STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0161	A. BUILDING: _____ B. WING _____	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK RESIDENTIAL CARE	158 RUSSELL ST LEWISTON, ME 04240

(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 3/12/24 and 3/13/24, onsite visits were made at Russell Park Residential Care, for the purpose of completing the state re-licensure survey. It was determined that Russell Park 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 319	7.2 Medications and Treatments Administration of medications . This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility lacked evidence to support the monitoring of the medication storage room refrigerator temperatures on the Residential Care Unit. Findings: On 3/13/24 at approximately 10:50 a.m., during a tour of the Residential Care Unit medication storage room, a surveyor observed the medication storage room refrigerator had an internal temperature reading of 35 degrees Fahrenheit. There was a temperature log for the medication storage room refrigerator for January 2024 which lacked monitoring for 28 dates and a temperature log for February 2024 which lacked monitoring for 26 dates. There was no evidence of a temperature log for March 2024.	P 319		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0161	A. BUILDING: _____ B. WING _____	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK RESIDENTIAL CARE	158 RUSSELL ST LEWISTON, ME 04240

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P 319	Continued From page 1 A surveyor discussed these findings with the Residential Care Director and Administrator on 3/13/24 at approximately 12:00 p.m.	P 319		
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, interview, and record review, the facility failed to ensure expired medications were removed from the supply available for use in 2 of 3 medications carts on the Residential Care Unit. Findings: On 3/13/24 at approximately 10:00 a.m., observation of medication cart on D Wing contained a Continuous Glucose Monitoring Kit (no longer in use) with an expiration date of 2/29/24, Benadryl 25 milligrams (mg) for general consumption with an expiration date of 2/24 and an Unopened IV Port Access Kit with an expiration date of 12/31/21. A review of the medication cart on E Wing contained Trazodone	P 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0161	A. BUILDING: _____ B. WING _____	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK RESIDENTIAL CARE	**158 RUSSELL ST LEWISTON, ME 04240**

(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 2 50 mg. (no longer in use) with an expiration date of 11/4/23. A surveyor discussed these findings with the Residential Care Director and Administrator on 3/13/24 at approximately 12:00 p.m.	P 345		