

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 05/29/2024
NAME OF PROVIDER OR SUPPLIER Montello Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 540 College St Lewiston, ME 04240	

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)
<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</p> <p>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.</p> <p>Findings:</p> <ol style="list-style-type: none"> 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 from [DATE] through [DATE]. Review of the DON RN's timecard indicated that she had worked in the facility for all 5 days with an expired license. On [DATE] at 1:17 p.m., during an interview, the DON RN confirmed she had worked on an expired license. 2. On [DATE], during a review of a Certified Nursing Assistant (CNA #2) employee file, the CNA certification was noted to have expired on [DATE]. Review of the CNA's timecard from [DATE] through [DATE] indicated that CNA #2 has worked 20 shifts with an expired certification. On [DATE] at 12:34 p.m., during an interview, the Administrator confirmed that CNA #2's certification was expired. 3. On [DATE], during a review of a CNA #3's employee file, the CNA certification was noted to have expired on [DATE]. On [DATE] 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 [DATE] approx. 32 hours weekly.

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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