STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0355	A. BUILDING: _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADIGAN HOUSE	93 MILITARY STREET HOULTON, ME 04730

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	Initial Comments On 3/18/24 and 3/19/24, onsite visits were made at Madigan House for Residential Care, for the purpose of completing the state relicensure survey. It was determined that Madigan House for Residential Care 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 345	7.7 Medications and Treatments Expired and discontinued medications. For medications administered by the assisted living program, residential care facility, or private non-medical institution, medications shall be removed from use and properly destroyed after the expiration date and when discontinued, according to procedures contained in Section 7.9. They shall be taken out of service and locked separately from other medications until reordered or destroyed. [III] This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure expired medications were removed from the supply available for use in 1 medication cart (Cart #2) and in 1 medication storage room reviewed. Findings: On 3/18/24, Certified Residential Medication Aid (CRMA) and a surveyor observed the following: 1. At 11:55 a.m., the following expired	P 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0355	A. BUILDING: _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADIGAN HOUSE	93 MILITARY STREET HOULTON, ME 04730

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 345	Continued From page 1 medications in Medication Cart #2: a tube of Diclofenac Sodium Topical with an expiration date of 5/23, a tube of hydrocortisone cream with an expiration date of 12/23, an Albuterol inhaler with an expriation date of 10/31/23, six Odransetron tablets with an expiration date of 9/23 and 1 with an expiration date of 12/23. During an interview with the CRMA, a surveyor confirmed these findings. 2. At 12:05 p.m., observed in the medication storage room were 2 bottles of One day vitamins with an expiration date of 1/24. During an interview with the CRMA, a surveyor confirmed these findings.	P 345		
P 363	7.14.2 Medications and Treatments The name of the distributing agency and the frequency and specific directions for cleaning the equipment; and This STANDARD is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure that physician orders contained directions and frequency for cleaning breathing apparatus equipment for 3 of 3 residents reviewed (Resident [R]1, R3, and R5). Findings: 1. On 3/18/24, R1's clinical record was reviewed. The physician orders lacked evidence of frequency and specific directions for cleaning the continuous positive airway pressure (CPAP) machine. On 3/18/24 at 2:06 p.m., the Director of Nursing (DON) and surveyor observed R1's CPAP machine with a dirty filter. A surveyor confirmed this finding with the DON during this	P 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0355	A. BUILDING: _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADIGAN HOUSE	93 MILITARY STREET HOULTON, ME 04730

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 363	Continued From page 2 observation. 2. On 3/18/24, R3's clinical record was reviewed. The physician orders lacked evidence of frequency and specific directions for cleaning the CPAP machine. On 3/18/24 at 2:30 p.m., during an interview with the DON, a surveyor confirmed this finding. 3. On 3/18/24, R5's clinical record was reviewed. The physician orders lacked evidence of frequency and specific directions for cleaning the oxygen concentrator. On 3/18/24 at 2:20 p.m., the DON and surveyor observed the oxygen concentrator vents dusty. A surveyor confirmed this finding with the DON during this observation.	P 363		
P 364	7.14.3 Medications and Treatments The resident ' s record shall contain a copy of the duly authorized licensed practitioner ' s order, possible side effects to be monitored, specific instructions as to when the duly authorized licensed practitioner must be notified regarding side effects and instructions to the resident on the use of the breathing apparatus. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that physician orders included side effects to be monitored or specific instructions as to when the practitioner must be notified regarding side effects or instructions to the resident on the use of the breathing apparatus for 3 of 3 residents reviewed (Resident [R]1, R3, and R5). Findings:	P 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0355	A. BUILDING: _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADIGAN HOUSE	93 MILITARY STREET HOULTON, ME 04730

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 364	Continued From page 3 1. On 3/18/24, R1's clinical record was reviewed. The physician orders contained an order for the use of a continuous positive airway pressure (CPAP) machine to be applied at bedtime and removed in the morning. The physician orders lacked evidence of side effects to be monitored or specific instructions as to when the practitioner must be notified regarding side effects or instructions to the resident on the use of the CPAP machine. On 3/18/24 at 2:06 p.m., during an interview with the Director of Nursing (DON), a surveyor confirmed this finding. 2. On 3/18/24, R3's clinical record was reviewed. The physician orders contained an order for the use of a CPAP machine at bedtime. The physician orders lacked evidence of side effects to be monitored or specific instructions as to when the practitioner must be notified regarding side effects or instructions to the resident on the use of the CPAP machine. On 3/18/24 at 2:06 p.m., during an interview with the Director of Nursing (DON), a surveyor confirmed this finding. 3. 3. On 3/18/24, R5's clinical record was reviewed. The physician orders contained an order for the use of oxygen. The physician orders lacked evidence of side effects to be monitored or specific instructions as to when the practitioner must be notified regarding side effects or instructions to the resident on the use of oxygen. On 3/18/24 at 2:20 p.m., during an interview with the DON, a surveyor confirmed this finding.	P 364		
P 436	11.1.1.5 Administrative and Resident Records Duly authorized licensed practitioner's name, address and telephone number;	P 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0355	A. BUILDING: _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADIGAN HOUSE	93 MILITARY STREET HOULTON, ME 04730

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 436	Continued From page 4 This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that the resident's duly authorized licensed practitioner's phone number (primary physician) was identified on the resident's Admission Record (summary sheet) for 5 of 5 sampled residents (Resident [R]1, R2, R3, R4, and R5). Findings: On 3/18/24, R1, R2, R3, R4, and R5's summary sheets were reviewed. Each of them lacked evidence of a telephone number for the for the primary physician. On 3/18/24 at 11:05 a.m., during an interview with the Director of Nursing, a surveyor confirmed these findings.	P 436		
P 437	11.1.1.6 Administrative and Resident Records Dentist's name, address and telephone number; This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the resident's Dentist's name, address, and telephone number were identified on the resident's identification and summary sheet (Face Sheet) for 1 of 5 sampled residents (Resident #2). Finding: A review of Resident #2's Face Sheet, under the section for Service Providers and Preferences,	P 437		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0355	A. BUILDING: _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADIGAN HOUSE	93 MILITARY STREET HOULTON, ME 04730

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 437	Continued From page 5 lacked evidence of the resident's preference of a Dentist's name, address, and telephone number. On 3/18/24 at 2:40 p.m., during an interview with the Director of Nursing, a surveyor confirmed this finding	P 437		
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 record reviews and interview, the facility failed to ensure that employee records contained evidence of job descriptions for 5 of 5 employees reviewed (Employee [E]1, E2, E3, E4, and E5). Findings: On 3/19/24, between 11:00 a.m.and 11-30 a.m., 5 employee records were reviewed who were all	P 521		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0355	A. BUILDING: _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADIGAN HOUSE	93 MILITARY STREET HOULTON, ME 04730

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 521	Continued From page 6 Certified Residential Medication Aids. All 5 employee records (E1, E2, E3, E4 and E5) lacked evidence of a CRMA job descriptions. A surveyor confirmed this at the time of review with the Director of Nursing.	P 521		
P 565	15.3.3 Sanitation/dietary services Shelving in storage areas, refrigerators and freezers shall be in good condition with cleanable surfaces. This STANDARD is not met as evidenced by: Based on observations and interview, the food storage shelves in the stand-alone refrigerator and reach in refrigerator were observed to be soiled with dried liquids. Findings: On 3/18/24, between 9:50 a.m. and 9:57 a.m., a surveyor observed the following: 1. The storage shelves in the refrigerator were soiled with dried liquids from items that were spilled. 2. The storage shelves in the reach-in refrigerator were soiled with dried liquids from items that were spilled. At 9:57 a.m., a surveyor confirmed these findings with the Administrator.	P 565		
P 588	15.10.1 Sanitation/dietary services Potentially hazardous foods requiring refrigeration after preparation shall be rapidly cooled to an	P 588		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0355	A. BUILDING: _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADIGAN HOUSE	93 MILITARY STREET HOULTON, ME 04730

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 588	Continued From page 7 external temperature of forty-one degrees (41°) Fahrenheit or below. [Class II] This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provided evidence that refrigerator temperatures were being monitored to ensure temperatures were maintained at 41 degrees Fahrenheit or below. Finding: On 3/18/24 between 9:50 a.m. - 9:57 a.m., a surveyor toured the kitchenette area and observed a stand-alone refrigerator and a reach-in refrigerator. The surveyor was unable to find documentation of the temperatures being monitored daily. On 3/18/24 at 10:00 a.m., during an interview with a surveyor, a Certified Nursing Assistant stated that when she checks the temperatures she does not write them down and that there was no documentation to show they were being monitored.	P 588		
P 589	15.10.2 Sanitation/dietary services Frozen food shall be kept frozen and shall be stored at a temperature of zero degrees (0°) Fahrenheit or below. [Class II] This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provided evidence that the stand-alone freezer temperatures were being monitored to ensure temperatures were maintained at zero degrees (0°) Fahrenheit or below.	P 589		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0355	A. BUILDING: _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADIGAN HOUSE	93 MILITARY STREET HOULTON, ME 04730

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 589	Continued From page 8 Finding: On 3/18/24, between 9:50 a.m. - 9:57 a.m., a surveyor toured the kitchenette area and observed a stand-alone freezer. The surveyor was unable to find documentation of the temperatures being monitored daily. On 3/18/24 at 10:00 a.m., during an interview with a surveyor, a Certified Nursing Assistant stated that when she checks the temperatures she does not write them down and that there was no documentation to show they were being monitored.	P 589		
P 609	15.13 Sanitation/dietary services Second-grade products prohibited. Second-grade products such as unlabeled canned goods, home canned goods, improperly sealed or unsealed containers or packages, outdated food and similar foods are prohibited from use. [Class I/II] This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that food items were covered, failed to date beverages with a use by date, and failed to remove expired foods from the supply available for use. Findings: 1. On 3/18/24 at 9:57 a.m., the Administrator and surveyor observed the following: In the reach-in refrigerator, there was a carton of Lactated with an expiration date of 1/16/24, six yogurt with an expiration date of 3/14/23, and a	P 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0355	A. BUILDING: _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADIGAN HOUSE	93 MILITARY STREET HOULTON, ME 04730

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 609	Continued From page 9 dish with hotdogs covered torn tinfoil, exposing them to open air. In the stand-alone refrigerator, there was a pitcher of orange juice that was not dated. This orange juice is made from a concentrate with directions of, "Juice should be used within 48 hours after the addition of water." The surveyor confirmed these findings at the time of the observation. 2. On 3/19/24 at 10:21 a.m., a Certified Residential Medication Aide and a surveyor observed in the reach-in refrigerator, an unlabeled and not dated thawed food item that appeared to french toast that was originally frozen. The surveyor confirmed that this was unlabeled and not dated at the time of the observation.	P 609		