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 _____	10/17/2023

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 From 10/16/23 through 10/17/23, on-site visits were made at Harbor Hill Center to conduct the State Relicensure Survey. It was determined, Harbor Hill Center was not in compliance with 10-144 CMR 110 State of Maine Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities.	P 000		
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 observations and interviews, the facility failed to ensure expired and discontinured medications were removed from the supply available for use in 1 medication cart. Findings: On 10/17/23 at 11:20 a.m., during a medication cart storage review with the Certified Residential Medication Aide #1 (CRMA#1), the surveyor observed 13 tablets of Lorazepam, 5mg(milligrams) tablets with an expiration date of 3/28/23. CRMA#1s that the Resident #1 was last given this medication on 10/12/23.	P 345		

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 _____	10/17/2023

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 345	Continued From page 1 In addition, the surveyor observed that for Resident #2, there were 43 tablets of Tramadol 150mg tablets that were discontinued on 8/17/23 and 17 tablets of Oxycodone 5mg tablets was discontinued on 7/21/23. The above findings were confirmed with the surveyor at the time of observation by CRMA#1. On 10/17/23 at 11:25 a.m. the findings were discussed with the Assisted Director. The Assisted Living Director confirmed with the surveyor that the Lorazepam was expired and that the Tramadol and Oxycodone were discontinued.	P 345		