STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20221007	A. BUILDING: _____ B. WING _____	10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER COMMONS	21 JUNE STREET SANFORD, ME 04073

(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 10/20/25, an onsite visit was conducted at Summer Commons for the purpose of completing the state relicensure survey. It was determined that Summer Commons 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 229	5.30 Resident Rights Resident councils This STANDARD is not met as evidenced by: Based on observation, record review and interview. The facility failed to provide residents with the opportunity to establish and participate in Resident Council meetings. Finding: During the interview on 10/20/2025 at 9:45 a.m., a surveyor requested the Resident Council meeting minutes. The Resident Director stated that the Assisted Living Unit did not have its own Resident Council nor did residents from the unit participate in the Long-Term Care Units Resident Council. During a tour of the facility, there was no posted notice informing residents of their right to form a Resident Council. There was also no evidence that residents were offered an annual opportunity to choose whether to establish a council. On 10/20/25 at 3:00 p.m., the Resident Director confirmed that the facility did not have a Resident Council in place and that there was no documentation showing any resident notification	P 229		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20221007	A. BUILDING: _____ B. WING _____	10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER COMMONS	21 JUNE STREET SANFORD, ME 04073

(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 229	Continued From page 1 or attempt to form a council. This provision has not changed in the rule effective 9/18/25. See provisions of the rule Section 4 (T) (1)(2)(a-h)(3).	P 229		
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 record reviews and interviews, the facility failed to maintain a complete employee file that included documentation of education/in-service training for 3 out of 3 employee records reviewed. (Employee (E) #1, E#2 and E33)	P 521		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20221007	A. BUILDING: _____ B. WING _____	10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER COMMONS	21 JUNE STREET SANFORD, ME 04073

(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 2 Findings: On 10/20/25 surveyors reviewed 3 randomly selected employee files (E#1, E#2 and E#3) and failed to locate any documentation of education or in-service training provided to employees. On 10/20/25 at 2:45 pm surveyors interviewed the Director of Residential Care and learned that employee education is not consolidated in one place and the employee files do not contain any record of education. This provision has changed in the rule effective 9/18/25. See new provisions of the rule Section 9 (F)(1)(2)(a)(3-10).	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: This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a Registered Nurse Consultant provided consultation and consistent oversight at least every 60 days for 6 of 6 resident records reviewed. Finding: During an interview with the Resident Director on 10/21/25 at approximately 11:00 a.m., a surveyor requested the nursing consultation reports. The Resident Director stated that she did not have a	P 532		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20221007	A. BUILDING: _____ B. WING _____	10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER COMMONS	21 JUNE STREET SANFORD, ME 04073

(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 532	Continued From page 3 registered nurse consultant and that nurses from the long-term care unit come over when needed. Review of facility documentation revealed no evidence of any nursing consultation reports, logs or contracts for a registered nurse consultant. The Resident Director confirmed that she was unable to provide any documentation to support that there was a Registered Nurse Consultant in place or that any consultation had occurred. This provision has not changed in the rule effective 9/18/25. See provisions of the rule Section 9 (D)(1)(2)(3)(4)(i)(ii)(5)(6)(7)(8)(i)(ii)(iii)(iv).	P 532		