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	1761	A. BUILDING: _____ B. WING _____	10/21/2025

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MARKET SQUARE HEALTH CARE CENTER, LI	3 MARKET SQUARE SOUTH PARIS, ME 04281

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P 000	Initial Comments 10/20/25 and 10/21/25 on-site visits were conducted at Market Square Health Care Center-Residential Care, for the purpose of conducting a Re-Licensure survey and investigate complaints #ME00045547, ME0005548, ME00045034, ME0004491, ME00044574, and ME00044568. It was determined that Market Square Health Care Center-Residential Care is not in substantial compliance with 10-144, Chapter 113-the Regulations Governing the Licensing and Functioning of Assisted Housing Programs" Level IV, Private Non-Medical Institutions	P 000		
P 302	7.1 Medications and Treatments Use of safe and acceptable procedures. The administrator shall ensure that all persons administering medications and treatments (except residents who self-administer) use safe and acceptable methods and procedures for ordering, receiving, storing, administering, documentation, packaging, discontinuing, returning for credit and/or destroying of medications and biologicals. All employees must practice proper hand washing and aseptic techniques. A hand-washing sink shall be available for staff administering medications. [Classes I/II/III] This STANDARD is not met as evidenced by: Based on observation, interview, record review, and facility policy, the facility failed to use safe and acceptable procedures when a newly admitted resident did not receive his/her ordered blood pressure medication for 6 days after admission for 1 of 1 resident reviewed during a	P 302		

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complaint investigation (Resident [R] #4) and failed to practice proper hand washing and aseptic techniques during a medication administration observation on 1 of 2 days of the survey.

Findings:

1. Facility policy "Medications," revised 3/10/09 states, "Use of safe and acceptable procedures ...Residents shall receive only the medications ordered ...in the correct dose, at the correct time ...consistent with pharmaceutical standards ..."

R4 was admitted on 8/24/23 with diagnoses to include hypertension and gastroesophageal reflux disease.

Review of R4's clinical record revealed the following medication orders:
-an order with a start date of 8/24/23 for Prazosin 2mg [milligram] capsule, 1 capsule oral one time daily for hypertension
-an order with a start date of 8/24/23 for Famotidine 20mg tablet, 1 tablet oral two times daily for gastroesophageal reflux disease

Review of R4's August 2023 Medication Administration Record (MAR) under "Non-PRN Medication Notes" revealed that the Prazosin was scheduled for the HS (bedtime) Med Pass and was documented as "Not Administered ...medication not available" on 8/24/23, 8/25/23, 8/26/23, 8/27/23, 8/28/23, and 8/29/23. Additionally, the Famotidine was scheduled for the Early Morning Med Pass and Supper Med Pass and was documented as "Not Administered ...medication not available" on 8/25/23. Further review of the MAR revealed "half dose due to only having one 10 mg tab left" documented on

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P 302	Continued From page 2 8/29/23 under the Famotidine Early Morning Med Pass medication notes. Review of R4's electronic and paper clinical records lacked evidence that his/her physician was made aware that the medications were not given as ordered. On 10/21/25 at 11:56 a.m., the above finding was discussed with the Administrator. At this time, the Administrator stated the Certified Residential Medication Aide (CRMA) should have notified the provider and documented it in a progress note, and that if a medication dose not come with a newly admitted resident, the facility should be able to get it from the pharmacy the same day. 2. On 10/20/25 at 10:18 a.m., during a medication observation on the Residential Care Unit, while preparing Resident #3's (R3) medications, Certified Residential Medication Aide #2 (CRMA2) dropped a Vitamin B-12 tablet on the floor and proceeded to pick the tablet up off the floor with her bare hands, touching the floor. CRMA2 then disposed of the tablet in the trash can affixed to the side of the medication cart, and without sanitizing her hands, CRMA2 then dispensed another Vitamin B-12 tablet into R3's medication cup, touching the rim of the cup with her hand. At this time, a surveyor intervened, and CRMA2 stated she should have sanitized her hands after touching the floor but that she sometimes forgets those steps and should know better. CRMA then sanitized her hands before proceeding to dispense R3's medications. On 10/20/25 at 10:38 a.m., the above finding was discussed with the Administrator. This provision has not changed in the new rule,	P 302		

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P 302	Continued From page 3 under Section 5.A, effective 9/18/25.	P 302		
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 expired medications were removed from available supply in 1 of 1 medication storage room (Residential Care Unit). Finding: Facility policy "Medications" revised 3/10/09 states, "Use of safe and acceptable procedures ... Expired and discontinued medications ... Medications shall be removed from use and properly destroyed after the expiration date ..." On 10/20/25 at 10:50 a.m., during surveyor observation of the Residential Care Unit medication storage room with Certified Residential Medication Aide #2 (CRMA2), the following expired medications were available for use: - 0.125 oz (ounce) container of Stye Sterile	P 345		

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P 345	Continued From page 4 Lubricant Eye Ointment, with an expiration date of 03/25 (March 2025) - box of 5.8 mg (milligram) menthol Cough Suppressant/Anesthetic Medikoff Drops with an expiration date of 09/2025 (September 2025) - 19 oz bottle of Foster & Thrive Fiber Powder, with an expiration date of July 2025 - 16 FL OZ (fluid ounce) bottle of Geri Care Milk of Magnesia, with an expiration date of 08/2025 (August 2025) At this time CRMA2 removed the expired medications from the available supply. On 10/20/25 at 11:25 a.m., a surveyor discussed the above finding with the Administrator. This provision has not changed in the new rule, under Section 5.I, effective 9/18/25.	P 345		
P 466	11.1.7 Administrative and Resident Records Incident reports. An incident report shall be completed for any resident who has sustained or caused a fall, injury or accident in the facility, while being transported by the facility, or in an activity supervised by facility staff, who unsafely wanders from the facility, who is involved in an altercation with another resident, who has a medication reaction, or when an error is made in the documentation or administration of medication. The report shall describe the incident and indicate the extent of the injury or reaction and necessary treatment. The dispensing pharmacy shall be consulted regarding incidents involving medications, in order to assist in assessing adverse drug reaction, drug-drug interaction, drug-food interaction and allergies/sensitivities. If, in the opinion of the administrator or person in charge, the incident is	P 466		

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not serious enough to call an examining duly authorized licensed practitioner, an incident report shall still be recorded in the resident's record. The administrator shall initial the record within seventy-two (72) hours. If examination and treatment by a duly authorized licensed practitioner is necessary as a result of an incident, the facility shall notify the guardian or conservator as soon as possible, within seventy-two (72) hours.

This STANDARD is not met as evidenced by:
Base on interview and record review the facility failed to ensure that an incident report was completed and documented in the resident's record for 4 of 8 sampled residents (R#1, R#4, R#5, and R#8).

Findings:

1. On 10/20/25 at 11:22 a.m. a surveyor interviewed the Administrator and asked for the incident report for an incident that occurred 11/13/24 for Resident #1 (R#1). The Administrator stated, "I may not have the incident report because the Residential Care Director (RSD) at the time of the incident would file the incidents in a binder, and the binder cannot be found".

On 10/21/25 the administrator confirmed there was no incident report for the incident that occurred 11/13/24 with R#1, but presented emails between the administrator, the staff agency, the resident's provider, and the Licensed Social Worker (LSW) for Maine DHHS office of Aging and Disability Services with some limited information on the incident involving R#1.

2. On 10/20/25 a surveyor reviewed the clinical record for Resident # 1 and found no notes

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P 466	Continued From page 6 regarding the incident that occurred 11/13/24. On 10/20/25 at 12:53 the Residential Care Director confirmed that there were no notes regarding the incident for Resident #1 that occurred 11/13/24. 3. On 10/20/25 at 11:22 a.m. a surveyor interviewed the Administrator and asked for the incident report for an incident that occurred 11/11/24 for R#8. The Administrator stated, "I may not have the incident report because the Residential Care Director at the time of the incident would file the incidents in a binder, and the binder cannot be found". On 10/21/25 the administrator confirmed there was no incident report, for the incident that occurred 11/11/24, but presented emails between the administrator, the staff agency, and the Resident's provider with some limited information on the incident involving R#8. 4. On 10/20/25 a surveyor reviewed the clinical record for Resident # 8 and found no notes regarding the incident that occurred 11/11/24. On 10/20/25 at 12:53 the Residential Care Director confirmed that there were no notes regarding the incident for Resident #8 that occurred 11/11/24. 5. On 10/20/25 at 10:05 a.m., a surveyor interviewed the Administrator and asked for the complete investigation for incident report dated 9/11/25 between Reisdent's #4 and #5. The Administrator stated the investigation was completed and it was given the the RSD at the time and she is not sure what she did with it.	P 466		

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P 466	Continued From page 7 During a follow up interview with 4 surveyors on 9/20/25 at 3:20 p.m., Administrator confirmed she was unable to provide evidence that an investigation was completed for this incident. This provision has not changed in the new rule, under Section 8.e.1 effective 9/18/25.	P 466		
P 494	12.3 Standards for Resident Care Service plan: A service plan shall be developed and implemented within thirty (30) calendar days of admission for each resident based upon the findings of the resident assessment instrument (RAI). The plan shall address those areas in which the resident needs encouragement, assistance or an intervention strategy. The resident, his/her legal representative (if applicable) and others chosen by the resident shall be actively involved in the development of the service plan, unless he/she is unable or unwilling to participate. There shall be documentation in the resident's record identifying who participated in the development of the service plan. The service plan shall describe strategies and approaches to meet the resident's needs, names of who will arrange and/or deliver services, when and how often services will be provided and goals to improve or maintain the resident's level of functioning. Residents shall be encouraged to be as independent as possible in their functioning, including ADLs and IADL's if they choose, unless contraindicated by the resident's duly authorized licensed practitioner. The service plan shall be modified, as necessary, based upon identified changes. Residents shall never be required to perform activities specified in the residential service plan or any other activities and cannot be used to replace paid	P 494		

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P 494	Continued From page 8 staff. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the medical records contained documentation identifying that the resident, his/her legal representative, and others chosen by the resident were actively involved in the development and/or review of the service plan for 2 of 8 sampled Residents (R#1 and R#3). Findings: 1. On 10/20/25 during review of Resident #1's record it was identified that the service plan dated 6/26/25 did not have documentation of involvement of the resident and/or their legal representative. On 10/20/25 at 12:53 during an interview the surveyor confirmed this finding with the Residential Care Director. 2. On 10/20.25 during review of Resident #3's record it was identified that the service plan dated 8/13/25 did not have documentation of involvement of the resident and/or their legal representative. During an interview on 10/20/25 at 11:35 a.m., Residential Care Director (RSD) states she is the one that sends out invitations to IDT meetings and they are invited 3-4 weeks before the scheduled meeting. At this time RSD reviewed her records and confirmed she did not invite	P 494		

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P 494	Continued From page 9 Resident #3 and/ore his/her legal representative to the meeting held on 8/13/25, and they did not have input in the service plan update. This provision has not changed in the new rule, under Section 13.C, effective 9/18/25.	P 494		
P 595	15.10.8 Sanitation/dietary services Perishable, refrigerated and frozen food shall be labeled and dated to determine whether they have proper nutritional value when served and are safe for human consumption. This STANDARD is not met as evidenced by: Based on observations, interviews, and the facility's Food Storage Policy, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for floors, a wall fan, the ice machine, a food mixer, and an air vent. Additionally, the facility failed to ensure foods were sealed, labeled, dated and/or stored in a walk-in freezer, in a walk-in refrigerator, and in unit kitchenette refrigerators/freezers for 2 of 2 kitchen/kitchenette observations for 1 of 1 day of survey (10/20/25). Findings: The facility's Food Storage policy and procedure noted: 14. Refrigerated food storage: f. All foods should be covered, labeled and dated and routinely monitored to assure that foods (including leftovers) will be consumed by their use by dates, or frozen(where applicable) or discarded. 15. Frozen foods: c. All foods should be covered, labeled and dated. All foods will be checked to assure that foods will be consumed by their use by dates or discarded.	P 595		

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P 595	Continued From page 10 On 10/20/25 from 9:30 a.m. to 10:00 a.m., a surveyor did a kitchen tour with the Food Service Director in which the following findings were observed: 1. - The dish room had trash and debris on the floor under the dish machine. The wall fan was dusty/dirty. The air drying unit, located above the dish machine dish exit, had a filter that was heavily soiled with dust. - The ice machine had dried food particles and dried liquid residue on the exterior surface. - There were 5 previously opened large bags of cereal, in a food preparation area, that were not dated. - The food mixer had dried food particles and dried liquid residue on the mix arm shroud and the unit base. - The storage room had two ceiling lights, four feet in length, that had dirt and debris in them. - The storage room air vent, in the metal venting system, was heavily soiled with dust. - The walk-in refrigerator had a cement floor that had chipped/missing paint/sealant. There was a thirty-two ounce container of liquid egg product that had been previously opened and was not sealed. There was a previously opened bag of white cheese that was not dated. - The walk-in freezer had a cement floor that had chipped/missing paint/sealant. There was a large case of cheese pizzas that had chunks of ice build-up on the top of it. On 10/20/25 at 10:00 a.m., in an interview with a surveyor, the Food Service Director confirmed the findings. 2. On 10/20/25 at 10:10 a.m., a surveyor observed two separate refrigerators/freezers, in the Residential Care kitchenette, that had dried	P 595		

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P 595	Continued From page 11 food particles and dried liquid residue on the inner shelves and door shelves. On 10/20/25 at 10:15 a.m., in an interview with a surveyor, the Residential Care Director confirmed the findings. This provision has not changed in the new rule, under Section 10 effective 9/18/25.	P 595		