

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2026
NAME OF PROVIDER OR SUPPLIER Gorham House		STREET ADDRESS, CITY, STATE, ZIP CODE 50 New Portland Rd Gorham, ME 04038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record reviews and the facility's policies, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for the kitchen floors and food mixer. In addition, the facility failed to remove expired foods, date and label foods in the reach in the refrigerator and ensure staff personal food was not stored in the reach in refrigerator. Additionally, the facility failed to monitor the dishwasher wash and rinse cycle temperatures, as well as the chemical sanitizer levels for the dishwasher, monitor the temperatures for the walk-in freezer, Produce Walk in Refrigerator, Stock Room Freezer, Ice Cream Freezer, Windsor 1 Unit refrigerator/freezer, Windsor 2 Unit Refrigerator/Freezer, [NAME] Unit Refrigerator/Freezer, [NAME] Unit Refrigerator/Freezer, and Cottage # 2 Unit Refrigerator/Freezer. Further, the facility failed to ensure the food preparation sink and ice machine air gaps were plumbed in accordance with code requirements and maintained in clean condition, ensure the garbage disposal was in good working order and ensure staff wore required facial hair protection while preparing food for 1 of 1 day of survey. Findings: On 7/27/26 from 9:15 a.m. to 10:15 a.m., a kitchen tour was conducted with the Sous Chef in which the following findings were observed: There was dirt and debris on the floor in the dish room around all the floor edges. There was dirt and food debris on the kitchen floor around all the edges and under equipment and shelves. The base of the standing mixer shaft has a visible brown, orange residue. At the time of the finding, the Sous Chef acknowledged the residue on the standing mixer shaft and confirmed it should be cleaned after each use. Review of the facilities Food Preparation - Food Storage policy dated 8/20/18 indicated all food items were to be covered labeled and dated. Observation of the reach and refrigerator revealed the following expired, outdated, or improperly stored food items: One 16-ounce container of Molly's Kitchen Beef Base Paste (open, no date)One 16-ounce container of Molly's Kitchen Chicken Base Paste (open, no date)One 16-ounce container of Molly's Kitchen Vegetable Base Paste (open, no date)One 16-ounce container of Custom Culinary Fish Base (open, no date)One gallon of Monarch Thousand Island salad dressing (open, date 3/6)One gallon of [NAME] Golden Italian (no open date) One gallon of [NAME] Ranch (opened, no open date)One gallon of Kens Creamy Caesar (no open date)One gallon of Kens Creamy Caesar (date open 12/2025)One gallon of Kens Tartar Sauce (opened, no open date)One gallon of Kens Balsamic Vinaigrette open date 12/20/25One quart of Harvest French dressing (open date 1/21/26)One quart of Kens Country French Dressing (opened, no open date)One package of shredded cheese wrapped in plastic wrap (opened, no open date)One package of Cinco de Mayo Corn Tortillas (open date 5/16/26) In addition, a surveyor observed a foil wrapped item labeled with a staff member's name located in the back of the reach in refrigerator. Upon opening the package, the food item was identified as two beef kabobs with sliced onions on wooden skewers. During an interview, the Sous Chef removed the (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	expired foods, unlabeled/dated products and foil wrapped beef kabobs and acknowledged that staff were not to store personal food in refrigerators used for resident food per facility policy. Review of the facility sanitation dish machine temperature monitoring policy revised 8/20/18 indicated the dish machine should be monitored at each meal to ensure proper washing rinsing and sanitizing the policy further indicated the wash and rinse cycle temperatures and sanitizer concentration were to be recorded on the dish machine temperature log at each meal Review of the Pots and Pan Test Strip Log and dish machine temperatures for April 2026 lacked evidence that Wash, Rinse temperatures and sanitizer part per million (PPM) were documented for breakfast, lunch and dinner from 4/17/26 through 4/25/26 and 4/30/26. Review of the facilities Refrigerators and Freezer policy indicated refrigerator and freezer temperature logs were to be available near all equipment where food was stored and temperatures were to be recorded once in the morning and once in the evening on the temperature log. Review of refrigeration/freezer temperature logs revealed the following: The Walk-in Freezer Temperature Log for June 2026 lacked evidence of documented temperature for 1 out of 30 days AM shift. The Stock Room Freezer Temperature Log for April 2026 lacked evidence of documented temperatures for 3 out of 30 days AM shift and 4 out of 30 days PM shift. The Produce Walk in Refrigerator Log for May 2026 lacked evidence of documented temperatures for 4 out of 30 days AM shift. The Ice Cream Freezer Temperature Log for April 2026 lacked evidence of documented temperatures for 14 out of 30 days AM & PM shift. The Windsor 1 Unit refrigerator/freezer temperature log for April 2026 lacked evidence of documented temperatures for 9 out of 30 days AM shift and 10 out of 30 days PM shift. The Windsor 2 Unit Refrigerator/Freezer Temperature Log for April 2026 lacked evidence of documented temperatures for 10 out of 30 days AM & PM. The [NAME] Unit Refrigerator/Freezer Temperature Log for April 2026 lacked evidence of documented temperatures for 1 out of 30 days AM & PM. The [NAME] Unit Refrigerator/Freezer Temperature Log for April 2026 lacked evidence of documented temperatures for 3 out of 30 days PM. The Cottage # 2 Unit Refrigerator/Freezer Temperature Log for April 2026 lacked evidence of documented temperatures for 10 out of 31 days AM & PM. And May 2026 lacked evidence of documented temperatures for 1 out of 31 days PM. This direct connection of wastewater and potable water was in violation of the 10-114 State of Maine Rules Chapter 226, definition Section A, which defines an Air-Gap Separation - A physical separation between free-flowing discharge end of a potable water supply pipeline and an open or non-pressure receiving vessel. An air-gap separation shall be at least twice the diameter of the supply pipe measured vertically above the overflow rim of the vessel - in no case less than one inch (2.54 cm) and the Code of Federal Regulation, Title 21, Part 1250, Section 1250, 30 (d) states all plumbing shall be so designed, installed, and maintained as to prevent contamination of the water supply, food, and food utensils. During an observation, the surveyor observed the air gap beneath the food preparation sink and the air gap beneath the ice machine was not plumbed in accordance with code requirements. In addition, a surveyor observed the air gap receptacles contained excessive dirt, debris and residue. The surrounding areas, including the floor beneath the sink and ice machine had visible dirt, debris and residue. At the time of the observation, the Sous Chef confirmed these findings and acknowledged the air gaps did not meet plumbing code requirements and that the air gap receptacles and surrounding areas should have been maintained in a clean condition. During an interview, the Sous Chef confirmed the garbage disposal unit in the kitchen was not operational and would leak onto the floor if used. The Sous Chef was unable to recall when it stopped working but acknowledged the unit needed to be removed or repaired. Review of the facility's Dining Personal Hygiene policy last reviewed 8/20/18, indicates beards or any body hair that may be exposed must be covered. During a second tour of the kitchen at approximately 1:15 p.m., a surveyor (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	observed a cook preparing food without wearing a facial hair protector. At the time of the observation, the Sous Chef acknowledged the cook should have been wearing facial hair protection while preparing food. On 7/27/26 at 2:15 p.m., in an interview, a surveyor discussed the above findings with the Administrator		