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ORONO COMMONS	117 BENNOCH RD ORONO, ME 04473

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P 000	Initial Comments On 5/19/24 through 5/21/24, onsite visits were made at Orono Commons, for the purpose of completing the state relicensure survey. It was determined that Orono Commons was not in substantial compliance with 10/144, Chapter 113-Regulations Governing the Licensing and Functioning of Assistive Housing Programs-Level IV, Private Non-Medical Institutions.	P 000	Orono Commons provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with state and federal regulations.	
P 060	3.25.3.6 Licensing The following shall be appended to the contract and made a part thereof: This Regulation is not met as evidenced by: Based on record reviews the facility failed to provide appendices listed in the contract to residents who were admitted to the facility. Finding: On 5/20/24 during record reviews and a review of a provided copy of the contract given to residents on admission. The facility has the following appendices listed on the contract. Appendix A: Admission policy, Appendix B: Your Rights, and Appendix C: Grievance Policy The contracts in the residents clinical record did not have the above appendices attached, the facility was not able to provide those appendices to a surveyor. On 5/20/24 during an interview with the Residential care Director a surveyor confirmed that the contracts did not include the above appendices.	P 060	All residents will be provided with appendices A, B, and C from the facility contract. The Residential Care Director (RCD) or designee will review all resident records to ensure contracts were provided with appendices A, B, and C. The RCD or designee will provide education to the Admissions Director on policy 1.5 Rates and Contracts. The RCD or designee will audit admission contracts weekly for four weeks then monthly for three months or until resolved to ensure appendices are provided per policy and report findings at the monthly QAPI meeting.	

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P 304	Continued From page 1	P 304		
P 304	7.1.2 Medications and Treatments No injectable medications may be administered by an unlicensed person, with the exception of bee sting kits and insulin. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that an injectable medication (exclusive of bee sting kits and insulin), was not administered by an unlicensed person, for 1 of 1 resident receiving the medication Trulicity. (Resident #2) Finding: Review of Resident #2's clinical record noted a diagnosis of Diabetes Mellitus. The physician's orders included an order, dated 2/23/24, for Trulicity 0.75 mg/0.5 ml (milligrams per milliliter) subcutaneous every week. The order did not include whether a Certified Residential Medication Aide's (CRMA) could administer the medication nor any additional instructions of when to hold the medication, monitoring of side effects, or symptoms to report to the provider. The manufacturer's prescribing information stated Trulicity (generic name dulaglutide) is a "glucagon-like peptide-1 (GLP-1) receptor agonist used in the treatment of diabetes and stimulates glucose-dependent insulin secretion and reduces glucagon secretion. Trulicity is a non-insulin option that helps the body release the insulin it's already making." On 5/20/24 at approximately 10:00 a.m., in an interview with a surveyor, the CRMA stated they have been administering this medication to Resident #2 because they were told they were	P 304	~~The event for Resident #2 happened in the past and cannot be corrected.~~ A facility-wide audit was conducted to validate that residents did not have unlicensed staff administering injectable medications. The center ensures that no injectable medications may be administered by an unlicensed person, with the exception of bee sting kits and insulin. Resident care staff will be re-educated to this process. Resident Care Director/Designee will ensure that audits are conducted to validate that injectable medications are not administered by unlicensed staff with the exception of bee sting kits and insulin. These audits will be conducted weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 3 months. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations.	

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P 304	Continued From page 2 able to administer this medication, review of the medication administration record provides evidence that the CRMA's have been administering this medication	P 304		
P 306	7.1.4 Medications and Treatments Unlicensed assistive personnel must be trained by a registered professional nurse in regard to the management of persons with diabetes. The registered professional nurse must provide in-service training and documentation to include: [Class III] This STANDARD is not met as evidenced by: Based on personnel file reviews and interview, the facility failed to provide documented evidence that 2 of 4 Certified Residential Medication Aide's (CRMA's) received annual diabetes management training (CRMA #2, CRMA #4), Findings: On 5/20/24 during the review of CRMA #2's personnel file, there is no evidence that they received their annual diabetes management training. On 5/20/24 during the review of CRMA #4's personnel file, there is no evidence that they received their annual diabetes management training.	P 306	CRMAs #2 and #4 were provided education by a registered professional nurse on diabetes management. The RCD or designee will audit all CRMAs education file to ensure annual diabetes education was provided. The Administrator or designee will educate the Nurse Practice Educator (NPE) on policy 3.0 Administration of Medications and Treatments. The RCD or designee with audit new hire files for CRMAs weekly for four weeks then monthly for three months or until resolved to ensure education on diabetes management was provided by a registered professional nurse and report findings at the monthly QAPI meeting.	

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P 306	Continued From page 3 On 5/20/24 at 2:05 p.m., during an interview with the Director of Nursing, the surveyor confirmed that CRMA #2 and #4 have not had their annual diabetes training.	P 306		
P 361	7.14 Medications and Treatments Breathing apparatus. When the facility assists a resident with a hand-held bronchodilator, metered dose nebulizers, intermittent positive pressure breathing machine or oxygen machine, there shall be documentation of the following: This STANDARD is not met as evidenced by: Based on personnel file reviews and interview, the facility failed to provide the necessary training to assist residents in the use of Oxygen therapy and Continuous Positive airway Pressure therapy (CPAP). for 3 of 4 Certified Residential Medication Aide's (CRMA's) (CRMA #1, #3, #4) in addition the facility failed to have complete orders for the use of oxygen and the CPAP for 1 of 3 residents reviewed (Resident #3) Findings: On 5/20/24 during the review of CRMA #1's personnel file, there is no evidence that they received their in-service on how to use any type of breathing apparatus. On 5/20/24 during the review of CRMA #3's personnel file, there is no evidence that they received their in-service on how to use any type of breathing apparatus. On 5/20/24 during the review of CRMA #4's	P 361	Training for the use of oxygen therapy and CPAP was provided for CRMAs #1, #3, and #4. An order for oxygen use was obtained for Resident #3. TThe RCD or designee will audit all CRMAs education file to ensure training to assist residents in the use of oxygen therapy and CPAP was provided. The RCD or designee will review all residents who use oxygen to ensure there is an active order for use. The Administrator or designee will educate the Nurse Practice Educator (NPE) on policy 3.0 Administration of Medications and Treatments. The RCD or designee with audit new hire files for CRMAs weekly for four weeks then monthly for three months or until resolved to ensure education on the use of oxygen therapy and CPAP was provided and report findings at the monthly QAPI meeting.	

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P 361	Continued From page 4 personnel file, there is no evidence that they received their in-service on how to use any type of breathing apparatus. On 5/20/24 during a clinical record review for Resident #3 there is no evidence that there is an active order for the use of oxygen. On 5/20/24 at 2:05 p.m., during an interview with the Director of Nursing, the surveyor confirmed that CRMA #1, #3 and #4 have not had their in-service on how to use any type of breathing apparatus and that Resident #3 did not have an active order for the use of oxygen.	P 361		
P 443	11.1.1.12 Administrative and Resident Records Current diagnoses and/or physical or mental disabilities and instructions as to any special care required; This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to have a residents current diagnosis and/or mental disabilities with any special instructions to provide care for 1 of 3 sampled residents (Resident #2) Finding: During a record review for Resident #2, his/her physician orders and summary sheets did not have any diagnosis listed, on the physician order sheet it is documented as diagnosis not specified. On 5/20/24 at approximately 10:00 a.m. during an interview with the Residential Care Director the surveyor confirmed the above finding.	P 443	Current diagnoses for Resident #2 were added to the clinical chart. The RCD or designee will review resident records to ensure current diagnoses are in the clinical chart and reflected on the physician orders and summary sheets. The Administrator or designee will provide education to the RCD on regulation 11.1.1.12. The RCD or designee will audit resident records weekly for four weeks then monthly for three months or until resovled to ensure current diagnoses are in the clinical chart and reflected on physician orders and summary sheets and report findings at the monthly QAPI meeting.	

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P 454	Continued From page 5	P 454		
P 454	11.1.4 Administrative and Resident Records Administrative and Resident Records Individual records required. Information pertaining to a resident's stay shall be centralized in an individual record, containing the following, where applicable: Written and dated orders signed by a duly authorized licensed practitioner for all treatments, medications and special diets. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to have written orders signed by a duly authorized licensed practitioner for a special diet in the resident's record for 1 of 3 sampled residents (Resident #2). Finding: Resident #2's clinical record contained a physician's order, signed, and dated 2/16/24, that did not include a diet order. A Dietary slip that was on Resident #2's lunch meal tray, has the diet listed as a 2 gram no added salt diet. There was no evidence in the residents clinical record of a written diet order signed by a duly authorized licensed practitioner, for this special diet to be administered. On 5/20/24 at 2:05 p.m., during an interview with the Director of Nursing, the surveyor confirmed Resident #2 did not a physician's order for the 2 gram no added salt diet that was being provided to Resident #2.	P 454	A diet order for Resident #2 was obtained from a duly authorized licensed practioner and entered into the record. The RCD or designee will review all resident records to ensure there is a written and dated diet order for all residents. The Administrator or designee will provide education to the RCD on regulation 11.1.4 The RCD or designee will audit resident records weekly for four weeks then monthly for three months or until resolved to ensure there is a written and dated diet order and report findings at the monthly QAPI meeting.	

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P 479	Continued From page 6	P 479		
P 479	12.2 Standards for Resident Care Resident assessment. Residents shall be assessed within thirty (30) calendar days of admission and reassessed annually or if there is a significant change in a resident's condition, using the state approved Resident Assessment Instrument (RAI) or other assessment or assessment process as required by the agency providing the MaineCare funds, to determine their abilities and need for services. The resident and resident's legal representative, as well as staff or other persons approved by the resident or resident's legal representative who are knowledgeable about the resident, shall participate in or be consulted concerning the assessment. The areas identified below are to be assessed. The listing of these areas is not meant to exclude assessment of any other obvious needs which the residents may exhibit. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a Resident Assessment was completed, within thirty calendar days of admission for 1 of 3 sampled residents (Resident #2) and that an annual resident assessment was completed timely for 1 of 3 sampled residents (Resident #1). Finding: Resident #2's "face sheet" indicated the resident had been admitted on 2/16/24. The resident's clinical record lacked evidence that the Resident Assessment was completed within 30 days of admission.	P 479	Resident Assessments for Resident #1 and #2 were completed. The RCD or designee will review all resident records to ensure an admission and/or annual Resident Assessment was completed. The Administrator or designee will provide education to the RCD on policy 5.0 Evaluation and Service Plan. The RCD or designee will audit Resident Assessments weekly for four weeks then monthly for three months or until resolved to ensure they are completed timely and report findings at the monthly QAPI meeting.	

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P 479	Continued From page 7 During a clinical record review for Resident #1, his/her annual assessment was due to be completed on 4/22/24. The clinical record lacked evidence that the annual assessment was completed and as of 5/20/24 it is 29 days overdue for completion. On 5/20/24 at 2:05 p.m., during an interview with the Director of Nursing, the surveyor confirmed Resident #2 did not have a completed admission assessment within 30 days of admission and as of this date the assessment is not completed and that the assessment for Resident #1 has not been completed making it late.	P 479		
P 494	12.3 Standards for Resident Care Service plan: A service plan shall be developed and implemented within thirty (30) calendar days of admission for each resident based upon the findings of the resident assessment instrument (RAI). The plan shall address those areas in which the resident needs encouragement, assistance or an intervention strategy. The resident, his/her legal representative (if applicable) and others chosen by the resident shall be actively involved in the development of the service plan, unless he/she is unable or unwilling to participate. There shall be documentation in the resident's record identifying who participated in the development of the service plan. The service plan shall describe strategies and approaches to meet the resident's needs, names of who will arrange and/or deliver services, when and how often services will be provided and goals to improve or maintain the resident's level of functioning. Residents shall be encouraged to be as independent as possible in	P 494	Service plans for Resident #1, #2, and #3 were updated as indicated. The RCD or designee will residents that have oxygen, CPAP, and/or dialysis to ensure their service plan reflects their current needs, strategies of approaches, names of who will arrange/deliver service, when/how often services will be provided, and goals to maintain or improve their level of function. The Administrator or designee will provide education to the RCD on policy 5.0 Evaluation and Service Plan. The RCD or designee will audit resident service plans weekly for four weeks then monthly for three months or until resolved to ensure they are completed to reflect the residents' current needs and report findings at the monthly QAPI meeting.	

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P 494	Continued From page 8 their functioning, including ADLs and IADL's if they choose, unless contraindicated by the resident's duly authorized licensed practitioner. The service plan shall be modified, as necessary, based upon identified changes. Residents shall never be required to perform activities specified in the residential service plan or any other activities and cannot be used to replace paid staff. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Service Plans were updated and complete to reflect the residents current needs. For 3 of 3 residents reviewed (Resident #1, #2 and #3) Findings: During an Observation and interview with Resident #1, he/she was in their room and a Continuous Positive airway pressure machine (CPAP) was observed on his/her bedside table. When Resident #1 was asked about their CPAP he/she stated they use it every night. Documentation in Resident#1's clinical record did not indicate they used a CPAP, and their service plan did not reflect the use of the CPAP. During record review for Resident #2 their service plan was not complete. The service plan did not include strategies and approaches to meet the residents' needs, names of who will arrange and or deliver services, when and how often services will be provided and goals to improve or maintain the resident's level of functioning.	P 494		

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P 494	Continued From page 9 During an observation and interview with Resident #3, he/she was observed using an oxygen concentrator with a setting of 2 liters per minute using a nasal cannula. He/she stated they use oxygen all the time and when he/she leaves their room and goes to dialysis three times a week they use a portable oxygen tank. Upon review of the service plan the service plan did not include strategies and approaches to meet the resident's needs, names of who will arrange and or deliver services, when and how often services will be provided and goals to improve or maintain the resident's level of functioning. Resident #3 always uses oxygen and goes to dialysis outside of the facility three times a week and this is not addressed in the service plan. On 5/20/24 at 2:05 p.m., during an interview with the Director of Nursing, the surveyor confirmed the above findings.	P 494		
P 521	13.5 Staffing Employee records. Facilities must maintain individual records on all related and unrelated employees. Records shall contain the initial date of employment, date of birth, home address and telephone number, experience and qualifications, social security number, copy of current occupational license (if applicable), references and reference check information, job description, record of participation in in-service, orientation or other training programs, results of annual personnel evaluations, disciplinary actions, illness and injury records and date of and reason for termination. Records may be computerized.	P 521	Annual performance evaluations were completed for CRMAs #1, #2, and #3. The RCD or designee will review personnel records for CRMAs to ensure those employed greater than 1 year have an annual performance review documented. The Administrator or designee will regulation 13.5 and the requirement to complete annual performance evaluations. The RCD or designee will audit personnel records weekly for four weeks then monthly for three months or until resolved to ensure performance evaluations are completed as required by regulation 13.5 and report findings at the monthly QAPI meeting.	

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P 521	Continued From page 10 This STANDARD is not met as evidenced by: Based on review of annual evaluations and interview, the facility failed to complete an annual performance evaluation for nurse aides at least every 12 months for 2 of 4 sampled Certified Residential Medication Aide's (CRMA) employed greater than a year (CRMA #1, #2 and #3) Findings: On 5/20/24 personnel files were reviewed CRMA #1 was hired on 7/23/2019, There was no evidence that an annual performance evaluation was completed. CRMA #2 was hired on 8/11/1997, the last evaluation was completed on 11/2/21. There was no evidence that an annual performance evaluation was completed. CRMA #3 was hired on 9/14/1999, the last evaluation was completed on 11/15/21. There was no evidence that an annual performance evaluation was completed. On 5/20/24 at 2:05 p.m., during an interview with the surveyor, the Director of Nursing (DON) stated she was unable to find any annual performance evaluations completed for the above-mentioned CRMA'S.	P 521		
P 532	13.9 Staffing Registered nurse services. Each facility shall retain a registered nurse, either on staff (other	P 532		

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P 532	Continued From page 11 than the Administrator) or on a contractual basis, to provide the following services: This STANDARD is not met as evidenced by: Based on record reviews and interview the facility failed to provide Registered Nurse Services to observe residents signs and symptoms, review resident records for completeness and accuracy, to review medication records, review medication administration practices and procedures, review therapeutic diets and to recommend staff trainings as required in the regulation 13.9. Finding: During clinical record review for Resident #1, #2 and #3 there was no documentation that a Registered Nurse was reviewing Sections 13.9.1 through 13.9.7 of this regulation on a quarterly basis as required by this regulation. On 5/20/24 at approximately 2:00 p.m. during an interview with the Nurse Manager/Residential care director who spoke with the Director of Nursing, the facility has not had a Registered Nurse (RN) Consultant in a long while. They were not able to tell this surveyor when the last RN consultant reports or reviews were completed. The surveyor confirmed this finding at the time of the interview.	P 532	A Registered Nurse reviewed records for Resident #1, #2, and #3 for the areas outlined in regulations 13.9.1 through 13.9.7. The RCD or designee will review all resident records to ensure Registered Nurse services were provided. The Administrator or designee will obtain Registered Nurse Services. The Administrator or designee will provide education to the RCD on policy 6.0 Nursing Services. The RCD or designee will audit resident records weekly for four weeks then monthly for three months to ensure Registered Nurse services were provided and report findings at the monthly QAPI meeting.	