STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0157	A. BUILDING: _____ B. WING _____	10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODD FELLOWS & REBEKAHS' HOME OF MAIN	85 CARON LANE AUBURN, ME 04210

(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 10/29/25, an unannounced onsite visits was made at Odd Fellows & Rebekahs'Home of Maine, for the purpose of completing the state relicensure survey. It was determined that Odd Fellows & Rebekahs'Home of Maine is 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 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 and interview, the facility failed to ensure that expired medications were removed from available supply in 1 of 1 medication storage observation. Finding: On 10/29/25 at 10:11 during an observation of medication storage, a surveyor and a Certified Residential Medication Aide observed and confirmed that two bottles of Vitamin D 10 micrograms was stored in an area available for	P 345		

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P 345	Continued From page 1 resident use with an expiration date of 05/2025. On 10/29/25 at 10:13 during an interview, the surveyor discussed this finding with the Certified Residential Medication Aid #5, and she removed the expired medications from use. This provision has not changed in the new rule, under Section 5.I, effective 9/18/25.	P 345		
P 358	7.12.2 Medications and Treatments Whenever a medication or treatment is started, given, refused or discontinued, including those ordered to be administered as needed (PRN), the medication or treatment shall be documented on the medication/treatment administration record. It shall be initialed by the administering individual, with the full signature of the individual written on the first page of each month ' s MAR . A medication or treatment shall not be discontinued without evidence of a stop order signed and dated by the duly authorized licensed practitioner. [Class III] This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that a notation was made on the Medication Administration Records(MAR) indicating whether a medication was administered, refused, or not available for 2 of 4 sampled residents (Resident #1 and resident #2). Findings: 1. On 10/29/25, Resident #1's MARs for August and September 2025 were reviewed. There were	P 358		

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P 358	Continued From page 2 blank dates noted on the MARs for 8/13/25 at 8:00 p.m. for the Physician ordered medication Zofran 4 milligrams(MG) BID(twice a day). There were blank dates noted on the MARs for 9/16/25 and 9/30/25 for the Physician ordered medication Gabapentin 100 MG BID. There were no Certified Resident Medication Aide's (CRMA's) initial or documentation indicating whether the medication was given, refused, held, or out of supply. On 10/29/25 at 11:50 a.m., in an interview with the surveyor, the Assistant Director of Nursing confirmed that the administration blocks were blank on the noted dates. 2. On 10/29/25 at 11:14 a.m. the surveyor reviewed Resident #2's MAR and found on 9/11/25 and 9/16/25 Carvedilol 25 mg BID was not initialed for the 8:00 a.m. dose, indicating they did not receive it for those date and times. On 10/29/25 at 11:52 p.m. the surveyor confirmed the finding with the Assistant Director of Nursing (ADON) This provision has not changed in the new rule effective 9/18/25, see Section 5. N.1.c.	P 358		
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.	P 365		

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P 365	Continued From page 3 This STANDARD is not met as evidenced by: Based on review of employee training records 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 2 of 4 employee files reviewed (Employees #2 [E2] and Employee # 4 [E4]). Findings: 1. On 10/29/25, a surveyor reviewed E2's employee file. E2's employee training records lacked evidence that E2 received training on the use of the First Aid Kit. 2. On 10/29/25, a surveyor reviewed E4's employee file. E4's employee training records lacked evidence that E4 received training on the use of the First Aid Kit. On 10/29/25 at 12:45 p.m., during an interview with 2 surveyors, the Assistant Director of Nursing confirmed that there is no evidence that E2 and E4 received First Aid Kit training. This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Section 5.Q.1, Section R.1, and Section 9.B.4.d.	P 365		
P 450	11.1.2 Administrative and Resident Records A listing of all personal property of significant value to the resident that includes such things as jewelry, radios, television sets, dentures, appliances and other valuables. Where serial	P 450		

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P 450	Continued From page 4	P 450		

numbers are available, these shall be included as part of the record. The record shall be signed and dated by the resident or his/her legal representative. When significant items of personal property are brought into or removed from the facility, it shall be so noted in the record. It shall be noted in the record if a resident has no personal property of significant value.

This STANDARD is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure that a "Personal Belongings Inventory" list of personal property was properly completed on admission for 2 of 4 residents records reviewed. (Residents: #1 and #4)

Findings:

1. On 10/29/25, a review of Resident #1's clinical record revealed that Resident #1 has personal property of significant value. The clinical record lacked evidence of a "Resident Personal Belongings Inventory" list that was signed and dated by the resident or his/her legal representative.

2. On 10/29/25, a review of Resident #4's clinical record revealed that Resident #4 has personal property of significant value. The clinical record lacked evidence of a "Resident Personal Belongings Inventory" list that was signed and dated by the resident or his/her legal representative.

On 10/29/25 at 11:50 a.m., in an interview with a surveyor, the Assistant Director of Nursing confirmed that the Resident #1's and Resident

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P 450	Continued From page 5 #4's Personal Belongings Inventory lists had not been signed and dated by the resident or his/her legal representative. This provision has not changed in the new rule effective 9/18/25, see Section 8.a.2	P 450		
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 reviews and interview the facility failed to provide Registered Nurse 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 and to recommend staff trainings as required in the regulation 13.9. Finding: During clinical record review for Residents #1, #2, #3 and #4, there was no facility documentation that could be provided to show a Registered Nurse was reviewing Sections 13.9.1 through 13.9.7 of this regulation every 30 days for April through September 2025, as required by this regulation. On 10/29/25 at 2:45 p.m., in an interview with two surveyors present, the Assistant Director of nursing confirmed there was no documentation that could be provided to show a Registered	P 532		

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P 532	Continued From page 6 Nurse was reviewing Sections 13.9.1 through 13.9.7 of this regulation every 30 days for April through September 2025. This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Section 9(D) (8).	P 532		
P 627	16.6.1 Sanitation/physical plant requirements The facility and surrounding premises shall show evidence of routine maintenance and housekeeping and repair of wear and tear shall be made in a timely fashion. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the facility in a clean and sanitary manner and in good repair for 3 of 3 floors(Floors 1, 2 and 3) on 1 of 1 day of survey. (10/29/25) Findings: On 10/29/25 from 9:45 a.m. to 10:30 a.m., a surveyor completed an Environmental Tour of each floor of the Residential Care part of the facility (Floor 1, 2 and 3) in which the following findings were observed: 1. Floor 1: - Resident bathroom: The entrance door and the door frame had numerous areas where the surfaces were worn off exposing untreated wood, creating uncleanable surfaces. - The wooden trim/kickplates, around the entire room, had chipped missing paint creating uncleanable surfaces. - The light switch, the electrical conduit/raceway and the suspended ceiling grids were all rusty.	P 627		

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P 627	Continued From page 7 - There was a large brownish colored stain on a ceiling tile above the toilet. 2. Floor 2: East Wing - The room entrance doors and door frames had numerous areas where the surfaces were worn off exposing untreated wood, creating uncleanable surfaces in resident rooms 210, 212, 214, 216, 217, 221, 222, 223, 224; the tub room and the two annex doors(between sections of rooms). - The hallway hand rails and the wall kickplates had numerous areas where the surfaces were worn off exposing untreated wood, creating uncleanable surfaces. - The hallway wall, outside resident room 217, had a large cut out area near the floor that exposed sheetrock and untreated wood. - The elevator metal frame had chipped/missing paint creating an uncleanable surface. - The resident bathroom, by the nurse's station, had an entrance door and door frame that had numerous areas where the surfaces were worn off exposing untreated wood, creating uncleanable surfaces. The toilet bowl was stained with yellowish/brownish colored stains. The wooden rails holders had chipped/missing paint. - The tub room toilet bowl was dirty and stained with yellowish/brownish stains. There was a large brownish colored stain on a ceiling tile. West Wing - The resident bathroom toilet was dirty and stained with yellowish/brownish colored stains. - The floor was dirty around the base of the toilet in the first toilet stall. - The wall behind the toilet, in the second toilet stall, was missing a large section of paint/sheetrock paper exposing sheetrock and	P 627		

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creating an uncleanable surface.
- The entire floor inlay linoleum was peeling up away from the edges of the floor.
- The railing base, by the large staff rinsing toilet, was very rusty.
- The room entrance doors and door frames had numerous areas where the surfaces were worn off exposing untreated wood, creating uncleanable surfaces in resident rooms 201, 202, 203, 204, 205, 206, and 208.
- The hallway hand rails and the wall kickplates had numerous areas where the surfaces were worn off exposing untreated wood, creating uncleanable surfaces.

On 10/29/25 at 10:15 a.m., in an interview with a surveyor, Certified Residential Medication Aide(CRMA #5) confirmed the findings.

3. Floor 3
East Wing:
- The elevator metal frame had chipped/missing paint creating an uncleanable surface.
- The room entrance doors and door frames had numerous areas where the surfaces were worn off exposing untreated wood, creating uncleanable surfaces in resident rooms 310, 312, 314, 316, 317, 321, 322, 323,324 and the two annex doors(between sections of rooms).
- The hallway hand rails and the wall kickplates had numerous areas where the surfaces were worn off exposing untreated wood, creating uncleanable surfaces.
- The nurse's station floor had two large areas where the floor surface was worn away creating uncleanable areas.

West Wing:
- The wing entrance door and door frame had chipped/missing paint creating uncleanable

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P 627	Continued From page 9 surfaces. - The room entrance doors and door frames had numerous areas where the surfaces were worn off exposing untreated wood, creating uncleanable surfaces in resident rooms 301, 302, 303, 304, 305, 306, 308 and the resident shower room. - The hallway walls had numerous areas where the paint was chipped/gouged and missing creating uncleanable surfaces. - The resident shower room had dirty/stained caulking behind the sink. - The hallway wall fan, by resident room 305, was dusty/dirty. On 10/29/25 at 10:30 a.m., in an interview with a surveyor, CRMA #6 confirmed the findings. On 10/29/25 at 12:00 p.m., in an interview with a surveyor, the Assistant Director of Nursing confirmed the findings. This provision has not changed in the new rule effective 9/18/25., see Section 11.b	P 627		