



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

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION End of Provisional Survey</b>		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:		
<b>RULE</b>	<b>SUMMARY STATEMENT OF DEFFICIENCES</b>	

3.E.1		<p><b>E. CONTRACT WITH CLIENT OR LEGAL REPRESENTATIVE.</b></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"> <li>1. Client #C1 did not have a signed contract in their client file. Although they did have the intake packet.</li> <li>2. Client #C2 did not have a signed contract in their client file.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p><b>AGENCY PLAN OF CORRECTION:</b></p>
DATE COMPLETED		TITLE OF PERSON RESPONSIBLE:

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> <p style="padding-left: 40px;">a. An organizational diagram delineating the lines of responsibility and accountability;</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 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. 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:</p>	
DATE COMPLETED		TITLE OF PERSON RESPONSIBLE:

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:</p>	
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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> <p>AGENCY PLAN OF CORRECTION:</p>
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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:</p>
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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:</p>
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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>
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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: 40px;">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>	
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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 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;">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>	
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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>	
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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:</p>
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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>
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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>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 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:  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>
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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:</p>
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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> <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>
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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: 80px;">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>
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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 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:</p>
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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>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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>
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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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>	
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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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION:</p>
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5.B.2.d	<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;">d. 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 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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION:</p>
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5.B.2.f	<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;">f. Agency policies on 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 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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION:</p>
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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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>
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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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>
	AGENCY PLAN OF CORRECTION:
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5.B.2.i	<p>B. STAFF ORIENTATION.</p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p style="padding-left: 40px;">i. Contingency planning practices;</p> <p>This has not been met as evidenced by:</p> <p>Based on a review of the employee records and an interview with the Administrator, the agency failed to have employees complete the required orientation training related to the agency policies on contingency planning practices.</p> <p>Findings: On 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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION:</p>
DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:

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 style="padding-left: 40px;">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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION:</p>
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5.B.2.k	<p><b>B. STAFF ORIENTATION.</b></p> <p>2. The agency orientation program must include, at a minimum, the following topics:</p> <p style="padding-left: 40px;">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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p><b>AGENCY PLAN OF CORRECTION:</b></p>
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5.C.1.a	<p><b>C. ANNUAL STAFF TRAINING.</b></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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>
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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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>	
	DATE COMPLETED	TITLE OF PERSON RESPONSIBLE:

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 style="padding-left: 40px;">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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>
	<p>AGENCY PLAN OF CORRECTION:</p>
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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 style="padding-left: 40px;">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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>
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5.C.1.e	<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;">e. Infection control;</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 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"> <li>1. Employee #E1 was hired prior to 2024 and did not have documentation of completion of the required annual training on infection control.</li> <li>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.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p> <hr/> <p>AGENCY PLAN OF CORRECTION:</p>
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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 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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>
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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 style="padding-left: 40px;">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 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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>
	AGENCY PLAN OF CORRECTION:
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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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p> <p>AGENCY PLAN OF CORRECTION:</p>
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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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p> <p>AGENCY PLAN OF CORRECTION:</p>
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5.D.1.c.ii	<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 style="padding-left: 40px;">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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p> <p>AGENCY PLAN OF CORRECTION:</p>
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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 style="padding-left: 40px;">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"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p> <p>AGENCY PLAN OF CORRECTION:</p>
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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> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p> <p>AGENCY PLAN OF CORRECTION:</p>
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5.D.1.d	<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"> <li>1. Employee #E1 was hired prior to 2024 and did not have an annual performance review in their personnel file as of the survey.</li> <li>2. Employee #E2 was hired on 02/23/2025 therefore they were not required to complete the annual performance review.</li> </ol> <p>The Surveyor discussed these findings with the Administrator during the Exit Conference on 09/17/2025.</p>	
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7.A.2	<p>A. EXPECTATIONS.</p> <p>2. The client must be given a copy of these agency expectations at the time of signing a contract with the agency.</p> <p>This has not been met as evidenced by:</p> <p>Based on record reviews and interview, the agency failed to ensure the client was given a copy of the agency expectations at the time of signing a contract with the agency. (Client #1 and Client #2).</p> <p>Finding:  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>	
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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:</p>	
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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 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 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"> <li>1. Client #C1 did not have a documented date of admission in their client file.</li> <li>2. Client #C2 did not have a documented date of admission in their client file.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>	
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9.B.1.i	<p><b>B. CLIENT RECORDS.</b></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"> <li>1. Client #C1 did not have a current signed service plan in the client file.</li> <li>2. Client #C2 did not have a current signed service plan in the client file .</li> </ol> <p>The Surveyors discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>	
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9.B.1.k	<p><b>B. CLIENT RECORDS.</b></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> <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"> <li>1. Client #D1 did not have a discharge summary in the client file.</li> <li>2. Client #D2 did not have a discharge summary in the client file.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p>	
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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"> <li>1. Employee #E1 had no documented date in the employee file showing the initial date of direct care with a client.</li> <li>2. Employee #E2 had no documented date in the employee file showing the initial date of direct care with a client.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 09/17/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION:</p>
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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> <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"> <li>1. Employee #E1 was not required to have on-site supervisions.</li> <li>2. Employee #E2 did not have evidence of supervision at least once every thirty days for the first three months of employment.</li> </ol> <p>The Surveyor discussed the findings with the Administrator on 07/14/2025 during the Exit Conference.</p> <p>AGENCY PLAN OF CORRECTION:</p>
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