STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205006	A. BUILDING 01 B. WING	11/28/2023

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTELLO MANOR	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) COMPLETION DATE
E 000	Initial Comments Federal Recertification Survey Survey Dates: 11-28-23 Montello Manor, a long term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for Emergency Preparedness.	E 000	Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this POC is not an admission that a deficiency exists or that one was cited correctly. This POC is submitted to meet requirements established by state and federal law.	
K 000	INITIAL COMMENTS Federal Recertification Survey: Survey Date: 11-28-23 Montello Manor, a Long Term Care Facility, was surveyed to the National Fire Protection Association 101 Life Safety Code 2012 Edition as reference on 42 CFR 483.90 (a-d) physical environment and is not in substantial compliance.	K 000		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the means of egress per NFPA 101, Life Safety Code, 2012 Edition, Sections 7.1.10.1, and 7.1.5. Findings:	K 211	Facility Environmental Services Director has secured bid and accepted proposal to resurface exit discharge paths for May 10, 2024. Final contract will be forwarded to the Office of the Fire Marshall once received. Protruding tree limbs and branches into pathway have been trimmed back providing headroom of 6'8". While no residents were impacted, all residents have the potential to be affected. Quarterly scheduled inspections of all exterior exits will be conducted and documented as a function of environmental rounds and findings reported to CQI monthly meeting. Compliance Date 12-22-23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nancy Sunday	Administrator	12-26-23

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

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K 211	Continued From page 1 On November 28, 2023, between 09:30 AM and 11:30 AM, surveyors, with the Director of Environmental Services present, observed the following: 1. The North Wing exterior exit discharge paths to the public way has pavement that is excessively cracking, uneven and has ridges greater than 1/4 inch in height. 2. The North Wing exterior exit pathway has tree limbs and branches project into the pathway greater than 6" providing headroom less than 6'8". The surveyor confirmed these findings with the Director of Environmental Services at the time of the observation.	K 211		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors	K 363	Door latch has been adjusted to make a positive latch. While no residents were impacted, all residents have the potential to be affected. Weekly rounding audit with Administrator to verify positive latching on all corridor doors will occur. Results of environmental audits regarding door latching will be reported to the CQI committee for three meetings. **Compliance date 12-22-23**	

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K 363	Continued From page 2 complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to ensure there were no impediments to the closing of a patient room corridor door per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.6.3.5. Finding: On November 28, 2023, between 09:30 AM and 11:30 AM, surveyors, with the Director of Environmental Services present, observed the following: 1. West Wing resident room door 30 does not positive latch when door is closed.	K 363		

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K 363	Continued From page 3 The surveyor confirmed this finding with the Director of Environmental Services at the time of the observation.	K 363		
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the long term care facility failed to conduct fire drills once per quarter and per shift per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.6. Findings: On November 28, 2023 between 9:30 am and 11:30 am, a surveyor, with the Director of Enviromental Services present, observed the following: 1. A 2nd shift fire drill was not conducted in the 1st quarter of 2023. 2. A 3rd shift fire drill was not conducted in the 2nd quarter of 2023.	K 712	Going forward, all fire drills will include one drill per shift, per quarter. While no residents were impacted, all residents have the potential to be affected. Fire Drill log will be reviewed at monthly CQI meetings for compliance. **Compliance Date: 12-22-23**	

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K 712	Continued From page 4 The surveyor confirmed these findings with the Director of Enviromental Services at the time of the observation and record review.	K 712		
K 754 SS=D	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to maintain mobile soiled linen collection receptacles in room protected as a hazard area per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.5.7. Finding: On November 28, 2023, between 09:30 AM and 11:30 AM, surveyors, with the Director of Environmental Services present, observed the	K 754	Self-closure has been added to the West Wing soiled linen closet door. While no residents were impacted, all residents have the potential to be affected. All identified hazard areas will be included in environmental rounds to ensure they have appropriate self-closures and report their findings at the CQI meetings monthly for 3 months. **Compliance date: 12-22-23**	

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K 754	Continued From page 5 following: 1. West Wing soiled linen closet has rated door, there is no self-closure present at the time of the inspection. The surveyor confirmed this finding with the Director of Environmental Services at the time of the observation.	K 754		
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES)	K 923		

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K 923	Continued From page 6 STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to maintain Gas Equipment - Cylinder and Container Storage per NFPA 99, Healthcare Facilities Code, 2012 Edition, Section 11.6.5.2 On November 28, 2023, between 09:30 AM and 11:30 AM, surveyors, with the Director of Environmental Services present, observed the following: Findings: 1. All oxygen storage closet throughout the facility, have no signage as required, designating tanks on whether they are full or empty. The surveyor confirmed these findings with the Director of Environmental Services at the time of the observation.	K 923	Signs have been added to the Oxygen storage closets throughout the facility including separate holding racks which designate full or empty tanks. While no residents were impacted, all residents have the potential to be affected. The Facility will conduct weekly inspection of storage closets to verify tanks are in appropriately labeled holding rack. Results and trends of weekly inspections will be reported at the CQI committee for a period of 3 months as a vehicle for assessing compliance. **Compliance date: 12-22-23**	

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DEC 26 2023
BY:

Asphalt Services

by Joe Cooper

59 West Dartmouth Street
Auburn, ME 04210

207-376-4900
Cell 207-385-5222

Fully Insured • All Work Guaranteed

CONTRACT SUBMITTED TO:	PHONE	DATE
Marc@ Montello Manor	783-2039	12-15-23
STREET	CITY, STATE	ZIP CODE
540 College St	Lewiston ME	
JOB NAME	JOB LOCATION	

We hereby submit specifications and estimates for:

I agree to

1 Remove existing asphalt and dispose material along sidewalk as discussed from parking lot all the way to fence

2 Regrade sub base up to 4" in depth removing sand rock clay etc and dispose

3 Add processed crushed ledge gravel material thickness as needed for proper elevation and drainage compacting and rolling

4 Pave 3" hot asphalt material compacting and rolling

5 Works to be performed in a timely manner using proper materials and labor

We Propose hereby to furnish material and labor -- complete in accordance with the above specifications, for the sum of:

_____ dollars ($ 27,500).

Make check Payable to:
Joseph Cooper

Pursuant to Maine 3 day contract laws

This contract is presented to you in compliance with title 32 M.R.S.A § 4661 et. seq. Pursuant to the laws of the State of Maine. You have the right to void this contract by giving notice of your intension not to be bound by this contract in writing to the seller within three (3) business days following the date on which the contract is made. The written notice should be addressed to the seller at the address above listed and sent by ordinary United States Mail. If you decide to void this contract and have made any deposit towards the purchase price of the services above described, you are are entitled to the return of that deposit within fifteen (15) days from the date of your notice of voidance.

Acceptance of Proposal -- The above prices, specification and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Customer Nancy Judy Date of Acceptance: 12-26-23

A.P. Joseph Cooper