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P 000	Initial Comments On 10/15/25 an onsite visit was made at Norway Center for Health & Rehabilitation, for the purpose of completing the state relicensure survey and investigating facility reported incident ME00048699. It was determined that Norway Center for Health & Rehabilitation 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 302	7.1 Medications and Treatments Use of safe and acceptable procedures. The administrator shall ensure that all persons administering medications and treatments (except residents who self-administer) use safe and acceptable methods and procedures for ordering, receiving, storing, administering, documentation, packaging, discontinuing, returning for credit and/or destroying of medications and biologicals. All employees must practice proper hand washing and aseptic techniques. A hand-washing sink shall be available for staff administering medications. [Classes I/II/III] This STANDARD is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure that safe and acceptable procedures were used during 2 of 2 medication passes regarding employees practicing proper hand washing and aseptic techniques. Findings:	P 302		

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P 302	Continued From page 1 1. On 10/15/25 while watching a medication administration, a surveyor observed Certified Residential Medication Aid (CRMA) #5 remove an inhaler from the medication cart and bring it to a resident's room without performing hand hygiene before and after treatment. On 10/15/25 at 9:54 a.m., the surveyor confirmed the absence of hand hygiene with CRMA #5. 2. On 10/15/25 while watching a medication administration, the surveyor oberved CRMA #5 bring an oximeter to a resident's room without performing hand hygiene, took the residents' oxygen reading and then went into another resident's room and took their oxygen reading without performing hand hygiene or cleaning the reusable medical equipment before and after on each resident. On 10/15/25 at 10:03 a.m. the surveyor confirmed with CRMA #5 the absence of hand hygiene before and after medication administration and cleaning of reusable medical equipment in between multiple residents.. The facilities' Standard Precautions-Hand Hygiene policy, last revised in 3/2020, stated in the Procedure section: "The following is a list of some situations that require hand hygiene (hand washing and/or alcohol-based hand sanitizer)". Item #1 states, "before having direct contact with patients", and item #5 states, "after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient". On 10/15/25 at approx. 3:15 p.m., the above was discussed with the Residential Care Director, Long Term Care Director of Nursing and the Assistant Director of Nursing.	P 302		

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P 302	Continued From page 2 This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Section 5(A) (2) and Section 12 (A) (1) (3).	P 302		
P 305	7.1.3 Medications and Treatments Before using a bee sting kit, unlicensed persons must be trained by a registered professional nurse in regard to safe and proper use. Documentation of training shall be included in the employee record. This STANDARD is not met as evidenced by: Based on personal file reviews and interview, the facility failed to ensure that staff were trained, by a Registered Nurse, in the use of a bee sting kit (Epi Pen) for 4 of 4 randomly selected Certified Residential Medication Assistants (CRMA #2, #3, #4 and #5). Finding: On 10/15/25 a surveyor reviewed the in-service trainings for CRMA #2, #3, #4 and #5. There was no evidence to indicate that any of these four CRMAs had been trained on the use of a bee sting kit (Epi Pen). On 10/15/25 at approx. 1:00 p.m., the above was discussed with the Long Term Care Director of Nursing and the Assistant Director of Nursing. They were unable to provide additional education for the above.	P 305		

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P 305	Continued From page 3 This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Section 5(A) (5) and (R) (1).	P 305		
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 3 of 5 Certified Nurses Aid (CNA) and/or Certified Residential Medication Aide (CRMA) received diabetes management training/in-service annually (once every 12 months) by a Registered Nurse (CNA#1, CRMA #4 and CRMA #5), Findings: On 10/15/25 a surveyor reviewed personnel files. 1. CNA #1 was hired on 11/26/14. The personnel file lacked evidence of documented diabetes management training.	P 306		

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P 306	Continued From page 4 2. CRMA #4 was hired on 6/11/24. The personnel file lacked evidence of documented diabetes management training. 3. CRMA #5 was hired on 6/11/25. The personnel file lacked evidence of documented diabetes management training. On 10/15/25 at approx. 1:00 p.m., the above was discussed with the Long Term Care Director of Nursing and the Assistant Director of Nursing. They were unable to provide additional education for the above. This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Section 5(A) (6) and (R) (1).	P 306		
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 observation, record review, and interview, the facility failed to ensure that expired	P 345		

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medications were removed from the supply available for use in 1 of 2 medication carts, and 1 medication storage room reviewed.

Findings:

1. On 10/15/25 while watching a medication administration, the surveyor observed Certified Residential Medication Aid (CRMA) # 5 prepare insulin for Resident #5 and confirmed she was ready to administer the medication. At this time, the surveyor intervened and showed the CRMA the Lispro Pen had an open date of 9/17/25 with manufacturers recommendation to "discard after 28 days after opening". The CRMA confirmed the insulin was expired and removed the medication from the cart.

2. On 10/15/25 at 11:56 a.m. both the surveyor and the Long-Term Care Director of Nursing reviewed the over-the-counter medication storage room, which is shared between the Long-Term Care unit and the Residential Care unit. The surveyor observed two boxes of Acetaminophen Suppositories 650 milligrams (MG) with an expiration date of 8/25. At this time, the Long-Term Care Director of Nursing confirmed the expired medications and questioned if any residents had orders for this medication.

Review the current standing orders for the Residential Care unit, had an order for pain, "Acetaminophen 325 MG 2 tabs PO (by mouth) Q4 (every 4) PRN (as needed) pain or 650 MG PR (per rectal) Q4 PRN".

On 10/15/25 at 12:28 p.m., these findings were confirmed with the Director of Residential Care unit, and the Director of Nursing for the Long-Term Care unit.

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P 345	Continued From page 6 This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Section 5(E) (2) and 5(I).	P 345		
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 review of personnel training files and interview, the facility failed to provide documented evidence that 4 of 4 Certified Residential Medication Aides (CRMA) received in-servicing on the proper use of breathing apparatus (#2, #3, #4 and #5). Findings: On 10/15/25 a surveyor reviewed the in-service trainings for CRMA #2, #3, #4 and #5. There was no evidence to indicate that any of these four CRMAs had been received in-service training on Breathing Apparatus. On 10/15/25 at approx. 1:00 p.m., the above was discussed with the Long Term Care Director of Nursing and the Assistant Director of Nursing. They were unable to provide additional education for the above. This provision has changed in the new rule	P 361		

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P 361	Continued From page 7 effective 9/18/2025. See new provisions of the rule Section 5(P) (4) and (R) (1).	P 361		
P 365	7.15 Medications and Treatments First aid kit. A first aid kit containing supplies which may be necessary for the first aid treatment of minor injuries such as cuts, scrapes or first degree burns shall be included and available in the facility. All staff shall be instructed in the use of any item in the kit. This STANDARD is not met as evidenced by: Based on review of personnel training files and interview, the facility failed to provide in-service training on the proper use of items in the First Aid Kit, in order to provide treatment for minor injuries of residents, for 5 of 5 personnel training files reviewed. Findings: On 10/15/25, the surveyor reviewed the in-service trainings for CNA (Certified Nurses Aid) #1 and CRMA's (Certified Residential Medication Aide) #2, #3, #4 and #5. There was no evidence to indicate that any of these 5 staff had received training on use of the First Aid Kit. On 10/15/25 at approx. 1:00 p.m., the above was discussed with the Long Term Care Director of Nursing and the Assistant Director of Nursing. They were unable to provide additional education for the above.	P 365		

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P 365	Continued From page 8 This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Section 5(Q) (1) and (R) (1).	P 365		
P 480	12.1 Standards for Resident Care General rule. Residents shall have the opportunity to receive individualized services that help them age in place, function optimally in the facility and in the community, engage in constructive activity, and manage their health conditions. The facility will assure, to a practicable extent, that residents ' needs will be accommodated regarding individual choices and preferences. This shall be evidenced in the assessment of individual needs, development and implementation of individual service plans and in regular progress notes. This STANDARD is not met as evidenced by: Based on record reviews and interviews the facility failed to implement recommendations from Pharmacy and the Nursing Consultant for 1 of 3 residents reviewed (Resident #3). Findings: 1. On 10/15/25 the surveyor reviewed the nursing consultant's reports dated 5/25 and 6/25. The documentation recommended nursing to add the followng to Resident #3's nursing interventions: "symptoms of when to give the PRN (as needed) Haldol (Haloperidol)", and the verbiage of the "need to notify provider within 24 hours after PRN antipsychotic is administered or get an order that states otherwise". As of 10/15/25, Resident #3's medical record	P 480		

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P 480	Continued From page 9 lacked evidence of the Nursing Consultants' recommendations of adding symptoms, and a note to notify the provider were completed. 2. On 10/15/25 the surveyor reviewed the Pharmacy recommendations dated 3/25 and 9/25 for the facility. The Pharmacists recommended adding "rinse mouth with water and spit back into cup" to Resident #3's Symbicort order. As of 10/15/25, Resident #3's, medical record lacked evidence of the Pharmacists recommendations of adding "rinse mouth with water and spit back into cup" were completed. On 10/15/25 at 1:15 p.m. these findings were confirmed with the Director of Residential Care who stated, "it probably did not get done". After surveyor intervention the above recommendations were added to Resident #3's nursing interventions. This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Section 7 (7) (9).	P 480		
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	P 494		

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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 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 reviews and interviews, the facility failed to ensure that medical records contained documentation identifying who participated in the development and/or review of the service plan for 3 of 4 sampled residents (#2, #3, and #4).

Findings:

1. Resident #2's medical record contained a service plan dated 7/17/25. The Medical record did not contain documentation that the resident and resident's legal representative and/or family were involved in the development or review of the

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P 494	Continued From page 11 service plan. 2. Resident #3's medical record contained a service plan dated 9/29/25. The Medical record did not contain documentation that the resident and resident's legal representative and/or family were involved in the development or review of the service plan. 3. Resident #4's medical record contained a service plan dated 9/2/25. The Medical record did not contain documentation that the resident and resident's legal representative and/or family were involved in the development or review of the service plan. On 10/15/25 at 2:32 p.m. during an interview, the Residential Care Director confirmed the above stating, "the person who trained me said they do not do meetings". This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Section 13 (C).	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	P 521		

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P 521	Continued From page 12 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 1 of 4 sampled employees employed greater than a year (employee #4). Finding: On 10/15/25 personnel files were reviewed: Employee #4 was hired on 6/11/24. There was no evidence that an annual performance evaluation was completed since date of hire. On 10/15/25 at 1:48 p.m., the above was confirmed with the Long Term Care Assistant Director of Nursing. This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Section 9 (F) (8).	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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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, recommend staff trainings, or make other recommendations as necessary. In addition, when the RN is not on staff a written report with specific recommendations in each area shall be provided to the Administrator within one (1) month as required in the regulation 13.9.

Finding:

On 10/15/25, a surveyor reviewed the monthly nurse consultant reports from January through July 2025 completed by the RN consultant. The facility was unable to provide the nurse consultant reports from August or September of 2025.

On 10/15/25 at 10:41 a.m., during an interview, the Residential Care Director stated, the RN consultant comes monthly but she doesn't have the August 2025 report and the September 2025 consult did not happen because the RN consultant was unable to come.

On 10/15/25 at 3:01 p.m., during an additional interview, the Residential Care Director provided a handwritten RN consultant report from August 2025 stating the RN had not been able to type them up yet. The Residential Care Director then stated, they were all unaware that the RN Consultant had her notes from Augusta 2025 in the facility. At this time, the Surveyor confirmed

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P 532	Continued From page 14 the notes from August were not provided to the facility in a timely manner and the lack of a September nurse consultant visit. This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Section 9(D) (8).	P 532		