

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

PRINTED: 06/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205006		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/29/2024	
NAME OF PROVIDER OR SUPPLIER MONTELLO MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 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			F 000			
F 839 SS=E	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. Staff Qualifications 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 839			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

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

PRINTED: 06/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/29/2024
NAME OF PROVIDER OR SUPPLIER MONTELLO MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 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 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			