

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 C 06/04/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GORHAM HOUSE

**50 NEW PORTLAND RD
GORHAM, ME 04038**

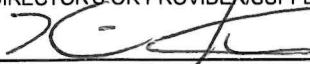
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	Initial Comments On 6/4/25, an unannounced onsite visit was made at Gorham House Assisted Living and Memory Care, for the purpose of complaint investigation #ME00051829. It was determined that Gorham House Assisted Living and Memory Care 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 012	3.4.3.3 Licensing Comply with all other applicable laws and regulations pertaining to licensing; This Regulation is not met as evidenced by: Based on record review and interview, the facility did not utilize the Maine Background Check Center to obtain a comprehensive background check report as required by 10-144 C.M.R., Ch.60, Maine Background Check Center Rule (effective date October 17, 2018), established under 22 M.R.S. Ch. 1691, Maine Background Check Center Act for 5 of 5 personnel files reviewed (Employees #1, #2, #3, #4, #5). Findings: On 6/4/25, the surveyor reviewed five (5) personnel files for staff working on the Oxford unit. On 6/9/25, the surveyor requested the Administrator forward copies of the Maine Background Checks for the 5 employees. The Administrator provided the following: 1. Employee #1, contracted through the NURSA agency, failed to have documented evidence of the agency utilizing the Maine Background Check	P 012		

Department of Health and Human Services

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

TITLE

(X6) DATE



Interim Executive Director

7/14/25

Gorham House Plan of Correction

P 012

- Employees 1-5 have all completed background checks from the Maine Background Check Center.
- The facility has audited all employees and confirmed an appropriate background check has been completed.
- The facility will complete audits monthly to assure all new hires have had an appropriate background check.
- The Business Office Manager or her designee will report the results of the audits at the monthly QAA committee meeting for at least 6 months.
- Substantial compliance will be met by 7/14/25 and ongoing.

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- Resident #1 has been discharged from the facility.
- The facility has audited all rooms to confirm blocking has been installed appropriately on all Oxford unit windows.
- Oxford unit staff will be educated on providing PRN medication per the residents' MAR.
- Staff were educated on behavior monitoring and skills to reduce agitation.
- Substantial compliance will be met by 7/14/25 and ongoing.

P 326

- Resident #1 has been discharged from the facility.
- Staff will audit as needed psychotropic medications on the Oxford unit for valid, signed orders, with specific instructions.
- Audits will be conducted on new psychotropic medication orders.
- The Health and Wellness Director or his designee will report the results of the audits at the monthly QAA committee meeting for at least 6 months.
- Substantial compliance will be met by 7/14/25 and ongoing.