Janet T. Mills
Governor

Sara Gagné-Holmes
Acting Commissioner

Maine Department of Health and Human Services
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

June 10, 2024

Nancy Luddy, Administrator
Montello Manor
540 College St
Lewiston, ME 04240
Sent via email only, to: adminmm@firstatlantic.com; donmm@firstatlantic.com

RE: Notice of Survey Results and Enforcement

Dear Ms. Luddy:

On May 29, 2024, the Division of Licensing and Certification ("DLC") conducted a survey at Montello Manor to determine the facility's compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that Montello Manor was **not** in substantial compliance with the participation requirements. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations ("42 CFR").

Plan of Correction ("POC")

A POC for these deficiencies must be submitted **ten (10) calendar days** after today's date. Failure to submit an acceptable POC within ten (10) calendar days from today's date may result in the imposition of remedies determined by CMS.

To be acceptable, a POC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- How the facility will identify other residents having the potential to be affected by the same deficient practice;
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur;
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur; and
- The date that each deficiency will be corrected. Corrections must be made no later thanjuly 23, 2024.

You may provide your POC for the listed deficiencies under the column titled, "Provider's Plan of Correction" or you may submit the POC as a separate document. **For either format submitted, the first page of the CMS-2567 must be signed and dated by an official facility representative and must be submitted.** Please send your POC by email to Celine Donohue, R.N. at Celine.Donohue@Maine.gov and Cherrie Manzo at Cherrie.Manzo@Maine.gov.

The Form CMS-2567 and approved plans of correction are releasable to the public in accordance with the provisions of Section 1819(g)(5) and 1919(g)(5) of the Act and 42 CFR §488.325. As such, the POC should not contain personal identifiers, such as patient names, and you may wish to avoid the use of staff names.

The POC will serve as the facility's allegation of compliance. The State Agency will conduct a revisit survey to verify compliance.

Other Remedies:

A. Denial of Payment for New Admissions ("DPNA")

Per 42 CFR §488.417(b)(1), the CMS and/or the State Medicaid Agency **must** deny payments for new admissions if the facility is **not** in substantial compliance three (3) months after the last day of the survey identifying the noncompliance. This three (3) month date is August 29, 2024.

B. Termination of Provider Agreement:

Per 42 CFR §488.456(b)(i), the CMS and/or the State Medicaid Agency will terminate the facility's provider agreement if the facility does not achieve substantial compliance within six (6) months after the last day fo the survey identifying noncompliance. This six (6) month date is November 29, 2024.

Please note that this letter does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. If it is determined that termination or any other remedy is warranted, you will be provided with a separate formal notification of that determination.

Nurse Aide Training and Competency Evaluation Program ("NATCEP") Prohibition

A prohibition against the provision of a Nurse Aide Training and Competency Evaluation Program ("NATCEP") either by your facility or by another entity on the premises of your facility will be imposed if one or more of the following situations occurs. Please note that Federal law, as specified in the Social Security Act at §1819(f)(2)(B) and §1919(f)(2) (B), prohibits approval of nurse aide training and competency evaluation programs and/or nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has

- operated under a §1819(b)(4)(C)(ii)(II) or §1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse);
- been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty (CMP) of not less than $11,9952.00;
- been subject to a denial of payment, the appointment of a temporary manager or termination;

or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If the prohibition is imposed, any programs/sessions that are currently running, will be allowed to run to completion. Once completed, no new programs will be allowed until the prohibition has finished.

The two-year prohibition will be effective, as applicable, with: (1) the expiration of the 60-day period for filing a written request for a hearing; or, (2) the receipt of your written waiver of the right to a hearing within the specified time period; or (3) the date of the final administrative decision upholding the CMP in the amount of $12,924.00 or more. This prohibition is not subject to appeal. Further, this

prohibition remains in effect for the specified period even though selected remedies have been rescinded. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

Please note that this letter does not constitute formal notice of imposition of NATCEP prohibition. If it is determined that the NATCEP prohibition is imposed, you will be provided with a separate formal notification of that determination.

Informal Dispute Resolution ("IDR")

In accordance with 42 CFR §488.331, the facility has one (1) opportunity, which is through the IDR process, to dispute the deficiencies cited at the survey. To request an IDR, send the following, via email, to Celine Donohue, R.N. at Celine.Donohue@Maine.gov and to Cherrie Manzo at Cherrie.Manzo@Maine.gov within ten (10) days of receipt of the CMS-2567:

- Your written request for an IDR;
- The specific deficiencies being disputed; and
- An explanation of why you are disputing those deficiencies.

An IDR may **not** be used to challenge the:

- Scope and severity assessment of deficiencies (except for deficiencies constituting immediate jeopardy and substandard quality of care;
- Remedies imposed; or an
- Alleged inadequacy or inaccuracy of the IDR process.

Additionally, an IDR may **not** be used to challenge any aspect of the survey process, including but not limited to:

- Any alleged failure of a surveyor team to comply with a requirement of the survey process; or
- Any alleged inconsistency of the surveyor in citing deficiencies among facilities.

Contact Information:

If you have any questions concerning the information contained in this letter, please contact me via email at the email address above.

Sincerely,

Celine Donohue

Celine Donohue, R.N.
Long-Term Care Supervisor
Division of Licensing and Certification

Attachment: Form CMS-2567

CD/cm

Sent, via email only, to:
Long-Term Care Ombudsman Program

Lynn Q. Hadyniak, J.D. - Assistant Director, Medical Facilities Unit

Event ID: YZ5P11 Complaints; #ME00046037, #ME00046917, #ME00047107, #ME00047483, #ME00047505, #ME00047559

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205006	A. BUILDING _____ B. WING _____	C 05/29/2024

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

F 000 INITIAL COMMENTS

From 5/28/24 through 5/29/24 an unannounced on site visit was conducted at Montello Manor to investigate complaints #ME00047483,# ME00047107, #ME00046917, #ME00046037, #ME00047505 and #ME0007559. It was determined that Montello Manor is not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.

F 839 Staff Qualifications
SS=E CFR(s): 483.70(f)(1)(2)

§483.70(f) Staff qualifications.
§483.70(f)(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements.

§483.70(f)(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws.
This REQUIREMENT is not met as evidenced by:
Based on Employee Personnel Records, review of the Maine State Board of Nursing Regulatory Licensing and Certified Nursing Assistants (CNA) Registry and interviews, the facility failed to ensure that all nursing staff maintained an active license and/or Certification and was in good standing with the Maine State Board of Nursing for 3 of 9 nursing staff reviewed.

Findings:

1. During a review of the Director of Nursing (DON) Registered Nurse (RN) employee file, the DON RN's license was noted to have expired

F 000

This plan of correction constitutes my written allegation of compliance for deficiencies cited during the recent survey on 05-29-2024. However, submission of this plan of correction is not the admission that a deficiency exists or that was cited correctly. This plan of correction is submitted to meet the requirement established by State and Federal Law.

F- 839 Staff Qualifications

- All residents have the potential to be affected by these findings.
- DON re-educated on confirmation process of active licensure/certification.
- Each nursing staff license/certificate will be verified monthly via binder with each licensed/certified employee categorized by month of expiration.
- All staff will be educated by DON/designee on self responsibility for renewal dates and confirmation of renewal. C.N.A. registry lookup guide provided to C.N.A. employees and accessible onsite.
- Staff will be responsible for providing renewed license/certificates to DON for update to binder. Staff failing to reactivate license/cert will be removed from schedule until compliant.
- DON/designee will verify renewal online and print to ensure timely renewal.
- Audits to be completed by DON /designee and will be reviewed in monthly QAPI for 3 months after achieving 100 percent compliance weekly for 1 month. Frequencies of audits will be re-evaluated and revised if appropriate by QAPI committee.

Correction date 6-13-2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nancy Luddy — TITLE: Administrator — (X6) DATE: 6-13-24

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205006	A. BUILDING _____ B. WING _____	C 05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 839	Continued From page 1 from 12/3/23 through 12/7/23. Review of the DON RN's timecard indicated that she had worked in the facility for all 5 days with an expired license. On 5/28/24 at 1:17 p.m., during an interview, the DON RN confirmed she had worked on an expired license. 2. On 5/28/24, during a review of a Certified Nursing Assistant (CNA #2) employee file, the CNA certification was noted to have expired on 4/30/24. Review of the CNA's timecard from 4/30/24 through 5/28/24 indicated that CNA #2 has worked 20 shifts with an expired certification. On 5/28/24 at 12:34 p.m., during an interview, the Administrator confirmed that CNA #2's certification was expired. 3. On 5/29/24, during a review of a CNA #3's employee file, the CNA certification was noted to have expired on 8/23/23. On 5/29/24 at 8:52a.m., during an interview, the Administrator confirmed that CNA #3's certification is expired, and she has been working on an expired certification since 8/23/23 approx. 32 hours weekly.	F 839		