STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ME3193	A. BUILDING: _____ B. WING _____	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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P 000	Initial Comments On 10/7/25 through 10/9/25, onsite visits were made at Clover Manor, for the purpose of completing the state relicensure survey and investigate complaints: #ME00052184, #ME00052250, #ME00052425, #ME00052463, #ME00052472, #ME00052475, #ME00052644, #ME00052671, #ME00052674 and #ME00052694. It was determined that Clover Manor 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		
P 357	7.12.3 Medications and Treatments Medication errors and reactions shall be recorded in an incident report in the resident's record. Medication errors include errors of omission, as well as errors of commission. Errors in documentation or charting are errors of omission. [Class II] This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that medication omissions were recorded in an incident report and incorporated in the resident's clinical record for 3 of 10 samples residents (#6, #8, and #12). Finding 1. On 10/8/25 during review of the Medication Administration Record for Resident #6, there was an omission for 50 micrograms of Levothyroxine that was to be administered the morning of 8/22/25. 2. On 10/8/25 during review of the Medication	P 357		

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P 357	Continued From page 1 Administration Record for Resident #12, there were omissions for Albuterol Sulfate inhalation nebulization solution (2.5 milligrams/3 milliliters) 0.083% on 7/24/25 for 9:00 a.m. and 2:00 p.m., and an omission for Tylenol oral tablet 325 milligrams that was to be given in the p.m. On 10/8/25 during an interview with the Resident Care Director, she/he stated there were no incident reports for these incidents and confirmed this finding at 12:30 p.m. 3. Review of Resident #8's medical records indicated that the resident did not receive the scheduled medications on 9/17/25 at 2:00 p.m. of Trazadone 50 milligrams (mg), Acetaminophen 1000 mg, Buspirone 20 mg and Gabapentin 200 mg. In addition, there was no evidence in the resident's record that a medication error incident report had been completed. On 10/8/25 at 12:30 p.m., during an interview with surveyors, the Resident Care Manager confirmed the above omissions, stating there were no incident reports for these incidents.	P 357		
P 450	11.1.2 Administrative and Resident Records A listing of all personal property of significant value to the resident that includes such things as jewelry, radios, television sets, dentures, appliances and other valuables. Where serial numbers are available, these shall be included as part of the record. The record shall be signed and dated by the resident or his/her legal representative. When significant items of personal property are brought into or removed from the facility, it shall be so noted in the record. It shall be noted in the record if a resident has no personal property of significant value.	P 450		

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P 450	Continued From page 2 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a listing of personal property was completed on admission for 7 of 10 residents records reviewed. (Residents: #1, #2, #4, #5, #8, #12, #13) Findings: 1. On 10/7/25, a review of Resident #1's clinical record lacked evidence of a "Resident Personal Belongings Inventory" completed, signed and dated by the resident or his/her legal representative. 2. On 10/7/25, a review of Resident #2's clinical record lacked evidence of a "Resident Personal Belongings Inventory" completed, signed and dated by the resident or his/her legal representative. 3. On 10/7/25, a review of Resident #4's clinical record lacked evidence of a "Resident Personal Belongings Inventory" completed, signed and dated by the resident or his/her legal representative. 4. On 10/7/25, a review of Resident #5's clinical record lacked evidence of a "Resident Personal Belongings Inventory" completed, signed and dated by the resident or his/her legal representative. 5. On 10/7/25, a review of Resident #8's clinical record lacked evidence of a "Resident Personal Belongings Inventory" completed, signed and dated by the resident or his/her legal representative.	P 450		

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P 450	Continued From page 3 On 10/7/25 at 2:10 p.m., during an interview, the Resident Care Manager confirmed the above. 6. On 10/8/25, a review of Resident #12's clinical record lacked evidence of an "Inventory of Valuable Effects Form" completed, signed, and dated by the resident or his/her legal representative. On 10/8/25 at 11:00 a.m. during an interview with the Wellness Director the surveyor confirmed this finding. 7. On 10/8/25, a review of Resident #13's clinical record lacked evidence of a "Resident Personal Belongings Inventory" completed, signed and dated by the resident or his/her legal representative. On 10/10/25 at 12:00 pm, the Wellness Director and the Administrator were notified via email of the finding.	P 450		
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	P 494		

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P 494	Continued From page 4 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 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 document that the resident, his/her legal representative, and others chosen by the resident were actively involved in the development of the service plan for 2 of 10 sampled residents (#14 and #11). Findings: 1. During record review it was identified that Resident #14's service plan did not document involvement of the resident and/or their legal representatives.	P 494		

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P 494	Continued From page 5 2. A review of the clinical record for Resident #11 noted the service plan was revised on 8/17/25. The record lacked evidence that Resident #11, or the resident's representative, was involved in the service planning process. On 10/9/25 at 9:28 a.m., during an interview, the Residential Care Manager confirmed the record lacked evidence of resident and/or resident's representative was involved in the service planning process.	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. This STANDARD is not met as evidenced by: Based on employee file reviews and interview, the facility failed to complete an annual performance evaluation every 12 months for 4 of	P 521		

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P 521	Continued From page 6 4 sampled Employees employed greater than a year (#1, #2, #3 and #4). Findings: On 10/9/25 personnel files were reviewed: 1. Employee #1 was hired on 5/13/16. There was no evidence that an annual performance evaluation was completed since the last evaluation on 4/5/23. 2. Employee #2 was hired on 2/12/21. There was no evidence that an annual performance evaluation was completed since the last evaluation on 2/17/24. 3. Employee #3 was hired on 9/3/20. There was no evidence that an annual performance evaluation was completed since the last evaluation on 6/7/24. 4. Employee #4 was hired on 6/28/22. There was no evidence that an annual performance evaluation was completed since the last evaluation in 2023. On 10/8/25 at 1:51 p.m., the Administrator confirmed the annual performances evaluations have not been completed every 12 months and they planned on starting the evaluations this October.	P 521		
P 532	13.9 Staffing Registered nurse services. Each facility shall retain a registered nurse, either on staff (other than the Administrator) or on a contractual basis, to provide the following services:	P 532		

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P 532	Continued From page 7 This STANDARD is not met as evidenced by: Based on record reviews and interviews the facility failed to provide Registered Nurse (RN) 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: On 10/7/25, a surveyor reviewed weekly nurse consultant reports completed by the Wellness Director, an LPN (Licensed Practical Nurse). On 10/7/25 at 1:20 p.m., in a discussion with a surveyor, the Wellness Director confirmed the facility does not have an RN consultant or an RN on staff. The Wellness Director stated she consults with the Corporate RN Consultant, located in Chicago, Illinois, by phone on a weekly basis and discusses her findings. The Wellness Director confirmed the Corporate RN Consultant has not been at the facility to complete any onsite reviews. On 10/8/25 at 11:50 a.m., in an interview with a surveyor, the Administrator, confirmed the facility had no RN on staff or in the RN Consultant role. This provision has changed in the rule effective 9/18/25. See new provisions of the rule Section 9 (D)(8).	P 532		

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P 595	Continued From page 8	P 595		
P 595	15.10.8 Sanitation/dietary services Perishable, refrigerated and frozen food shall be labeled and dated to determine whether they have proper nutritional value when served and are safe for human consumption. This STANDARD is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, the facility failed to ensure that foods were properly marked, labeled and stored in accordance with facility policy on 1 of 2 residential unit kitchenette refrigerators. Findings: During a residential kitchen tour with the Dining Services Director on 10/9/25 at 10:00 p.m., a surveyor observed and confirmed the following opened and expired food items in one of two the residential care unit refrigerators: A 46-oz bottle of V8 Low Sodium 100% Vegetable Juice was observed with no date of opening. The label stated, "Must refrigerate promptly after opening and use within 14 days." A 46-oz bottle of Thirster 100% Orange Juice was observed opened and labeled "opened 9/7, use by 9/21" but remained in refrigeration on 10/9/25, 18 days past its use-by date. A gallon sized bag containing 2 hamburger patties was observed opened and unlabeled with no opening or preparation date. A 32-oz container of Jennie-O Smoked Sliced Turkey Breast was observed opened and labeled "open 9/30," which had been open for nine days at the time of observation.	P 595		

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P 595	Continued From page 9 A 1.5-lb container of Molly's Tuna Salad labeled "opened 9/7, use by 9/9" remained stored in the refrigerator on 10/9/25. Facility policy titled "Food Preparation - Food Storage Policy" (last reviewed 8/20/18) directs that: "Food items should be stored following good sanitary practices and local codes and manufacturer specifications. Refrigerated items should be stored at 41 degrees F or less. Cover, label, and date all food items."	P 595		