Department of Health and Human Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0566 | A. BUILDING: _____ B. WING _____ | C 06/04/2025 |

| 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<br><br>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<br><br>Comply with all other applicable laws and regulations pertaining to licensing;<br><br>This Regulation is not met as evidenced by:<br>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).<br><br>Findings:<br><br>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:<br><br>1. Employee #1, contracted through the NURSA agency, failed to have documented evidence of the agency utilizing the Maine Background Check | P 012 | | |

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.

P 203
-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.