STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2751	A. BUILDING: _____ B. WING _____	C 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR HILL CENTER	2 FOOTBRIDGE RD BELFAST, ME 04915

(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 7/22/25, an unannounced onsite visit was conducted at Harbor Hill Center/Assisted Housing for the purpose of investigating facility reported incident #ME00052389 It is determined that Harbor Hill Center/Assisted Housing 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 480	12.1 Standards for Resident Care General rule. Residents shall have the opportunity to receive individualized services that help them age in place, function optimally in the facility and in the community, engage in constructive activity, and manage their health conditions. The facility will assure, to a practicable extent, that residents ' needs will be accommodated regarding individual choices and preferences. This shall be evidenced in the assessment of individual needs, development and implementation of individual service plans and in regular progress notes. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a service plan was developed/initiated after an allegation of sexual abuse for 1 of 1 facility reported incidents reviewed (Resident [R]5). Findings: R5 was admitted in 2023 and has diagnoses to include Huntingtons disease, major depressive disorder, adjustment disorder, anxiety disorder, and mild cognitive impairment.	P 480		

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P 480	Continued From page 1 Review of mini mental exam completed 12/20/23 revealed moderate impairment. Review of R5's Individual service plan initiated 3/20/25 revealed "Falls/Danger of Fall/Accident due to unsteady gait there are no goals or interventions for these concerns. Resident has Huntington's disease which cause [him/her] to forget quickly. Residents ask the same question respectively. Resident cannot remember short term, but long term is ok Answer questions but redirect to the activity board Date Initiated: 07/19/2024 Interventions states: Resident performs ...[blank]" there is not further information included for this intervention. Not updated after assault allegation. Interview with Certified Registered Medical Assistant (CRMA) on 7/22/25 at 3:50 a.m., stated the service plans are supposed to include all resident care needs to include everything they are supposed to do to meet the needs of the residents. During an interview 7/22/25 at 4:00 p.m., Clinical Coordinator confirmed R5's service plan does not contain interventions for falls, and service plan was not updated after allegation of sexual assault.	P 480		