STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1754	A. BUILDING: _____ B. WING _____	11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUMFORD COMMUNITY HOME (DEMENTIA)	11 JOHN F KENNEDY LANE RUMFORD, ME 04276

(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 11/4/25, onsite visit was made at Rumford Community Home - Dementia, for the purpose of completing the state relicensure survey. It was determined that Rumford Community Home - Dementia 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 268	6.3.3.3 Alzheimer's/Dementia If the unit uses keypads to lock and unlock doors exiting from the unit, then directions for access to the unit shall be posted on the outside of the door. This STANDARD is not met as evidenced by: Based on observation and interview the designated Alzheimer's /Dementia care unit failed to have directions for access to the unit posted outside the unit door for 1 of 1 day of survey. (11/4/25) Finding: On 11/4/25 at approx. 9:10 a.m., 2 surveyors approached the locked Alzheimer's /Dementia unit and observed a keypad utilized for entry to the unit. The unit lacked directions on how and/or code to enter the unit. The surveyors needed to ask staff the code to enter the locked unit. On 11/4/25 at 2:51 p.m., the above was discussed with the Director of Nursing.	P 268		