



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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION End of Provisional Survey	DATE COMPLETED 9/17/2025
--	-----------------------------

NAME OF AGENCY: ANYWHERE CARE SERVICES, LLC ADMINISTRATOR: NAYEF ZAMAT LICENSE NUMBER: PCA646	ADDRESS: 75 BISHOP ST # 15 PORTLAND, ME 04103-2614
---	--

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

The following requirements were not met:

RULE	SUMMARY STATEMENT OF DEFFICIENCES
------	-----------------------------------

3.E.1	<p>E. CONTRACT WITH CLIENT OR LEGAL REPRESENTATIVE.</p> <p>1. For all clients, the agency must have a written business contract with the client or legal representative which will include, at a minimum, any cost(s) for which the client will be responsible.</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 written business contract with the client or legal representative which will include, at a minimum, any cost(s) for which the client will be responsible.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (2) current client files and two (2) discharged 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 signed contract in their client file. Although they did have the intake packet. 2. Client #C2 did not have a signed contract in their client file. <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>
	<p>AGENCY PLAN OF CORRECTION:</p> <p>The agency revised the intake procedure on 11/01/2025 to ensure all clients have a signed business contract outlining costs per 10-144 CMR Ch.129 §5(E)(1). All current client files were reviewed, and missing contracts were completed immediately. Going forward, the Administrator will verify contract completion within 48 hours of intake and conduct monthly file audits to ensure compliance. Completion Date: 11/07/2025 Responsible Person: Administrator</p>

DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator
------------------------------	---

5.A.1.a	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <ol style="list-style-type: none"> a. An organizational diagram delineating the lines of responsibility and accountability; <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 in the manual the organizational diagram delineating the lines of responsibility and accountability.</p> <p>Finding: On 9/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual the organizational diagram delineating the lines of responsibility and accountability.</p>
---------	---

NAYEF ZAMAT
CLS (Rev 9/2023)

	<p>The Surveyor discussed the findings with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>	
	<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include an organizational diagram showing lines of responsibility and accountability per 10-144 CMR Ch.129 §5(A)(1)(a). The diagram was added under Agency Administration and reviewed with all staff. The Administrator will ensure updates are made whenever staffing or supervisory roles change and verify accuracy during semi-annual manual reviews. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator	

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 style="padding-left: 40px;">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 in the manual the Job descriptions for all positions within the agency.</p> <p>Finding: On 9/11/2025 the Surveyor reviewed the Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual the Job descriptions for all positions within the agency. The manual has a description for the PSS position but not for the other positions. The Surveyor discussed the findings with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>	
	<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include job descriptions for all positions per 10-144 CMR Ch.129 §5(A)(1)(b). Descriptions for Administrator, Supervisor, HR/Payroll, and PSS roles were added under Agency Administration. The Administrator will review and update job descriptions annually or when role changes occur to maintain compliance. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
	DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

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 style="padding-left: 40px;">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 in the manual a description of the orientation program, including but not limited to mandated reporting requirements.</p> <p>Finding: On 9/11/2025 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, including but not limited to mandated reporting requirements. Although the manual has orientation information it does not have mandatory requirements. The Surveyor discussed the findings with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>	
	DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include a complete description of the employee orientation program with mandated reporting requirements per 10-144 CMR Ch.129 §5(A)(1). The new section outlines reporting duties under 22 M.R.S. §3477–§3479 and staff training procedures. The Administrator will review the section annually to ensure continued compliance. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

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 style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 80px;">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 supplied, the Agency failed to have a policy on Infection control in the office and in private homes.</p> <p>Finding: On 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual a policy on Infection control in the office and in private homes. The Surveyor discussed the finding with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include an Infection Control Policy covering office and in-home practices per 10-144 CMR Ch.129 §5(A)(1)(d)(i). The policy defines standard precautions, PPE use, hand hygiene, and cleaning procedures. The Administrator will review and update this section annually or as CDC or DHHS guidance changes. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

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 style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 80px;">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 supplied, the Agency failed to have a policy for seeking a referral/reassessment when a client may require higher level of care.</p>

	<p>Finding: On 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual a policy on seeking a referral/reassessment when a client may require higher level of care. The Surveyor discussed the finding with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include a Referral and Reassessment Policy per 10-144 CMR Ch.129 §5(A)(1)(d)(ii). The policy directs staff to notify the Supervisor when client needs exceed PCA scope so reassessment or referral to higher care is initiated. The Administrator will review compliance during quarterly QA audits. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>

5.A.1.d.iii	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 80px;">iii. Verification of qualifications prior to employment;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the agency's Operations Manual supplied, the Agency failed to have a policy on verification of qualifications prior to employment.</p> <p>Finding: On 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual a policy on verification of qualifications prior to employment. The Surveyor discussed the finding with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p> <p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to add a policy for verifying staff qualifications before hire per 10-144 CMR Ch.129 §5(A)(1)(d)(iii). The policy requires review of licenses, certifications, references, and background checks before employment. The Administrator will audit new hire files monthly for compliance. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>

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 style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 80px;">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 supplied, the Agency failed to have a policy on completion of screening of owners and employees, including determination of eligibility for employment.</p> <p>Finding: On 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual a policy on completion of screening of owners and employees, including determination of eligibility for employment. The Surveyor discussed the finding with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>	
<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include a policy for screening all owners and employees per 10-144 CMR Ch.129 §5(A)(1)(d)(v). The policy requires background checks, exclusion list reviews, and verification of eligibility before hire or ownership approval. The Administrator will monitor compliance during monthly personnel audits. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>

<p>5.A.1.d.vi</p>	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 40px;">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 supplied, the Agency failed to have a policy on in-service training, including confidentiality and service planning for clients.</p> <p>Finding: On 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual a policy on in-service training, including confidentiality and service planning for clients. The Surveyor discussed the finding with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>	
	<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include an In-Service Training Policy per 10-144 CMR Ch.129 §5(A)(1)(d)(vi). The policy covers confidentiality, service planning, and required annual training topics. The Administrator will track completion using a training log and review compliance quarterly. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
	<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>

5.A.1.d.x	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 80px;">x. Client referrals;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the agency's Operations Manual supplied, the Agency failed to have a policy on client referrals.</p> <p>Finding: On 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual a policy on client referrals. The Surveyor discussed the finding with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>	
	<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include a Client Referral Policy per 10-144 CMR Ch.129 §5(A)(1)(d)(x). The policy outlines how referrals are received, documented, and processed to ensure timely coordination of services. The Administrator will review referral records monthly for compliance. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
<p>DATE COMPLETED 11/01/2025</p>		<p>TITLE OF PERSON RESPONSIBLE: Administrator</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 style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 80px;">xi. Client service plans, including documentation of services provided and emergency procedures related to the client;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the agency's Operations Manual supplied, 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 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual 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 on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>	
	<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include a Client Service Plan Policy per 10-144 CMR Ch.129 §5(A)(1)(d)(xi). The policy defines service plan development, documentation of services, and emergency response procedures. The Administrator will audit client files monthly to verify service plan accuracy and completeness. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	

--	--

DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator
------------------------------	---

5.A.1.d.xii	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 80px;">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 supplied, the Agency failed to have a policy on grievance procedures.</p> <p>Finding: On 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual a policy on grievance procedures. The Surveyor discussed the finding with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include a Grievance Policy per 10-144 CMR Ch.129 §5(A)(1)(d)(xii). The policy outlines steps for clients to file complaints, timelines for resolution, and documentation procedures. The Administrator will review grievance logs quarterly to ensure compliance. Completion Date: 11/07/2025 Responsible Person: Administrator</p>

DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator
------------------------------	---

5.A.1.d.xiii	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 80px;">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 supplied, the Agency failed to have a policy on reporting and investigation of allegations of abuse, neglect, or misappropriation of client property.</p> <p>Finding:</p>

<p>On 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual a policy on reporting and investigation of allegations of abuse, neglect, or misappropriation of client property. The Surveyor discussed the finding with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>	
<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include a policy for reporting and investigating abuse, neglect, or misappropriation per 10-144 CMR Ch.129 §5(A)(1)(d)(xiii). The policy details immediate reporting to DHHS, internal investigation steps, and staff retraining. The Administrator will monitor incident reports monthly for compliance. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

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 style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 80px;">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 supplied, the Agency failed to have a policy on discontinuing of services, including involuntary discharge.</p> <p>Finding: On 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual a policy on discontinuing of services, including involuntary discharge. The Surveyor discussed the finding with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include a Discontinuation and Involuntary Discharge Policy per 10-144 CMR Ch.129 §5(A)(1)(d)(xiv). The policy defines discharge reasons, notice requirements, and referral steps for continued care. The Administrator will review discharge records quarterly for compliance. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
	DATE COMPLETED 11/01/2025

5.A.1.d.xv	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 80px;">xv. Contingency planning, including agency closure;</p>
	DATE COMPLETED 11/01/2025

<p>This has not been met as evidenced by:</p> <p>Based on a review of the agency's Operations Manual supplied, the Agency failed to have a policy on contingency planning, including agency closure.</p> <p>Finding: On 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual a policy on contingency planning, including agency closure. The Surveyor discussed the finding with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>	
<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include a Contingency and Agency Closure Policy per 10-144 CMR Ch.129 §5(A)(1)(d)(xv). The policy outlines procedures for service continuity, record transfer, and DHHS notification in case of closure. The Administrator will review the policy annually for accuracy. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

5.A.1.d.xvi	<p>A. OPERATIONS MANUAL</p> <p>1. The agency must have a manual that includes, at a minimum, the following:</p> <p style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 40px;">xvi. Client and business record retention while operating and after closure;</p>	
	<p>This has not been met as evidenced by:</p> <p>Based on a review of the agency's Operations Manual supplied, the Agency failed to have a policy on client and business record retention while operating and after closure.</p> <p>Finding: On 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual a policy on client and business record retention while operating and after closure. The Surveyor discussed the finding with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>	
	<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include a Record Retention Policy per 10-144 CMR Ch.129 §5(A)(1)(d)(xvi). The policy specifies retention timelines for client and business records during operation and post-closure. The Administrator will review compliance annually and ensure secure storage of all records. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator	

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 style="padding-left: 40px;">d. Policies and procedures on topics, including but not limited to those in subsections (i)-(xvii) below. Policies and procedures on topics that are addressed by this rule or by statutes applicable to the agency must comply with the relevant law.</p> <p style="padding-left: 80px;">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 supplied, the Agency failed to have a policy on communicating new policies and policy changes with all employees.</p> <p>Finding: On 09/11/2025 the Surveyor reviewed the agency's Operations Manual provided to the Surveyor by the Administrator. The Operations Manual (OM) did not have in the manual a policy on communicating new policies and policy changes with all employees. The Surveyor discussed the finding with the Administrator during the survey on 9/17/2025 and again reviewed the finding with the Administrator during the Exit Conference on 9/17/2025.</p>		
	<p>AGENCY PLAN OF CORRECTION: The agency revised the Operations Manual on 11/01/2025 to include a Policy Communication Procedure per 10-144 CMR Ch.129 §5(A)(1)(d)(xvii). The policy outlines how new or revised policies are distributed, acknowledged, and documented. The Administrator will maintain signed acknowledgments and review compliance quarterly. Completion Date: 11/07/2025 Responsible Person: Administrator</p>		
DATE COMPLETED	11/01/2025	TITLE OF PERSON RESPONSIBLE:	Administrator

5.B.2.a	<p>B. STAFF ORIENTATION.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p style="padding-left: 40px;">a. Mandated reporting requirements as stated in 22 MRS Section 3477 and 22 MRS Section 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 09/17/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 2/23/2025. The Orientation provided and completed by E2 on 2/23/2025 did not have the mandated reporting training requirements documented as being completed on the signed book. <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>		
---------	--	--	--

	<p>AGENCY PLAN OF CORRECTION: The agency updated the Orientation Program on 11/01/2025 to include mandated reporting training per 22 M.R.S. §3477 and §4011-A. All current employees completed and signed the updated training acknowledgment. The Administrator will verify completion before any new employee w Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>	

5.B.2.b	<p>B. STAFF ORIENTATION.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p style="padding-left: 40px;">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 the regulations for agency policy related to abuse, neglect, and misappropriation of client property.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 2/23/2025. The Orientation provided and completed by E2 on 2/23/2025 did not have the agency policy related to abuse, neglect, and misappropriation of client property documented as being completed on the signed book. <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION: The agency updated the Orientation Program on 11/01/2025 to include training on agency policy regarding abuse, neglect, and misappropriation of client property per 10-144 CMR Ch.129 §5(B)(2)(b). All current staff completed the updated training, and new hires must finish it before client assignment. The Administrator will audit training records quarterly. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>	

5.B.2.c	<p>B. STAFF ORIENTATION.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p style="padding-left: 40px;">c. 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 have employees complete the required orientation training related to the agency expectations enumerated in Section 7 (A) of this rule.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p>	
---------	--	--

	<ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 2/23/2025. The Orientation provided and completed by E2 on 2/23/2025 did not have the agency policy related to the agency expectations enumerated in Section 7 (A) of this rule. <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency updated the Orientation Program on 11/01/2025 to include training on agency expectations outlined in Section 7(A) per 10-144 CMR Ch.129 §5(B)(2)(c). All current employees have completed this updated orientation, and new hires will review and sign acknowledgment prior to client contact. The Administrator will review training files quarterly. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

5.B.2.d	<p>B. STAFF ORIENTATION.</p> <ol style="list-style-type: none"> 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 agency grievance policy.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 2/23/2025. The Orientation provided and completed by E2 on 2/23/2025 did not have the agency policy related to the agency grievance policy. <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency updated the Orientation Program on 11/01/2025 to include training on the agency's Grievance Policy per 10-144 CMR Ch.129 §5(B)(2)(d). All current staff completed this module, and new hires will review it before client assignment. The Administrator will verify completion through quarterly orientation audits. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

5.B.2.f	<p>B. STAFF ORIENTATION.</p> <ol style="list-style-type: none"> 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 employees complete the required orientation training related to the agency policies on performance management, including disciplinary measures and annual performance reviews.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 2/23/2025. The Orientation provided and completed by E2 on 2/23/2025 did not have the agency policy related to the agency policies on performance management, including disciplinary measures and annual performance reviews. <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION: The agency updated the Orientation Program on 11/01/2025 to include training on performance management policies per 10-144 CMR Ch.129 §5(B)(2)(f). The module covers disciplinary actions, corrective steps, and annual performance reviews. The Administrator will confirm completion during new hire onboarding and review files quarterly. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
--	---

DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator
------------------------------	---

5.B.2.g	<p>B. STAFF ORIENTATION.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p style="padding-left: 40px;">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 agency policies on client service plans.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 2/23/2025. The Orientation provided and completed by E2 on 2/23/2025 did not have the agency policy related to the agency policies on client service plans. <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION: The agency updated the Orientation Program on 11/01/2025 to include training on Client Service Plan procedures per 10-144 CMR Ch.129 §5(B)(2)(g). The module explains plan development, documentation, and staff responsibilities. The Administrator will ensure new hires complete this training and review orientation records quarterly. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
---------	--

DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator
------------------------------	---

11/01/2025

5.B.2.h	<p>B. STAFF ORIENTATION.</p> <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 agency policies on documentation requirements.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 2/23/2025. The Orientation provided and completed by E2 on 2/23/2025 did not have the agency policy related to the agency policies on documentation requirements. <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION: The agency updated the Orientation Program on 11/01/2025 to include training on Documentation Requirements per 10-144 CMR Ch.129 §5(B)(2)(h). The module details proper recordkeeping, time entry, and service note standards. The Administrator will confirm completion during onboarding and review staff files quarterly. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

5.B.2.i	<p>B. STAFF ORIENTATION.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p>i. Contingency planning practices;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the employee records and an interview with the Administrator, the agency failed to have employees complete the required orientation training related to the agency policies on contingency planning practices.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 2/23/2025. The Orientation provided and completed by E2 on 2/23/2025 did not have the agency policy related to the agency policies on contingency planning practices. <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION: The agency updated the Orientation Program on 11/01/2025 to include training on Contingency Planning Practices per 10-144 CMR Ch.129 §5(B)(2)(i). The module covers emergency operations, service continuity, and communication procedures. The Administrator will verify training completion during onboarding and review records quarterly. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
---------	--

11/01/2025

DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator
------------------------------	---

5.B.2.j	<p>B. STAFF ORIENTATION.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p>j. Infection control;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the employee records and an interview with the Administrator, the agency failed to have employees complete the required orientation training related to the agency policies on infection control.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 2/23/2025. The Orientation provided and completed by E2 on 2/23/2025 did not have the agency policy related to the agency policies on infection control. <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency updated the Orientation Program on 11/01/2025 to include infection control training per 10-144 CMR Ch.129 §5(B)(2)(j). The module addresses standard precautions, PPE use, hand hygiene, and sanitation in client homes. The Administrator will ensure completion before independent work and audit training files quarterly. Completion Date: 11/07/2025 Responsible Person: Administrator</p>

DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator
------------------------------	---

5.B.2.k	<p>B. STAFF ORIENTATION.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p>k. Training 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 agency policies on training requirements.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024, therefore they were not required to complete the orientation training prior to working independently with any client. 2. Employee #E2 was hired on 2/23/2025. The Orientation provided and completed by E2 on 2/23/2025 did not have the agency policy related to the agency policies on training requirements. <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency updated the Orientation Program on 11/01/2025 to include training on Agency Training Requirements per 10-144 CMR Ch.129 §5(B)(2)(k). The policy outlines required initial and ongoing in-service training. The Administrator will ensure completion before client assignment and review compliance quarterly. Completion Date: 11/07/2025 Responsible Person: Administrator</p>

DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

5.C.1.a	<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;">a. Maine's mandated reporting statutes;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of employee records and an interview with the Administrator, the agency failed to ensure that all employees completed the required annual training on the agency's policies related to Maine's mandated reporting statutes.</p> <p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024 and did not have documentation of completion of the required annual training on Maine's mandated reporting statutes. 2. Employee #E2 was hired on 02/23/2025 and, therefore, was not yet required to complete the annual training at the time of the survey. <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency implemented annual training on Maine's mandated reporting statutes per 22 M.R.S. §3477 and §4011-A on 11/01/2025. All current employees completed this training, and future sessions will occur annually based on each employee's hire anniversary. The Administrator will verify and document completion in personnel files. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

5.C.1.b	<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;">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 employee records and an interview with the Administrator, the agency failed to ensure that all employees completed the required annual training on the agency's policy related to abuse, neglect, and misappropriation of client property.</p> <p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024 and did not have documentation of completion of the required annual training on the agency's policy related to abuse, neglect, and misappropriation of client property.

	<p>2. Employee #E2 was hired on 02/23/2025 and, therefore, was not yet required to complete the annual training at the time of the survey. The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency implemented annual training on Abuse, Neglect, and Misappropriation of Client Property per 10-144 CMR Ch.129 §5(C)(1)(b) on 11/01/2025. All current employees completed this training, and future sessions will occur annually based on each employee's hire anniversary. The Administrator will verify and file documentation after each completion. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>

<p>5.C.1.c</p>	<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 employee records and an interview with the Administrator, the agency failed to ensure that all employees completed the required annual training on the agency's Grievance Policy.</p> <p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024 and did not have documentation of completion of the required annual training on the agency's Grievance Policy. 2. Employee #E2 was hired on 02/23/2025 and, therefore, was not yet required to complete the annual training at the time of the survey. <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p> <p>AGENCY PLAN OF CORRECTION: The agency implemented annual training on the Grievance Policy per 10-144 CMR Ch.129 §5(C)(1)(c) on 11/01/2025. All current employees completed this training, and future sessions will occur annually based on each employee's hire anniversary. The Administrator will verify completion and maintain documentation in personnel files. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>

<p>5.C.1.d</p>	<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 employee records and an interview with the Administrator, the agency failed to ensure that all employees completed the required annual training on agency expectations enumerated in Section 7 (A) of this rule.</p>
----------------	---

<p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024 and did not have documentation of completion of the required annual training on agency expectations enumerated in Section 7 (A) of this rule. 2. Employee #E2 was hired on 02/23/2025 and, therefore, was not yet required to complete the annual training at the time of the survey. <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>	
<p>AGENCY PLAN OF CORRECTION: The agency implemented annual training on Agency Expectations per 10-144 CMR Ch.129 §5(C)(1)(d) on 11/01/2025. All current employees completed the updated training, and future sessions will occur annually based on each employee's hire anniversary. The Administrator will verify and record completion in personnel files. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

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: <ul style="list-style-type: none"> e. Infection control; <p>This has not been met as evidenced by:</p> <p>Based on a review of employee records and an interview with the Administrator, the agency failed to ensure that all employees completed the required annual training on infection control.</p> <p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024 and did not have documentation of completion of the required annual training on infection control. 2. Employee #E2 was hired on 02/23/2025 and, therefore, was not yet required to complete the annual training at the time of the survey. <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>	
	<p>AGENCY PLAN OF CORRECTION: The agency implemented annual Infection Control training per 10-144 CMR Ch.129 §5(C)(1)(e) on 11/01/2025. The training covers hand hygiene, PPE use, and sanitation in office and home settings. All current employees completed the training, and future sessions will occur annually on each hire anniversary. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
	DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

5.C.1.f	<p>C. ANNUAL STAFF TRAINING.</p> <ol style="list-style-type: none"> 1. Each employee must receive annual training, including but not limited to: <ul style="list-style-type: none"> f. Emergency and disaster policies; 	

<p>This has not been met as evidenced by:</p> <p>Based on a review of employee records and an interview with the Administrator, the agency failed to ensure that all employees completed the required annual training on emergency and disaster policies.</p> <p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024 and did not have documentation of completion of the required annual training on emergency and disaster policies. 2. Employee #E2 was hired on 02/23/2025 and, therefore, was not yet required to complete the annual training at the time of the survey. <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>	
<p>AGENCY PLAN OF CORRECTION: The agency implemented annual training on Emergency and Disaster Policies per 10-144 CMR Ch.129 §5(C)(1)(f) on 11/01/2025. The training covers evacuation procedures, communication plans, and continuity of care. All current employees completed the training, and future sessions will occur annually by hire anniversary. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

5.C.1.g	<p>C. ANNUAL STAFF TRAINING.</p> <ol style="list-style-type: none"> 1. Each employee must receive annual training, including but not limited to: <ul style="list-style-type: none"> g. Confidentiality requirements in accordance with state and federal rules and laws. <p>This has not been met as evidenced by:</p> <p>Based on a review of employee records and an interview with the Administrator, the agency failed to ensure that all employees completed the required annual training on confidentiality requirements in accordance with state and federal rules and laws.</p> <p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024 and did not have documentation of completion of the required annual training on confidentiality requirements in accordance with state and federal rules and laws. 2. Employee #E2 was hired on 02/23/2025 and, therefore, was not yet required to complete the annual training at the time of the survey. <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>	
	<p>AGENCY PLAN OF CORRECTION: The agency implemented annual training on Confidentiality Requirements per 10-144 CMR Ch.129 §5(C)(1)(g) and HIPAA on 11/01/2025. The training covers state and federal privacy laws, PHI protection, and staff responsibilities. All current employees completed it, and future training will occur annually by hire anniversary. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
	DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

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 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 employee records and an interview with the Administrator, the agency failed to ensure that on-site supervision was provided at least once every 30 days during the first three months of employment for each employee assigned direct care duties.</p> <p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024. As this employee's initial three-month employment period occurred before the current regulatory requirements took effect, the on-site supervision requirement did not apply at the time of review. 2. Employee #E2 was hired on 02/23/2025. The file contained documentation of supervision dated 02/25/2025; however, there was no evidence that the employee worked on that date. The next documented supervision occurred on 09/01/2025, exceeding the 30-day supervision requirement for the first three months of employment. <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p> <p>AGENCY PLAN OF CORRECTION: The agency revised its supervision tracking system on 11/01/2025 to ensure on-site supervision is completed every 30 days during the first three months of employment per 10-144 CMR Ch.129 §5(D)(1)(b). Supervisors must document each visit using the new supervision log. The Administrator will review logs monthly Completion Date: 11/07/2025 Responsible Person: Administrator</p>
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

5.D.1.c.i	<p>D. SUPERVISION.</p> <p>1. The agency must designate one or more individuals who will be responsible for supervision of employees providing direct care.</p> <p>c. The on-site supervisory visit must be documented. This documentation must include, at a minimum, the following:</p> <p>i. The services that the supervisor observed;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of employee records and an interview with the Administrator, the agency failed to ensure that on-site supervision was provided at least once every 30 days during the first three months of employment for each employee assigned direct care duties documenting the services the supervisor observed.</p> <p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024. As this employee's initial three-month employment period occurred before the current regulatory requirements took effect, the on-site supervision requirement did not apply at the time of review.
-----------	---

	<p>2. Employee #E2 was hired on 02/23/2025. The agency failed to ensure that on-site supervision was provided at least once every 30 days during the first three months of employment for each employee assigned direct care duties documenting the services the supervisor observed. The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency updated the Supervision Policy on 11/01/2025 to require that each on-site supervisory visit includes documentation of observed services per 10-144 CMR Ch.129 §5(D)(1)(c)(i). A standardized supervision form was implemented to record visit details. The Administrator will review all supervision records monthly for completeness. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>

<p>5.D.1.c.ii</p>	<p>D. SUPERVISION.</p> <p>1. The agency must designate one or more individuals who will be responsible for supervision of employees providing direct care.</p> <p>c. The on-site supervisory visit must be documented. This documentation must include, at a minimum, the following:</p> <p>ii. Any competency issues noted;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of employee records and an interview with the Administrator, the agency failed to ensure that on-site supervision was provided at least once every 30 days during the first three months of employment for each employee assigned direct care duties documenting any competency issues noted.</p> <p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024. As this employee's initial three-month employment period occurred before the current regulatory requirements took effect, the on-site supervision requirement did not apply at the time of review. 2. Employee #E2 was hired on 02/23/2025. The agency failed to ensure that on-site supervision was provided at least once every 30 days during the first three months of employment for each employee assigned direct care duties documenting any competency issues noted. <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p> <p>AGENCY PLAN OF CORRECTION: The agency revised the Supervision Documentation Form on 11/01/2025 to include a section for noting and addressing competency issues per 10-144 CMR Ch.129 §5(D)(1)(c)(ii). Supervisors must record observed deficiencies and corrective actions. The Administrator will review supervision forms monthly to verify completion. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>

5.D.1.c.iii	<p>D. SUPERVISION.</p> <p>1. The agency must designate one or more individuals who will be responsible for supervision of employees providing direct care.</p> <p>c. The on-site supervisory visit must be documented. This documentation must include, at a minimum, the following:</p> <p>iii. The action plan to resolve any issues;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of employee records and an interview with the Administrator, the agency failed to ensure that on-site supervision was provided at least once every 30 days during the first three months of employment for each employee assigned direct care duties documenting the action plan to resolve any issues.</p> <p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024. As this employee's initial three-month employment period occurred before the current regulatory requirements took effect, the on-site supervision requirement did not apply at the time of review. 2. Employee #E2 was hired on 02/23/2025. The agency failed to ensure that on-site supervision was provided at least once every 30 days during the first three months of employment for each employee assigned direct care duties documenting the action plan to resolve any issues. <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p> <p>AGENCY PLAN OF CORRECTION: The agency revised the Supervision Form on 11/01/2025 to include an Action Plan section for resolving issues identified during on-site supervision per 10-144 CMR Ch.129 §5(D)(1)(c)(iii). Supervisors must document corrective steps and follow-up dates. The Administrator will review forms monthly to confirm completion. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

5.D.1.c.iv	<p>D. SUPERVISION.</p> <p>1. The agency must designate one or more individuals who will be responsible for supervision of employees providing direct care.</p> <p>c. The on-site supervisory visit must be documented. This documentation must include, at a minimum, the following:</p> <p>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> <p>This has not been met as evidenced by:</p> <p>Based on a review of employee records and an interview with the Administrator, the agency failed to ensure that on-site supervision was provided at least once every 30 days during the first three months of employment for each employee assigned direct care duties documenting 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> <p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p>
------------	---

	<p>3. Employee #E1 was hired prior to 2024. As this employee's initial three-month employment period occurred before the current regulatory requirements took effect, the on-site supervision requirement did not apply at the time of review.</p> <p>4. Employee #E2 was hired on 02/23/2025. The agency failed to ensure that on-site supervision was provided at least once every 30 days during the first three months of employment for each employee assigned direct care duties documenting 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> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency updated the Supervision Form on 11/01/2025 to include a section for documenting client or representative interviews per 10-144 CMR Ch.129 §5(D)(1)(c)(iv). Supervisors must record client satisfaction and confirm service plan compliance during each on-site visit. The Administrator will review forms monthly for completeness. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>

<p>5.D.1.d</p>	<p>D. SUPERVISION.</p> <p>1. The agency must designate one or more individuals who will be responsible for supervision of employees providing direct care.</p> <p>d. The supervisor must complete an annual performance review, based on the employee's date of hire. The evaluation must be maintained in the employee's personnel record.</p> <p>This has not been met as evidenced by:</p> <p>Based on employee record reviews and interview, the agency failed to have the supervisor complete an annual performance review, based on the employee's date of hire. The evaluation must be maintained in the employee's personnel record.</p> <p>Findings: On 09/17/2025, the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was hired prior to 2024 and did not have an annual performance review in their personnel file as of the survey. 2. Employee #E2 was hired on 02/23/2025 therefore they were not required to complete the annual performance review. <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency implemented an Annual Performance Review Policy on 11/01/2025 per 10-144 CMR Ch.129 §5(D)(1)(d). Supervisors must complete evaluations each year based on employee hire dates and file them in personnel records. The Administrator will monitor compliance through quarterly personnel audits. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>

<p>7.A.2</p>	<p>A. EXPECTATIONS.</p> <p>2. The client must be given a copy of these agency expectations at the time of signing a contract with the agency.</p> <p>This has not been met as evidenced by:</p>
--------------	---

<p>Based on record reviews and interview, the agency failed to ensure the client was given a copy of the agency expectations at the time of signing a contract with the agency. (Client #1 and Client #2).</p> <p>Finding: On 9/17/2025, a review of Client #1 and Client #2's records was completed. Client #1 and Client #2's records did not have evidence the client was given a copy of the agency expectations. This finding was confirmed with the Administrator at the time of the survey and the exit interview on 9/17/2025.</p> <p>AGENCY PLAN OF CORRECTION: The agency revised its intake process on 11/01/2025 to ensure clients receive a copy of agency expectations at contract signing per 10-144 CMR Ch.129 §7(A)(2). A signed acknowledgment form was added to confirm receipt and is now required in every client file. The Administrator will audit files monthly for verification. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

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 record reviews and an interview, the agency failed to ensure that a signed copy of the agency expectations was included in two (2) out of two (2) clients' records reviewed (Client #1 and Client #2).</p> <p>Finding: On 9/17/2025, a review of Client #1 and Client #2's records was completed. Client #1 and Client #2's records did not include a signed copy of the agency's expectations. This finding was confirmed with the Administrator at the time of the survey and the exit interview on 9/17/2025.</p> <p>AGENCY PLAN OF CORRECTION: The agency updated its intake procedure on 11/01/2025 to require that each client's signed acknowledgment of agency expectations be maintained in the client record per 10-144 CMR Ch.129 §7(A)(3). All current client files were reviewed and corrected. The Administrator will verify compliance during monthly chart audits. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
	DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

9.B.1.e	<p>B. CLIENT RECORDS.</p> <p>1. An individualized record must be maintained for each client. These records may be paper records or electronic records. The record must contain, at a minimum, the following:</p> <p>e. Date of admission;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the client records and an interview with the Administrator, the agency failed to have documented date of admission in the client file.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (2) client files and interviewed the Administrator regarding the agency's other clients. The Surveyor determined the following:</p> <p>1. Client #C1 did not have a documented date of admission in their client file.</p>	

<p>2. Client #C2 did not have a documented date of admission in their client file. The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>	
<p>AGENCY PLAN OF CORRECTION: The agency revised client intake procedures on 11/01/2025 to ensure the admission date is documented in every client file per 10-144 CMR Ch.129 §8(B)(1)(e). A "Date of Admission" field was added to the intake checklist and client record template. The Administrator will review new files within 48 hours of admission for accuracy. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
DATE COMPLETED 11/01/2025	TITLE OF PERSON RESPONSIBLE: Administrator

9.B.1.i	<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;">i. Signed service contract;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of client records and an interview with the Administrator, the agency failed to have signed service contracts in the client's file.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (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 current signed service plan in the client file. 2. Client #C2 did not have a current signed service plan in the client file . <p>The Surveyors discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>
	<p>AGENCY PLAN OF CORRECTION: The agency updated intake and recordkeeping procedures on 11/01/2025 to ensure a signed service contract is present in each client file per 10-144 CMR Ch.129 §8(B)(1)(i). All current client files were reviewed, and missing contracts were obtained and filed. The Administrator will verify completion for all new admissions. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
	DATE COMPLETED 11/01/2025

9.B.1.k	<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;">k. Discharge summary, including date services ended, reason services ended, and client status at discharge;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of client records and an interview with the Administrator, the agency failed to have a discharge summary.</p>
	DATE COMPLETED 11/01/2025

<p>Findings: On 09/17/2025 the Surveyors reviewed two (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 #D1 did not have a discharge summary in the client file. 2. Client #D2 did not have a discharge summary in the client file. <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>	
<p>AGENCY PLAN OF CORRECTION: The agency implemented a Discharge Summary Form on 11/01/2025 per 10-144 CMR Ch.129 §8(B)(1)(k). The form documents discharge date, reason for discharge, and client status. All past discharges were reviewed and updated, and the Administrator will verify completion for all future discharges. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>

9.C.3.f	<p>C. OWNER AND EMPLOYEE RECORDS.</p> <p>3. Employee records must contain the following:</p> <p style="padding-left: 40px;">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 the first date employee provided direct care to a client in the employee's file.</p> <p>Findings: On 09/17/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 had no documented date in the employee file showing the initial date of direct care with a client. 2. Employee #E2 had 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 09/17/2025 during the Exit Conference.</p>	
	<p>AGENCY PLAN OF CORRECTION: The agency revised its employee file documentation process on 11/01/2025 to include a required field for the first date of direct care per 10-144 CMR Ch.129 §9(C)(3)(f). All employee files were updated to reflect this information. The Administrator will confirm documentation for all new hires before payroll activation. Completion Date: 11/07/2025 Responsible Person: Administrator</p>	
	<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>

9.C.3.i	<p>C. OWNER AND EMPLOYEE RECORDS.</p> <p>3. Employee records must contain the following:</p> <p style="padding-left: 40px;">I. Documentation of all required supervisory visits.</p> <p>This has not been met as evidenced by:</p>	
	This row is empty as per the image	

	<p>Based on a review of the employee records and an interview with the Administrator, the agency failed to provide and document in the employee file on-site supervisions 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 09/17/2025 the Surveyor reviewed two (2) employee files and interviewed the Administrator regarding the agency's other employees. The Surveyor determined the following:</p> <ol style="list-style-type: none"> 1. Employee #E1 was not required to have on-site supervisions. 2. Employee #E2 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>AGENCY PLAN OF CORRECTION: The agency updated its supervision documentation procedure on 11/01/2025 to ensure all required supervisory visits are recorded in employee files per 10-144 CMR Ch.129 §9(C)(3)(I). A standardized Supervision Log was implemented to track visit dates. The Administrator will review employee files monthly for compliance. Completion Date: 11/07/2025 Responsible Person: Administrator</p>
<p>DATE COMPLETED 11/01/2025</p>	<p>TITLE OF PERSON RESPONSIBLE: Administrator</p>