate: Orientation program revised to meet all minimum regulatory requirements.</p> <p>Long-Term: Orientation checklist implemented and signed by each new hire.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/01/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a description of the orientation program required (the Operations Manual had a list of orientation items, but they did not meet the minimum requirements in the regulations). The Surveyor discussed the findings with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>			
5.A.1.d .i	<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>i. Infection control in the office and in private homes;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the Agency's operations manual, the agency failed to have a policy on Infection control in the office and in private homes.</p> <p>Finding: On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a policy on Infection control in the office and in private homes that was specific to a personal care agency (the Agency has a</p>	5.A.1. d.i	<p>Immediate: All 17 required policies are being drafted using regulation-specific language and reviewed with Administrator.</p> <p>Long- Term: Annual policy review added to admin calendar; staff retraining required annually.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>policy, but it was a medical based policy not a personal care agency policy). The Surveyor discussed the findings with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>			
5.A.1.d .ii	<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>ii. A policy for seeking a referral/reassessment when a client may require higher level of care;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the Agency's operations manual, the agency failed to have a policy on seeking a referral/reassessment when a client may require higher level of care.</p> <p>Finding: On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a policy for seeking a referral/reassessment when a client may require higher level of care. The Surveyor discussed the findings with the Administrator during the survey and again reviewed the</p>	5.A.1. d.ii	<p>Immediate: All 17 required policies are being drafted using regulation-specific language and reviewed with Administrator.</p> <p>Long- Term: Annual policy review added to admin calendar; staff retraining required annually.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025


RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	finding with the Administrator during the Exit Conference on 7/14/2025.			
5.A.1.d .v	<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>v. Completion of screening of owners and employees, including determination of eligibility for employment;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the Agency's operations manual, the agency failed to have a policy for completion of screening of owners and employees, including determination of eligibility for employment.</p> <p>Finding: On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a policy for Completion of screening of owners and employees, including determination of eligibility for employment. The Agency had similar policies, but they did not include completing screening of employees by verifying their MBCC, APS and CPS results. The Surveyor discussed the finding with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>	5.A.1. d.v	<p>Immediate: All 17 required policies are being drafted using regulation-specific language and reviewed with Administrator.</p> <p>Long- Term: Annual policy review added to admin calendar; staff retraining required annually.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025

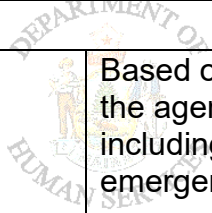
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5.A.1.d .vi	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p>d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p>vi. In-service training, including confidentiality and service planning for clients;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the Agency's operations manual, the agency failed to have a policy on In-service training, including confidentiality and service planning for clients.</p> <p>Finding: On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a policy on In-service training, including confidentiality and service planning for clients. The Surveyor discussed the finding with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>	5.A.1. d.vi	<p>Immediate: All 17 required policies are being drafted using regulation-specific language and reviewed with Administrator.</p> <p>Long- Term: Annual policy review added to admin calendar; staff retraining required annually.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025
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5.A.1.d .vii	<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</p>	5.A.1. d.vii		
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>statutes applicable to the agency must comply with the relevant law.</p> <p>vii. Performance management, including disciplinary measures and annual performance reviews;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the Agency's OM, the agency failed to have a policy on performance management, including disciplinary measures and annual performance reviews.</p> <p>Finding: On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a policy on performance management, including disciplinary measures and annual performance reviews. The Surveyor discussed the finding with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>		<p>Immediate: All 17 required policies are being drafted using regulation-specific language and reviewed with Administrator.</p> <p>Long- Term: Annual policy review added to admin calendar; staff retraining required annually.</p> <p>Responsible for Implemetning Correction: Administrator</p>	<p>11/30/2025</p>
<p>5.A.1.d .ix</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>ix. Ethical business relationships with clients, including a restriction on the acceptance of gratuities, loans, and/or gifts from clients and family members;</p> <p>This has not been met as evidenced by:</p>	<p>5.A.1. d.ix</p>	<p>Immediate: All 17 required policies are being drafted using regulation-specific language and reviewed with Administrator.</p> <p>Long- Term: Annual policy review added to admin calendar; staff retraining required annually.</p> <p>Responsible for Implemetning Correction: Administrator</p>	<p>11/30/2025</p>

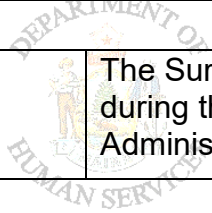
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>Based on a review of the Agency's operations manual, the agency failed to have a policy on ethical business relationships with clients, including a restriction on the acceptance of gratuities, loans, and/or gifts from clients and family members.</p> <p>Finding: On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a policy on ethical business relationships with clients, including a restriction on the acceptance of gratuities, loans, and/or gifts from clients and family members (the Agency has an employee conduct policy but does not include all the mandated information from the regulations). The Surveyor discussed the finding with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>			
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>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>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>	5.A.1. d.xi	<p>Immediate: All 17 required policies are being drafted using regulation-specific language and reviewed with Administrator.</p> <p>Long- Term: Annual policy review added to admin calendar; staff retraining required annually.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>Based on a review of the Agency's operations 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 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a policy on client service plans, including documentation of services provided and emergency procedures related to the client. The Surveyor discussed the finding with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>			

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>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, the agency failed to have a policy on grievance procedures that follows the regulations.</p> <p>Finding: On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator.</p>	5.A.1. d.xii	<p>Immediate: All 17 required policies are being drafted using regulation-specific language and reviewed with Administrator.</p> <p>Long- Term: Annual policy review added to admin calendar; staff retraining required annually.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>The Operations Manual (OM) did not have a policy on grievance procedures that follows the regulations stated in Section 7.B.</p> <p>The Surveyor discussed the finding with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>			

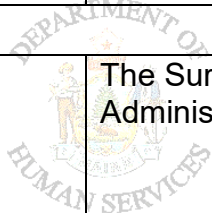
<p>5.A.1.d .xiii</p>	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p>d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p>xiii. Reporting and investigation of allegations of abuse, neglect, or misappropriation of client property;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the Agency's operations manual, the agency failed to have a policy on reporting and investigation of allegations of abuse, neglect, or misappropriation of client property that follows the regulations.</p> <p>Finding: On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a policy on reporting and investigation of allegations of abuse, neglect, or misappropriation of client property that follows the regulations stated in Section 6.A-B.</p>	<p>5.A.1. d.xiii</p>	<p>Immediate: All 17 required policies are being drafted using regulation-specific language and reviewed with Administrator.</p> <p>Long- Term: Annual policy review added to admin calendar; staff retraining required annually.</p> <p>Responsible for Implemetning Correction: Administrator</p>	<p>11/30/2025</p>
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>The Surveyor discussed the finding with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>			
5.A.1.d xiv	<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>xiv. Discontinuing of services, including involuntary discharge;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the Agency's operations manual, the agency failed to have a policy on discontinuing of services, including involuntary discharge that follows the regulations.</p> <p>Finding: On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a policy on discontinuing of services, including involuntary discharge that follows the regulations stated in Section 7.B. The Surveyor discussed the finding with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>	5.A.1. d.xiv	<p>Immediate: All 17 required policies are being drafted using regulation-specific language and reviewed with Administrator.</p> <p>Long- Term: Annual policy review added to admin calendar; staff retraining required annually.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025

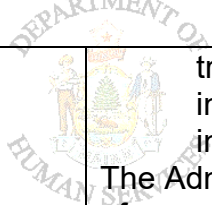
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
5.A.1.d .xvii	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p>d. Policies and procedures on topics, including but not limited to those in subsections (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>xvii. Communicating new policies and policy changes with all employees.</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the Agency's operations manual, the agency failed to have a policy on Communicating new policies and policy changes with all employees.</p> <p>Finding: On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a policy on Communicating new policies and policy changes with all employees. The Surveyor discussed the finding with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>	5.A.1. d.xvii	<p>Immediate: All 17 required policies are being drafted using regulation-specific language and reviewed with Administrator.</p> <p>Long- Term: Annual policy review added to admin calendar; staff retraining required annually.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025
5.B.2.a	<p>B. STAFF ORIENTATION.</p> <p>1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p>	5.B.2. a		

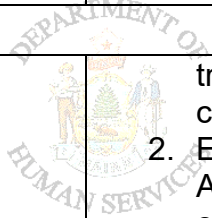
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>a. Mandated reporting requirements as stated in 22 MRS §3477 and 22 MRS §4011-A;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the employee records and an interview with the Administrator, the agency failed to have employees complete the required orientation training related to the regulations for Mandated reporting requirements as stated in 22 MRS §3477 and 22 MRS §4011-A prior to working independently with any client.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the mandated reporting training requirements during orientation. The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference. 		<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implemetning Correction: Administrator</p>	<p>11/30/2025</p>

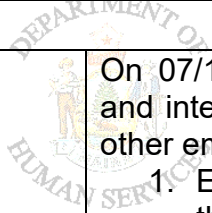
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
5.B.2.b	<p>B. STAFF ORIENTATION.</p> <p>1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p style="padding-left: 40px;">b. Agency policy related to abuse, neglect, and misappropriation of client property;</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 abuse, neglect, and misappropriation of client property prior to working independently with any client.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the training required in the regulations for the agency's policy on abuse, neglect and misappropriation of client property. <p>The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024.</p>	5.B.2. b	<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			

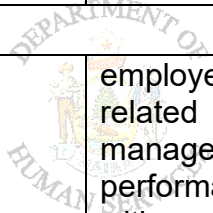
5.B.2.c	<p>B. STAFF ORIENTATION.</p> <ol style="list-style-type: none"> 1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client. 2. The agency orientation program must include, at a minimum, the following topics: <ol style="list-style-type: none"> c. The agency expectations enumerated in Section 7 (A) of this rule; <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 expectations enumerated in Section 7 (A) of this rule prior to working independently with any client.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the orientation 	5.B.2.c	<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>training related to agency expectations enumerated in Section 7 (A) of this rule prior to working independently with any client.</p> <p>The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024.</p> <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
5.B.2.d	<p>B. STAFF ORIENTATION.</p> <ol style="list-style-type: none"> 1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client. 2. The agency orientation program must include, at a minimum, the following topics: <ol style="list-style-type: none"> d. Grievance policy; <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 grievance policy prior to working independently with any client.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they were not required to complete the orientation 	5.B.2.d	<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025

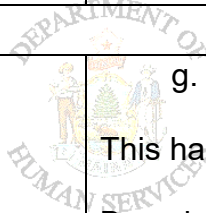
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>training prior to working independently with any client.</p> <p>2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the required orientation training related to the grievance policy prior to working independently with any client.</p> <p>The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024.</p> <p>The Surveyor discussed the findings with the required orientation training related to the grievance policy prior to working independently with any client. Administrator on 07/14/2025 during the Exit Conference.</p>			
5.B.2.e	<p>B. STAFF ORIENTATION.</p> <p>1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p style="padding-left: 40px;">e. Job duties and responsibilities;</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 job duties and responsibilities prior to working independently with any client.</p> <p>Findings:</p>	5.B.2.e	<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025

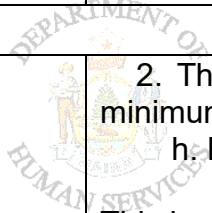
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>On 07/14/2025 the Surveyor reviewed 2 employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired on 12/13/2023, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the required orientation training related to job duties and responsibilities prior to working independently with any client. <p>The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
5.B.2.f	<p>B. STAFF ORIENTATION.</p> <ol style="list-style-type: none"> 1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client. 2. The agency orientation program must include, at a minimum, the following topics: <ol style="list-style-type: none"> f. Agency policies on performance management, including disciplinary measures and annual performance reviews; <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</p>	5.B.2.f	<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
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	<p>employees complete the required orientation training related to the Agency policies on performance management, including disciplinary measures and annual performance reviews rule prior to working independently with any client.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the required orientation training related to the Agency policies on performance management, including disciplinary measures and annual performance reviews rule prior to working independently with any client. <p>The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
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5.B.2.g	<p>B. STAFF ORIENTATION.</p> <ol style="list-style-type: none"> 1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client. 2. The agency orientation program must include, at a minimum, the following topics: 	5.B.2.g		
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>g. Client service plans;</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 client service plans prior to working independently with any client.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the required orientation training related to the client service plans prior to working independently with any client. <p>The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>		<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implementing Correction: Administrator</p>	<p>11/30/2025</p>
5.B.2.h	<p>B. STAFF ORIENTATION.</p> <ol style="list-style-type: none"> 1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client. 	5.B.2.h		


RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p>h. Documentation requirements;</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 documentation requirements prior to working independently with any client.</p> <p>Findings:</p> <p>On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the required orientation training related to the documentation requirements prior to working independently with any client. <p>The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024.</p> <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>		<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implementing Correction: Administrator</p>	<p>11/30/2025</p>

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
5.B.2.i	<p>B. STAFF ORIENTATION.</p> <p>1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p style="padding-left: 20px;">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 contingency planning practices prior to working independently with any client.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the required orientation training related to the contingency planning practices prior to working independently with any client. <p>The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024.</p>	5.B.2.i	<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025

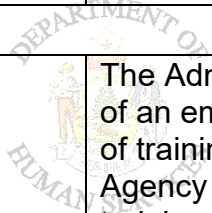
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
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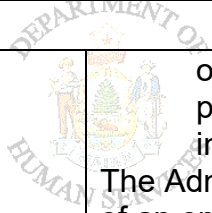
	The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.			
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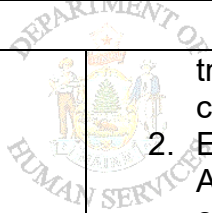
5.B.2.j	<p>B. STAFF ORIENTATION.</p> <ol style="list-style-type: none"> 1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client. 2. The agency orientation program must include, at a minimum, the following topics: <ul style="list-style-type: none"> j. Infection control; <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 Infection control rule prior to working independently with any client.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the required orientation training related to Infection control rule prior to working independently with any client. <p>The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the</p>	5.B.2.j	<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			

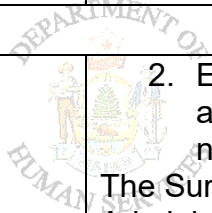
5.B.2.k	<p>B. STAFF ORIENTATION.</p> <ol style="list-style-type: none"> 1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client. 2. The agency orientation program must include, at a minimum, the following topics: <ol style="list-style-type: none"> k. Training requirements; <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 any training requirements prior to working independently with any client.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the required orientation training related to any training requirements prior to working independently with any client. 	5.B.2.k	<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
5.B.2.1	<p>B. STAFF ORIENTATION.</p> <ol style="list-style-type: none"> 1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client. 2. The agency orientation program must include, at a minimum, the following topics: <ol style="list-style-type: none"> I. Emergency procedures related to the client; <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 emergency procedures related to the client prior to working independently with any client.</p> <p>Findings:</p> <p>On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the required 	5.B.2.1	<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>orientation training related to emergency procedures related to the client prior to working independently with any client.</p> <p>The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024.</p> <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
5.B.2. m	<p>B. STAFF ORIENTATION.</p> <p>1. All employees providing direct care to clients must receive agency orientation prior to working independently with any client.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p>m. Confidentiality requirements in accordance with state and federal rules and laws.</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 confidentiality requirements in accordance with state and federal rules and laws related to the client.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 2 employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <p>1. Employee #E1 was hired on 12/13/2023, therefore they were not required to complete the orientation</p>	5.B.2. m	<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/30/2025

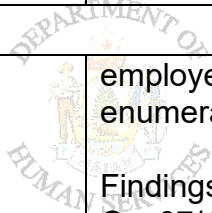
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>training prior to working independently with any client.</p> <p>2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive the required orientation training related to confidentiality requirements in accordance with state and federal rules and laws related to the client.</p> <p>The Administrator did show the Surveyor documentation of an employee training signed with two (2) four (4) hours of training but confirmed the orientation training the Agency provides did not meet all the required orientation trainings listed in the regulations dated 08/20/2024.</p> <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			

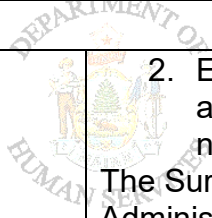
<p>5.C.1. a</p>	<p>C. ANNUAL STAFF TRAINING.</p> <p>1. Each employee must receive annual training, including but not limited to:</p> <p>a. Maine's mandated reporting statutes;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the employee records and an interview with the Administrator, the agency failed to train employees annually on Maine's mandated reporting statutes.</p> <p>Findings:</p> <p>On 07/14/2025 the Surveyor reviewed 2 employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <p>1. Employee #E1 was hired on 12/13/2023, therefore they are required to complete the annual training and had not.</p>	<p>5.C.1. a</p>	<p>Immediate: A comprehensive new hire orientation manual is being created to include all required topics.</p> <p>Long-Term: Each new hire receives 12-hour orientation prior to any independent work; attendance logged and filed.</p> <p>Responsible for Implemetning Correction: Administrator</p>	<p>11/30/2025</p>
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>2. Employee #E2 was hired on 11/27/2024. E2 had no annual training but was not required since they had not worked for the Agency for at least a year. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
<p>5.C.1. b</p>	<p>C. ANNUAL STAFF TRAINING.</p> <p>1. Each employee must receive annual training, including but not limited to:</p> <p style="padding-left: 20px;">b. Agency policy related to abuse, neglect, and misappropriation of client property;</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 train employees annually on the Agency's policy related to abuse, neglect, and misappropriation of client property.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they are required to complete the annual training and had not. 2. Employee #E2 was hired on 11/27/2024. E2 had no annual training but was not required since they had not worked for the Agency for at least a year. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>	<p>5.C.1. b</p>	<p>Immediate: All current employees will be scheduled for required annual training.</p> <p>Long-Term: Annual training is being calendar created; completion is mandatory for continued employment.</p> <p>Responsible for Implemetning Correction: Administrator</p>	<p>11/15/2025</p>

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
5.C.1.c	<p>C. ANNUAL STAFF TRAINING.</p> <p>1. Each employee must receive annual training, including but not limited to:</p> <p>c. Grievance policy;</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 train employees annually on the Grievance policy.</p> <p>Findings:</p> <p>On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they are required to complete the annual training and had not. 2. Employee #E2 was hired on 11/27/2024. E2 had no annual training but it was not required since they had not worked for the Agency for at least a year. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>	5.C.1.c	<p>Immediate: All current employees will be scheduled for required annual training.</p> <p>Long-Term: Annual training is being calendar created; completion is mandatory for continued</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/15/2025

5.C.1.d	<p>C. ANNUAL STAFF TRAINING.</p> <p>1. Each employee must receive annual training, including but not limited to:</p> <p>d. The agency expectations enumerated in Section 7 (A) of this rule;</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 train</p>	5.C.1.d	<p>Immediate: All current employees will be scheduled for required annual training.</p> <p>Long-Term: Annual training is being calendar created; completion is mandatory for continued</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/15/2025
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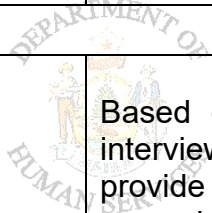
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>employees annually on the agency expectations enumerated in Section 7 (A) of this rule.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 2 employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired on 12/13/2023, therefore they are required to complete the annual training and had not. 2. Employee #E2 was hired on 11/27/2024. E2 had no annual training but was not required since they had not worked for the Agency for at least a year. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
5.C.1.e	<p>C. ANNUAL STAFF TRAINING.</p> <ol style="list-style-type: none"> 1. Each employee must receive annual training, including but not limited to: <ol style="list-style-type: none"> e. Infection control; <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 train employees annually on infection control.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they are required to complete the annual training and had not. 	5.C.1.e	<p>Immediate: All current employees will be scheduled for required annual training.</p> <p>Long-Term: Annual training is being calendar created; completion is mandatory for continued</p> <p>Responsible for Implementing Correction: Administrator</p>	11/15/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>2. Employee #E2 was hired on 11/27/2024. E2 had no annual training but was not required since they have not worked for the Agency for at least a year. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
5.C.1.f	<p>C. ANNUAL STAFF TRAINING.</p> <p>1. Each employee must receive annual training, including but not limited to:</p> <p style="padding-left: 40px;">f. Emergency and disaster policies;</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 train employees annually on emergency and disaster policies.</p> <p>Findings:</p> <p>On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they are required to complete the annual training and had not. 2. Employee #E2 was hired on 11/27/2024. E2 had no annual training but it was not required since they had not worked for the Agency for at least a year. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>	5.C.1.f	<p>Immediate: All current employees will be scheduled for required annual training.</p> <p>Long-Term: Annual training is being calendar created; completion is mandatory for continued</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/15/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
5.C.1. g	<p>C. ANNUAL STAFF TRAINING.</p> <p>1. Each employee must receive annual training, including but not limited to:</p> <p>g. Confidentiality requirements in accordance with state and federal rules and laws.</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 train employees annually on confidentiality requirements in accordance with state and federal rules and laws.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they are required to complete the annual training and had not. 2. Employee #E2 was hired on 11/27/2024. E2 had no annual training but it was not required since they had not worked for the Agency for at least a year. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>	5.C.1. g	<p>Immediate: All current employees will be scheduled for required annual training.</p> <p>Long-Term: Annual training is being calendar created; completion is mandatory for continued</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/15/2025
5.D.1. b	<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>b. The supervisor must provide on-site supervision at least once every 30 days to each employee assigned direct care duties, for the first three months of employment. The</p>	5.D.1. b		

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>on-site supervision must occur while the employee is providing personal care services.</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 provide on-site supervision at least once every 30 days to each employee assigned direct care duties, for their first three months of employment working independently.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023 and therefore was not required to have had on-site supervision at least once every 30 days, for their first three months of employment working independently. 2. Employee #E2 was hired on 11/27/2024 and did not have evidence of supervision at least once every thirty days for the first three months of employment. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>		<p>Immediate: Creating new 'Supervisory Visit Form' capturing services observed, issues, and corrective actions.</p> <p>Long- Term: Supervisor assigned to conduct and document visits monthly for new staff for first 90 days.</p> <p>Responsible for Implemetning Correction: Administrator</p>	<p>12/01/2025</p>
<p>5.D.1.c .i</p>	<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>5.D.1. c.i</p>		

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<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 provide on-site supervision with documentation of what the supervisor observed at least once every 30 days to each employee assigned direct care duties, for their first three months of employment working independently.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023 and was not required to have had on-site supervision in their first thirty days due to their date of hire. 2. Employee #E2 was hired on 11/27/2024 and did not have evidence of supervision at least once every thirty days for the first three months of employment. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>		<p>Correction: Immediate: Creating new 'Supervisory Visit Form' capturing services observed, issues, and corrective actions.</p> <p>Long- Term: Supervisor assigned to conduct and document visits monthly for new staff for first 90 days.</p> <p>Responsible for Implemetning Correction: Administrator</p>	
5.D.1.c .ii	<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. c. The on-site supervisory visit must be documented. This documentation must include, at a minimum, the following: <ol style="list-style-type: none"> ii. Any competency issues noted; <p>This has not been met as evidenced by:</p>	5.D.1. c.ii	<p>Correction: Immediate: Creating new 'Supervisory Visit Form' capturing services observed, issues, and corrective actions.</p> <p>Long- Term: Supervisor assigned to conduct and document visits monthly for new staff for first 90 days.</p>	12/01/2025

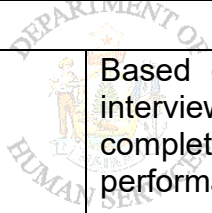
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>Based on a review of the employee records and an interview with the Administrator, the agency failed to provide on-site supervision with documentation of what the supervisor observed with any competency issues noted at least once every 30 days to each employee assigned direct care duties, for their first three months of employment working independently.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023 and was not required to have had on-site supervision in their first thirty days due to their date of hire. 3. Employee #E2 was hired on 11/27/2024 and did not have evidence of supervision at least once every thirty days for the first three months of employment. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>		<p>Responsible for Implemetning Correction: Administrator</p>	
5.D.1.c .iii	<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"> iii. The action plan to resolve any issues; <p>This has not been met as evidenced by:</p>	5.D.1. c.iii	<p>Correction: Immediate: Creating new 'Supervisory Visit Form' capturing services observed, issues, and corrective actions.</p> <p>Long- Term: Supervisor assigned to conduct and document visits monthly for new staff for first 90 days.</p>	12/01/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
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	<p>Based on a review of the employee records and an interview with the Administrator, the agency failed to provide on-site supervision with documentation of what the supervisor observed with any action to resolve any issues if there were competency issues noted at least once every 30 days to each employee assigned direct care duties, for their first three months of employment working independently.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023 and was not required to have had on-site supervision in their first thirty days due to their date of hire. 2. Employee #E2 was hired on 11/27/2024 and did not have evidence of supervision at least once every thirty days for the first three months of employment. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>		<p>Responsible for Implemetning Correction: Administrator</p>	
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<p>5.D.1.c .iv</p>	<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"> iv. An interview with the client and/or legal representative regarding his/her satisfaction with the services the staff is providing to the client and whether the service plan is being followed. 	<p>5.D.1. c.iv</p>	<p>Immediate: Creating new 'Supervisory Visit Form' capturing services observed, issues, and corrective actions.</p> <p>Long- Term: Supervisor assigned to conduct and document visits monthly for new staff for first 90 days.</p> <p>Responsible for Implemetning Correction: Administrator</p>	<p>12/01/2025</p>
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<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 provide on-site supervision with documentation of an interview of the client and/or legal representative at least once every 30 days to each employee assigned direct care duties, for their first three months of employment working independently.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023 and was not required to have had on-site supervision in their first thirty days due to their date of hire. 2. Employee #E2 was hired on 11/27/2024 and did not have evidence of supervision at least once every thirty days for the first three months of employment. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
5.D.1. d	<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. 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>This has not been met as evidenced by:</p>	5.D.1. d	<p>Immediate: Creating new 'Supervisory Visit Form' capturing services observed, issues, and corrective actions.</p> <p>Long- Term: Supervisor assigned to conduct and document visits monthly for new staff for first 90 days.</p> <p>Responsible for Implementing Correction: Administrator</p>	12/01/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>Based on a review of the employee records and an interview with the Administrator, the agency failed to complete and maintain in the personnel record an annual performance review, based on employee's date of hire.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023 and was required to have an annual performance review completed as of 12/13/2024. 2. Employee #E2 was hired on 11/27/2024 and was not required to have an annual performance review due to their date of hire. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			

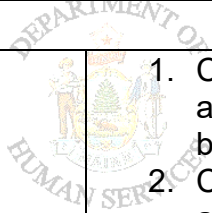
6.A.1	<p>A. REPORTING REQUIREMENTS.</p> <p>1. The agency must have a written policy and procedure to address the reporting of abuse, neglect, and/or misappropriation of client property. The policy may not conflict with 22 MRS Section 3477 or 22 MRS Section 4011-A.</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the Agency's operations manual (including the agency's policies), the agency failed to have a policy on reporting and investigation of allegations of abuse, neglect, or misappropriation of client property that follows the State of Maine Licensing Regulations.</p> <p>Finding:</p>	6.A.1	<p>A new policy is being created to address the reporting of abuse, neglect, and/or misappropriation of client property.</p> <p>Responsible for Implemetning Correction: Administrator</p>	12/15/2025
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a policy on reporting and investigation of allegations of abuse, neglect, or misappropriation of client property that follows the State of Maine Licensing Regulations. The Surveyor discussed the finding with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>			

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 a review of the client records and an interview with the Administrator, the agency failed to provide the client with the agency expectations enumerated in Section 7 (A) at time of signing a contract with the agency.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 2 client files and interviewed the Administrator regarding the agency's other clients. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Client #C1 had a new contract signed between the agency and client on 01/21/2025 and there was no evidence of C1 receiving a copy of Agency Expectation. 2. Client #C2 had a new contract signed between the agency and client on 01/17/2025 and there was no evidence of C2 receiving a copy of Agency Expectation. 	7.A.2	<p>Clients, present and future, will be given a copy of the Agency Expectations. Clients will need to sign the document as evidence that they did receive this form and understand what it outlines.</p> <p>Responsible for Implemetning Correction: Administrator</p>	12/15/2025
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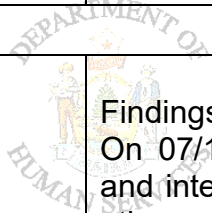
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.			
7.A.3	<p>A. EXPECTATIONS.</p> <p>3. A signed copy must be maintained in the client's record.</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the client records and an interview with the Administrator, the agency failed to have a client with the agency expectations enumerated in Section 7.A. at the time of signing a contract with the agency.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 2 client files and interviewed the Administrator regarding the agency's other clients. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Client #C1 had a new contract signed between the agency and client on 01/21/2025 and there was no evidence of a signed Agency Expectation form in C1's file. 2. Client #C2 had a new contract signed between the agency and client on 01/17/2025 and there was no evidence of a signed Agency Expectation form in C2's file. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>	7.A.3	<p>Clients, present and future, will be given a copy of the Agency Expectations. Clients will need to sign the document as evidence that they did receive this form and understand what it outlines.</p> <p>The signed Agency Expecations document will be securely stored digitally in the clients' files.</p> <p>Responsible for Implemetning Correction: Administrator</p>	12/15/2025
7.B.1	<p>B. Grievance Procedures.</p> <p>1. The agency must have a process for clients to raise issues or concerns about the manner and quality of services or other grievances with the agency.</p>	7.B.1	<p>A grievance procedure has been created to ensure the steps for clients to file a complaint in regards to the manner and quality of the services are clear</p>	10/15/2025

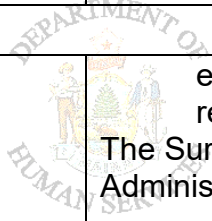
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>This has not been met as evidenced by:</p> <p>Based on a review of the Agency's operations manual, the agency failed to have a policy and process on grievance procedures enumerated in Section 7.B.</p> <p>Finding: On 7/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have a policy on grievance procedures that follows the State of Maine Licensing Regulations. On 7/14/2025 the Surveyor reviewed two client files and did not see a process on grievance procedures relayed to the clients. The Surveyor discussed the finding with the Administrator during the survey and again reviewed the finding with the Administrator during the Exit Conference on 7/14/2025.</p>		<p>Responsible for Implemetning Correction: Administrator</p>	
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 07/14/2025 the Surveyor reviewed 2 client files and interviewed the Administrator regarding the agency's other client files. The Surveyor determined the following:</p>	8.B.2	<p>A system is being created for employees to be able to document the services they provided, the dates, and the times, and this system will enable employees to sign and submit these documents on a daily basis.</p> <p>Responsible for Implemetning Correction: Administrator</p>	12/15/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>1. Client #C1 had digital documentation on a phone application but they did not contain a daily signature by the employee.</p> <p>2. Client #C2 had digital documentation on a phone application but they did not contain a daily signature by the employee.</p> <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			

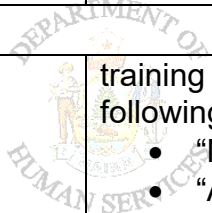
<p>9.B.1.e</p>	<p>B. CLIENT RECORDS.</p> <p>1. An individualized record must be maintained for each client. These records may be paper records or electronic records. The record must contain, at a minimum, the following:</p> <p style="padding-left: 40px;">e. Date of admission;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the client records and an interview with the Administrator, the agency failed to have documented date of admission in the client file.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 2 client files and interviewed the Administrator regarding the agency's other clients. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Client #C1 did not have a documented date of admission in their client file. 2. Client #C2 did not have a documented date of admission in their client file. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>	<p>9.B.1. e</p>	<p>Client records will be updated to include the date of admission and have this information in the client's file.</p> <p>Responsible for Implementing Correction: Administrator</p>	<p>10/30/2025</p>
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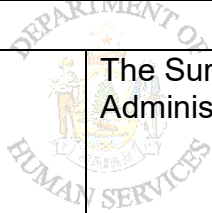
RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
9.B.1.f	<p>B. CLIENT RECORDS.</p> <p>1. An individualized record must be maintained for each client. These records may be paper records or electronic records. The record must contain, at a minimum, the following:</p> <p style="padding-left: 40px;">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 with the Administrator, the agency failed to have documented date services began in the client file.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 2 client files and interviewed the Administrator regarding the agency's other clients. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Client #C1 did not have documented date services began in the client file. 2. Client #C2 did not have documented date services began in the client file. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>	9.B.1.f	<p>Client records will be updated to include the date services began and have this information in the client's file.</p> <p>Responsible for Implemetning Correction: Administrator</p>	10/30/2025
9.C.3.d	<p>C. OWNER AND EMPLOYEE RECORDS.</p> <p>3. Employee records must contain the following:</p> <p style="padding-left: 40px;">d. Date 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 the employee date of hire documented in the employee's file.</p>	9.C.3.d	<p>Employee records will be updated to include the date of hire for each employee. This will be added to each employee's file.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/15/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>Findings: On 07/14/2025 the Surveyor reviewed 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 said to be hired on 12/13/2023 but it was not documented in the employee file. 2. Employee #E2 was said to be hired on 11/27/2024 but it was not documented in the employee file. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
<p>9.C.3. e</p>	<p>C. OWNER AND EMPLOYEE RECORDS.</p> <p>3. Employee records must contain the following: e. Signed job description;</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 to have signed job descriptions in the employee files.</p> <p>Findings: On 07/14/2025 the Surveyor reviewed 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 said to be hired on 12/13/2023 and did not contain a signed job description. This employee was hired prior to the new rules however they should have had a signed job description signed in their employee file prior to the date of the survey. 2. Employee #E2 was said to be hired on 11/27/2024 and did not have a signed job description in their 	<p>9.C.3. e</p>	<p>Employee records will be updated to include a signed job description document for each employee. This will be added to each employee's file.</p> <p>Responsible for Implemetning Correction: Administrator</p>	<p>11/15/2025</p>


RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>employee file although they were hired after the regulations were adopted on 08/20/2024. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
<p>9.C.3.f</p>	<p>C. OWNER AND EMPLOYEE RECORDS.</p> <p>3. Employee records must contain the following:</p> <p>f. First date employee provided direct care to a client;</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 documented the first date the employee provided direct care to the client in the employee's file.</p> <p>Findings:</p> <p>On 07/14/2025 the Surveyor reviewed 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 said to be hired on 12/13/2023 but there was no documented date in the employee file showing the initial date of direct care with a client. 2. Employee #E2 was said to be hired on 11/27/2024 but there was no documented date in the employee file showing the initial date of direct care with a client. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>	<p>9.C.3. f</p>	<p>Employee records will be updated to include the date an employee first provided direct care to a client for each employee. This will be added to each employee's file.</p> <p>Responsible for Implemetning Correction: Administrator</p>	<p>11/15/2025</p>

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
9.C.3. h	<p>C. OWNER AND EMPLOYEE RECORDS.</p> <p>3. Employee records must contain the following:</p> <p>h. If the employee had not completed a required program at the time of hire, the date on which the employee was enrolled in a program;</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 evidence of completion of a Certified Nursing Assistant program, or a Department-approved training program related to provision of direct care and/or the date on which the employee was enrolled in a department approved program.</p> <p>Findings:</p> <p>On 07/14/2025 the Surveyor reviewed 2 employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <p>3. Employee #E1 was hired on 12/13/2023 and the Administrator reported E1 is signed up for the PSS training (although the Surveyor did not see proof of this) but has not been signed up for the PSS Exam to receive their certificate. The Employee file did not have evidence of the PSS training they are signed up for.</p> <p>4. Employee #E2 was hired on 11/27/2024 and the Administrator reported E2 has not been signed up for the PSS training and has not taken the PSS Exam for their certification. The Employee file did not have evidence of the PSS training.</p> <p>Both E1 and E2 continue to work for the Agency.</p> <p>The Surveyor interviewed the Administrator on 07/14/2025 regarding which employees were enrolled in the PSS</p>	9.C.3. h	<p>Employee records will be updated to include the date an employee was enrolled in a Department-approved training program for each employee. This will be added to each employee's file.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/15/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	 <p>training and exam. The Administrator verbally reported the following about their current employees:</p> <ul style="list-style-type: none"> • “Not a lot are PSS” (or a CNA). • “Almost all are signed up for the PSS training.” • “Maybe 2 are signed up for the PSS Exam.” <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
9.C.3.i	<p>C. OWNER AND EMPLOYEE RECORDS.</p> <p>3. Employee records must contain the following:</p> <p>i. Results of MBCC, APS, and CPS checks;</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 results of MBCC, APS and CPS checks enumerated in Section 4.B of the regulations adopted 08/20/2024.</p> <p>Findings:</p> <p>On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023 and did not have MBCC, APS or CPS results in their employee file. The Administrator reported the employee’s MBCC might have been placed in “another file”. The Administrator reported they had not run APS or CPS checks on E1. 2. Employee #E2 was hired on 11/27/2024 and the Administrator showed the Surveyor a MBCC report dated 7/14/2025 (day of survey). The Administrator reported they had not run APS or CPS checks on E2. 	9.C.3. i	<p>Employee records will be updated to include copies of the results of MBCC, APS, and CPS checks for each employee. This will be added to each employee’s file.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/15/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			

<p>9.C.3.j</p>	<p>C. OWNER AND EMPLOYEE RECORDS.</p> <p>3. Employee records must contain the following:</p> <p>j. Documentation of completion of the required orientation program and all required trainings;</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 documentation in the employee files of the required orientation program, annual trainings and any other required trainings.</p> <p>Findings:</p> <p>On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023, therefore they were not required to complete the required orientation training prior to working independently with any client, however #E1 should have had documentation of signed required trainings (annual trainings). 2. Employee #E2 was hired on 11/27/2024. The Agency confirmed E2 did not receive orientation required in the regulations. <p>The Administrator did show the Surveyor documentation an employee training signed with 2 4 hours of training but</p>	<p>9.C.3. j</p>	<p>Employee records will be updated to include documentation of completion of the require orientation program and all required trainings for each employee. This will be added to each employee's file.</p> <p>Responsible for Implemetning Correction: Administrator</p>	<p>11/15/2025</p>
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RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
	<p>confirmed the orientation training the Agency provides did not meet all the State of Maine Licensing Orientation regulations from the Adopted regulations dated 08/20/2024. The signed orientation training documentation did not have details of what the orientation provided. The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>			
9.C.3.k	<p>C. OWNER AND EMPLOYEE RECORDS.</p> <p>3. Employee records must contain the following:</p> <p>k. Each annual performance review;</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 complete and maintain in the personnel record an annual performance review, based on employee's date of hire.</p> <p>Findings:</p> <p>On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023 and was required to have an annual performance review completed as of 12/13/2024. The file did not contain an annual performance review. 2. Employee #E2 was hired on 11/27/2024 and was not required to have an annual performance review due to their date of hire. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>	9.C.3. k	<p>Employee records will be updated to include documentation for each annual performance review for each employee. This will be added to each employee's file.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/15/2025

RULE	SUMMARY STATEMENT OF DEFFICIENCIES	Rule	AGENCY'S PLAN OF CORRECTION	COMPLETION DATE
9.C.3.I	<p>C. OWNER AND EMPLOYEE RECORDS.</p> <p>3. Employee records must contain the following:</p> <p>1. Documentation of all required supervisory visits.</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 provide and document on-site supervision at least once every 30 days to each employee assigned direct care duties, for their first three months of employment working independently.</p> <p>Findings:</p> <p>On 07/14/2025 the Surveyor reviewed 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 on 12/13/2023 and was not required to have had on-site supervision in their first thirty days due to their date of hire. 2. Employee #E2 was hired on 11/27/2024 and did not have evidence of supervision at least once every thirty days for the first three months of employment. <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p>	9.C.3. I	<p>Employee records will be updated to include documentation for all required supervisory visits for each employee. This will be added to each employee's file.</p> <p>Responsible for Implemetning Correction: Administrator</p>	11/15/2025