

Department of Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0566	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/28/2025
NAME OF PROVIDER OR SUPPLIER GORHAM HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 10/28/25, an unannounced onsite visit was made at Gorham House for the purpose of investigating a state recertification survey. It was determined that Gorham House 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 567	15.4 Sanitation/dietary services Equipment and utensils. All kitchenware and equipment used in the preparation, service, display or storage of food shall be maintained in a clean and sanitary manner. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure that food surfaces were maintained in a clean and sanitary manner. Finding: On 10/28/25 at 9:15 a.m., during an observation of the main kitchen, a surveyor observed a heavy covering of dirt and debris covering the fire suppression system directly of the stove. The Food Service Director and Administrator were present at the time of the observation and confirmed all of the above. At 9:30 a.m. during an observation of the kitchen area of the Memory Care Unit, the following was observed: a heavy layer of dust on the top of the serving table, and a moderate layer of dust like substance and crumbs on the toaster, observations were confirmed with the Residential Care Coordinator. This provision has not changed in the new rule effective 9/18/25, see Section 10 (C).	P 567		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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