STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0566	A. BUILDING: _____ B. WING _____	C 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GORHAM HOUSE	50 NEW PORTLAND RD GORHAM, ME 04038

(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 10/15/25, an unannounced onsite visit was conducted at Gorham House (Residential Care), to investigate complaints # ME00051764 and #ME00052005. It was determined that Gorham House (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	Survey Date: 0ctober 15, 2025 Facility: Gorham House, 50 New Portland Rd, Gorham, ME 04038 Prepared by: Rebecca Gagnon, Exec Dir. Date Submitted: 0ctober 29, 2025 Tag P303 – 7.I.I Med and Treatments Corrective Actions:	
P 303	7.1.1 Medications and Treatments Residents shall receive only the medications ordered by his/her duly authorized licensed practitioner in the correct dose, at the correct time, and by the correct route of administration consistent with pharmaceutical standards. [Classes I/II/III] This STANDARD is not met as evidenced by: Based on reviews of the reported incident, record reviews, facility incident report and interviews, the facility failed to ensure that 1 of 2 residents reviewed (Resident #1) received the correctly ordered medications. Finding: On 5/28/25, a report was sent to the Division of Licensing and Certification indicating that on 5/26/25 at approximately 6:30 a.m. Resident #1 was given another resident's medications including insulin. Resident #1 required hospitalization following the incident. A review of Resident #1's Progress notes indicated that on the morning of 5/26/25, 10 different medications ordered for Resident #2 were administered to Resident #1, including an	P 303	I. Immediate Remediation: CRMA #I was removed from the schedule pending investigation. Resident #I received appropriate medical care and monitoring. 2. Staff Education: CRMAs received mandatory re-education on resident identification protocols, medication administration procedures, and verification steps. Training was be completed and documented in personnel files. 4. Monitoring: Weekly audits of medication administration records (MARs) for 60 days. Health and Wellness Director will observe medication passes randomly at least twice weekly for 4 weeks. Results of the audits will be reported monthly to the QAPI committee. Completion Date: November 12th, 2025	

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P 303	Continued From page 1 injection of insulin and an oral diabetic medication. A review of Hospital Discharge Documentation for Resident #1 with an Admission date of 5/26/25 for observation and a discharge date of 5/27/25 indicated an admission diagnosis of Hypoglycemia (low blood sugar) and accidental drug overdose. On 10/15/25 at 12:15 p.m. a surveyor interviewed Certified Residential Medication Aide (CRMA) #1 who stated they picked up a shift at the facility through NURSA and were unfamiliar with the residents. CRMA #1 confirmed they did work the night shift on 5/26/25 and did fail to correctly identify the resident prior to administering medications to Resident #1. On 10/15/25 at 12:20 p.m.a surveyor discussed the findings with the Director of Nursing and the Executive Director. This provision has changed in the rule effective 9/18/2025. See new provisions of the rule Section 5(A)(3).	P 303		
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]	P 306	Tag P306 – 7.1.4 Diabetes Management Training Corrective Actions: Training Verification: CRMAs' training records reviewed for compliance with diabetes management education.	

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P 306	Continued From page 2 This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that a Certified Residential Medication Aide (CRMA #1) had the required training and education by a Registered Nurse (RN) in the area of Diabetes education and insulin injections. Findings: On 11/16/23, a report was sent to the Division of Licensing and Certification, indicating that on 5/26/25 at approximately 6:30 a.m. Resident #1 was given another resident's medication including insulin and an oral anti-diabetic medication. Resident #1 required hospitalization for monitoring following the incident. A review of Resident #1's Progress notes indicated that on the morning of 5/26/25, CRMA#1 administered 10 different medications ordered for Resident #2 to Resident #1 including an injection of insulin and an oral anti-diabetic medication. A surveyor reviewed the Nursa Profile of CRMA #1 and failed to find any education or training for management of the diabetic resident. Also lacking was documentation of training to administer insulin injections. On 10/15/25 at 12:15 p.m. a surveyor interviewed CRMA #1 and learned they had never had additional training in the area of diabetes or	P 306	Any CRMA lacking documentation will be removed from diabetic resident assignments until training is completed. RN-Led Training Program: A Registered Nurse will conduct in-service training on diabetes care and insulin administration for CRMAs. Training will include competency checks and be documented in personnel files. Policy Enforcement: No CRMA will be assigned to diabetic residents without verified RN-led training. Staffing agencies will be required to provide documentation of training prior to placement. Ongoing Education: Annual competency evaluations for all CRMAs. The HR Director or designee will monitor CRMA staff during monthly certification checks, staff will be audited for completion of annual diabetic and insulin training. Results of the audit will be reported at the QAPI committee. Completion Date: November 12th, 2025	

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P 306	Continued From page 3 administering insulin injections. On 10/15/25 at 12:20 p.m. a surveyor interviewed the Director of Nursing who confirmed that the facility neither confirmed CRMA#1 had that training prior to being assigned to care for Diabetic Residents and administer insulin nor provided that training. This provision has changed in the rule effective 9/18/2025. See new provisions of the rule Section 5(A)(6)(v).	P 306		