STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1960	A. BUILDING: _____ B. WING _____	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGEL PLACE	758 BROADWAY BANGOR, ME 04401

(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 5/13/24 and 5/14/24, on-site visits were conducted at Engel Place for the purpose of investigating facility reported incidents: #ME00045485, #ME00045532, #ME00046851 and complaints: #ME00043433, #ME00047381, It was determined that Engel Place was 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 327	7.2.4.2 Medications and Treatments A person qualified to administer medications must be on site at the assisted living program, residential care facility, or private non-medical institution whenever a resident(s) have medications prescribed " as needed " (PRN) if this medication is not self-administered. In no event, however, shall antipsychotic-type psychotropic medications be prescribed on a PRN basis only, having no routinely scheduled and administered doses. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that a resident with an order for an as needed (PRN) anti-psychotic also had a scheduled anti-psychotic for 1 of 2 residents reviewed with PRN orders for anti-psychotics (Resident #1 [R1]). Finding: On 5/13/24, R1's clinical record was reviewed and included a physician order, dated 5/8/24, for "Risperidone 0.25 milligrams every 24 hours as needed for agitation and restlessness" with a stop	P 327		

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P 327	Continued From page 1 date of 5/22/24. R1's physician orders did not include a scheduled dose of an anti-psychotic medication. On 5/13/24 at 2:50 p.m., during an interview with the Interim Director, a surveyor confirmed this finding.	P 327		
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 and discontinued medications were removed from the supply available for use in the medication refrigerator for 2 of 2 residents reviewed that had orders for insulin (Resident #1 [R1], Resident #2 [R2]). Findings: On 5/13/24 at 11:30 a.m., Certified Residential Medication Aid (CRMA) and a surveyor observed the following: 1. For R1: 5 unopened Humalog Kwikpens that	P 345		

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P 345	Continued From page 2 were discontinued (d/c'd) on 1/14/23, 1 unopened vial of insulin lispro that was d/c on 1/14/23, and 1 vial of Lantus, opened on 1/11/23, that was d/c'd on 1/30/23. 2. For R2: 4 unopened Levimer Flex pens with an order to d/c on 3/7/24. The surveyor confirmed these findings at the time of the observation.	P 345		
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 employee record reviews and interview, the facility failed to ensure that employee records contained evidence of a current occupational license (certificate), results of annual personnel evaluation and/or job description for 4 of 5 employees reviewed (Employee#1[E1],	P 521		

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P 521	Continued From page 3 Employee#2 [E2], Employee#3[E3], and Employee#4[E4]). Findings: On 5/14/24, between 8:30 a.m. and 9:30 a.m., the Human Resources Specialist and a surveyor reviewed 5 employee files. The following were confirmed at the time of review: 1. E1's employee file lacked evidence of an active Certified Residential Medication Aide (CRMA) certificate. 2. E2's employee file lacked evidence of a CRMA job description. 3. E3's employee file lacked evidence of an active CRMA certificate and annual personnel evaluation (due 10/23). 4. E4's employee file lacked evidence of an active CRMA certificate and CRMA job description.	P 521		
P 540	13.10 Staffing The pharmacists consultant services. Each facility of more than ten (10) beds shall retain the services of a pharmacist consultant no less than quarterly to: This STANDARD is not met as evidenced by: Based on observation and interviews, there was no evidence the Pharmacist reviewed medication areas for expired medications on quarterly visits for 1 of 1 medication refrigerators reviewed. Finding: On 5/13/24 at 11:30 a.m., Certified Residential Medication Aid (CRMA) and a surveyor observed	P 540		

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P 540	Continued From page 4 the following in the medication refrigerator - 1 vial of Lantus, opened on 1/11/23. On 5/13/24 at 2:53 p.m. during a telephone interview with a Pharmacist Consultant, the surveyor stated that a vial of insulin was found in the medication refrigerator that was opened on 1/11/23 and still available for use as of today. The Pharmacist Consultant stated that they spot check one section every quarter and it must have been missed. She stated the last time she was there, she checked the medication cart. On 5/14/24 at 8:30 a.m., during an interview a surveyor, the Interim Director stated that there was (1) medication storage room with (2) filing cabinets for overstock medicationss, (1) over the counter medication cupboard, (1) medication cart, and (1) medication refrigerator. The surveyor confirmed that the insulin was opened in 1/11/23 (was good for 28 days after opening) but was not noticed during one of the "spot checks" that happens every 3 months and it has been 15 months since expired.	P 540		
P 565	15.3.3 Sanitation/dietary services Shelving in storage areas, refrigerators and freezers shall be in good condition with cleanable surfaces. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the food storage shelves in resident refrigerator were clean for 1 of 1 observation (5/13/24). Finding:	P 565		

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P 565	Continued From page 5 On 5/13/24, at 11:25 a.m., a Certified Residential Medication Aid and surveyor observed, in the refrigerator, multiple storage shelves were soiled with dried liquids from items that had been spilled.	P 565		
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 observation and interview, the facility failed to ensure desserts were labeled with a use by date in 1 of 1 resident refrigerator. Finding: On 5/13/24, at 11:25 a.m., a Certified Residential Medication Aid and surveyor observed, in the refrigerator, (9) desserts with no label that identified the use by date. The surveyor confirmed this finding at the time of the observation.	P 595		