

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Licensing and Certification
11 State House Station
41 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 287-9300; Toll Free: (800) 791-4080
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5815

THIS NOTICE MUST BE POSTED IN PUBLIC VIEW

February 10, 2023

Augusta, Maine 04330

Certified Number: 7015 3010 0001 3250 6035

RE: Conditional License issued to Homeport at Island Nursing Home

Dear Homeport at Island Nursing Home, Inc. Board Members,

Pursuant to its authority under 22 M.R.S. § 7944 (1)(A), the Department of Health and Human Services, Division of Licensing and Certification (herein referred to as the "Department" or "DHHS") has decided to impose Conditions to the PNMI Level IV Residential Care Facility located at 587 North Deer Isle Road. The Conditional License will be dated 1/11/2023 and expire 1/11/2024. Once the terms of the conditions have been met, a full 2-year license will be issued from the 1/11/2023 date.

The Department is issuing a Conditional License based on noncompliance detailed in the accompanying Statement of Deficiencies (SOD). The following conditions must be met prior to the admission of residents:

- The Licensee will ensure that a Licensed Administrator has been hired. The Licensee will submit the Administrator License and the required administrator section of the application including references. The Administrator must pass a background check prior to admission of residents.
- The facility will be inspected by the State Fire Marshal's Office and must pass Life Safety Code Inspection prior to admission of residents.
- The Licensee will submit a current acceptable water test prior to admission.
- The Licensee will ensure staffing ratios are adequate to meet the needs of the residents.
- The Licensee will ensure an RN or RN Consultant has been hired prior to admission of residence.
- The Licensee will notify Division of Licensing and Certification with the above information prior to admission of residence.
- The number of eligible Mainecare beds will be determined by the Healthcare Compliance and Operations review of the Performa and payment for these beds will be based on this approval.

The conditions will remain in effect until all of the conditions have been met.

In addition, you are required to complete a Plan of Correction (POC) on the attached SOD form and return to the Division of Licensing and Certification. You may submit this document to dls.medfacilities@maine.gov. Failing to meet any of the conditions of the Conditional License, or failing

to comply with state licensing laws or regulations that have been classified as Class I, II, III or IV pursuant to Sections 4.8.2 & 4.8.3 of the rule, may result in further licensing action by the Department, up to and including revocation of your license.

A full or biennial license will not be issued until the Conditions identified by the Department have been corrected.

APPEAL PROCEDURE

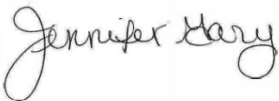
If you believe that the action being taken by the Department is incorrect, you may request a hearing to appeal the Department's action. Such a hearing would be held before an impartial Hearing Office under 10-144 CMR Ch.1, Administrative Hearings Regulations. You would have the right to be represented at the hearing by an attorney or other representative of your choice at your cost. You would have the right to be heard in person, to call witnesses, to present documentary evidence, and to cross-examine witnesses. You would also be entitled to a written decision based upon the evidence presented at the hearing.

Any request for a hearing must state in detail your reason for believing the Department's action to be incorrect. A request for hearing must be mailed to the following address within ten (10) days of receipt of this letter:

Department of Health and Human Services
Division of Licensing and Certification
ATTN: Jonathan Leach
11 SHS, 41 Anthony Avenue
Augusta, ME 04333-0011

Please contact Mr. Leach with any questions, by telephone at (207)287-5825 or by email at Jonathan.h.leach@maine.gov.

Sincerely,



Jennifer Gary
Program Manager
Department of Health and Human Services
Division of Licensing and Certification
11 SHS, 41 Anthony Avenue
Augusta, ME 04333-0011

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