STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0578	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FREEPORT PLACE	4 OLD COUNTY RD FREEPORT, ME 04032

(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 11/5/25, an unannounced onsite visit was made at Freeport Place, for the purpose of completing the state relicensure survey. It was determined that Freeport Place was not in 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 361	7.14 Medications and Treatments Breathing apparatus. When the facility assists a resident with a hand-held bronchodilator, metered dose nebulizers, intermittent positive pressure breathing machine or oxygen machine, there shall be documentation of the following: This STANDARD is not met as evidenced by: Based on review of personnel training files and interview, the facility failed to provide evidence that 1 of 2 Certified Residential Medication Aides (CRMA's) received training on the proper use of breathing apparatus (#1). Findings: On 11/5/25, two surveyors reviewed personnel training files CRMA's #1 and #2. There was no evidence to indicate that CRMA #1, with a hire date of 5/15/24, had received Breathing Apparatus training. On 11/5/25 at approximately 2:00 p.m., in an interview with two surveyors, the Administrator, Residential Care Director and Team Lead, confirmed CRMA #1 had not received the training.	P 361		

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P 361	Continued From page 1 This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Sections 5(P) (1-4) and (R) (1).	P 361		
P 365	7.15 Medications and Treatments First aid kit. A first aid kit containing supplies which may be necessary for the first aid treatment of minor injuries such as cuts, scrapes or first degree burns shall be included and available in the facility. All staff shall be instructed in the use of any item in the kit. This STANDARD is not met as evidenced by: Based on review of personnel training files, the facility failed to provide in-service training for staff on the proper use of items in the First Aid Kit, in order to provide treatment for minor injuries of residents, for 3 of 3 personnel files reviewed. Findings: On 11/5/25, two surveyors reviewed 3 personnel training files for education provided by the facility to CRMA (Certified Residential Medication Aide) and PSS (Personal Support Specialist) staff. 1. The file of CRMA #1, with a date of hire of 5/15/24, lacked evidence of having received training on use of the First Aid Kit. 2. The file of CRMA #2, with a date of hire of 8/6/20, lacked evidence of having received training on use of the First Aid Kit.	P 365		

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 365	Continued From page 2 3. The file of PSS #1, with a hire date of 8/11/25, lacked evidence of having received training on use of the First Aid Kit. On 11/5/25 at 2:00 p.m., the findings were discussed with the Administrator, Residential Care Director, the Team Lead, and two surveyors. This provision has changed in the new rule effective 9/18/2025. See new provisions of the rule Sections 5(Q) (1-2) and (R) (1).	P 365		