STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3168	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHRIDGE REHAB & LIVING CENTER	10 MAY STREET BIDDEFORD, ME 04005

(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 6/26/24 an onsite visits were made at Southridge Residential Care, for the purpose of completing the state relicensure survey. It was determined that Southridge Residential 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 351	7.10.3 Medications and Treatments All Schedule II controlled substances on hand shall be counted at least weekly and record's kept of the inventory in a bound book with numbered pages, from which no pages shall be removed. (Class II) This STANDARD is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure that weekly inventory counts of Schedule II Controlled Substances on-hand were recorded in the bound book and failed to remove a discontinued Schedule II medication from the current and active medication storage area for 1 of 2 units (Pineridge). Finding: On 6/26/24 during review of the Pineridge medication cart, the surveyor noted two Fentanyl 25 mcg transdermal patches, for Resident #1 that were not inventoried weekly and were not recorded in the controlled substance bound book which was initiated on 12/4/23. Furthermore, review of Resident #1's medical contained a	P 351		

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P 351	Continued From page 1 physician's order to discontinue the Fentanyl 25mcg patch on 9/12/23. On 6/26/24 at 2:34 p.m., during an interview, the Residential Care Director confirmed the above stating the fentanyl patches should have been destroyed after being discontinuation, however the patches were not transferred to the new controlled substance bound book which was initiated on 12/4/23 and not counted at least weekly with records of the inventory signed in the bound book from 12/4/23 through 6/26/24.	P 351		
P 521	13.5 Staffing Employee records. Facilities must maintain individual records on all related and unrelated employees. Records shall contain the initial date of employment, date of birth, home address and telephone number, experience and qualifications, social security number, copy of current occupational license (if applicable), references and reference check information, job description, record of participation in in-service, orientation or other training programs, results of annual personnel evaluations, disciplinary actions, illness and injury records and date of and reason for termination. Records may be computerized. This STANDARD is not met as evidenced by: Based on review of annual evaluations and interview, the facility failed to complete an annual performance evaluation for nurse aides at least every 12 months for 2 of 3 sampled Certified	P 521		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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P 521	Continued From page 2 Residential Medication Aide's (CRMA) employed greater than a year (#1, and #2) Findings: On 6/26/24 personnel files were reviewed: CRMA #1 was hired on 6/5/2022. There was no evidence that an annual performance evaluation was completed. CRMA #2 was hired on 2/7/2022. There was no evidence that an annual performance evaluation was completed. On 6/26/24 at 2:05 p.m., during an interview with the surveyor, the Registered Nurse Quality Improvement Specialists stated she was unable to find any annual performance evaluations completed for the above-mentioned CRMA'S.	P 521		