STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0156	A. BUILDING: _____ B. WING _____	11/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTELLO COMMONS	540 COLLEGE ST LEWISTON, ME 04240

(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 11/27/23, an unannounced, onsite visit was completed at Montello Commons for the purpose of conducting the state relicensure survey. It was determined that Montello Commons is not in substantial 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 304	7.1.2 Medications and Treatments No injectable medications may be administered by an unlicensed person, with the exception of bee sting kits and insulin. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that an injectable medication (exclusive of bee sting kits and insulin), was not administered by an unlicensed person, for 1 of 3 residents reviewed (#1). Finding: Review of Resident #1's clinical record noted a diagnosis of Type 2 Diabetes Mellitus. The physician's orders included an order, dated 11/7/23, for Trulicity 3 mg/0.5 ml (milligrams per milliliter) subcutaneous every week. The order did not include that a CRMA (certified residential medication aide) could administer the medication nor any additional instructions of when to hold the medication, monitoring of side effects, or symptoms to report to the provider. The manufacturer's prescribing information stated Trulicity (generic name dulaglutide) is a "glucagon-like peptide-1 (GLP-1) receptor agonist used in the treatment of diabetes and stimulates	P 304		

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P 304	Continued From page 1 glucose-dependent insulin secretion and reduces glucagon secretion. Trulicity is a non-insulin option that helps the body release the insulin it's already making." On 11/27/23 at approximately 10:00 a.m., in an interview with a surveyor, the Resident Services Director (RSD) stated one CRMA is trained to administer the medication when the RSD, a Registered Nurse, is unavailable. The RSD stated she has trained the CRMA to give subcutaneous injections. On 11/27/23 at 11:00 a.m., the surveyor discussed with the RSD that administering injectable medications besides insulin or epinephrine (bee sting kits) is outside of the scope of practice for a CRMA and is not permitted under current rules and regulations.	P 304		
P 328	7.3 Medications and Treatments Medication storage. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure safe and acceptable procedures for medication storage were followed for 1 of 1 medication refrigerator. Findings: On 11/27/23 at approximately 12:50 p.m., a surveyor observed the medication storage refrigerator in the residential care unit's nursing staff office. 1. The refrigerator contained 2 vials of quadrivalent influenza vaccine which were	P 328		

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P 328	Continued From page 2 opened and undated. 2. The refrigerator contained 1 vial of Aplisol (purified protein derivative - PPD) which was opened and undated. The expiration date was 9/21. 3. The refrigerator's temperature log noted monitoring only on 11/1/23 through 11/9/23, 11/11/23, 11/21/23, 11/22/23, 11/25/23, 11/26/23, and 11/27/23. The CRMA (certified residential medication aide) present at the time of the observation stated that staff were to check temperatures twice daily. On 11/27/23 at 1:00 p.m., in an interview with the Resident Services Director, the surveyor discussed that influenza vaccines were not dated when opened, one vial of PPD solution was outdated and available for resident use, and 15 out of 17 days for the current month lacked evidence of refrigerator temperature monitoring. The RSD confirmed the findings.	P 328		
P 495	12.4 Standards for Resident Care Progress notes. The facility shall maintain ongoing progress notes at least monthly, on implementation of the service plan and for any significant changes in the resident ' s life, including any increases or declines in the resident ' s physical and mental functioning that should be considered at the time of reassessment or adjustment in the service plan. Progress notes shall begin within twenty-four (24) hours of admission and include an initial summary of basic care needs, circumstances of resident ' s placement and resident ' s adjustment to the facility.	P 495		

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P 495	Continued From page 3 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure progress notes were completed within 24 hours of a resident's admission, to include basic care needs, circumstances of placement, and the resident's adjustment to the facility, for 1 of 3 residents reviewed (#3). Findings: A review of the clinical record for Resident #3 noted an admission date of 11/24/23. Diagnoses included: right below the knee amputation, seizures, chronic pain, urinary retention, adult failure to thrive, depression, and hypothyroidism. The record lacked evidence of staff documentation of the resident's admission to the facility, basic care needs, or adjustment to placement. On 11/27/23 at approximately 1:00 p.m., the surveyor discussed the findings with the Resident Services Director, who stated a note should have been written, and confirmed no documentation had been completed for the first 24 hours of Resident #3's admission to the facility.	P 495		