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	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montello Manor	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interviews, the facility failed to ensure that clinical records were complete and contained accurate information for multiple dates for 2 of 2 residents reviewed for Activities of Daily Living (ADLs) (Residents #19, #27).Findings:1. On 3/9/26, the Department of Licensing and Certification (DLC) received a complaint alleging that Resident #19 is normally not incontinent and that on this date, he/she was found by oncoming staff lying in bed saturated in urine.Review of Resident #19's care plan states, .has an ADL self-care performance deficit r/t [related to] debility. requires extensive assistance by 1 staff for toileting. has episodes of Bowel and Bladder incontinence.Review of Resident #19's ADL task documentation for March 2026 revealed the following toileting-related interventions:Bladder Elimination Q (every) shiftToilet transfer Q shiftToileting hygiene Q shiftResident #19's ADL task documentation lacked any documentation that the above interventions were/were not completed or that Resident #19 refused or was not available for the following dates:Night shift: 3/2/26, 3/8/26, 3/21/26, and 3/30/26Evening shift: 3/26/262. On 3/9/26, the DLC received a complaint alleging that Resident #27 was not receiving adequate care at the facility, and that on this date he/she was found by oncoming staff saturated in urine.Review of Resident #27's care plan states, .has an ADL self-care performance deficit r/t immobility. requires extensive assistance by 1-2 staff for toileting, occasionally incontinent of bowel and Bladder; Toilet or offer bedpan every 2 hours and PRN [as needed]. uses briefs/pull-ups for incontinence . Per [Resident #27's] request offer Bedpan at 0400 [4:00 a.m.] daily if [he/she] does not ring prior .Review of Resident #27's ADL task documentation for March 2026 revealed the following toileting-related interventions:Bladder Elimination Q shiftBowel Elimination Q shiftToilet transfer Q shiftToileting hygiene Q shiftThe ADL task documentation lacked any documentation that the above interventions were/were not completed or that Resident #27 refused or was not available for the following dates:Night shift: 3/2/26, 3/8/26, and 3/21/26Evening shift: 3/26/26Further review of Resident #27's task documentation revealed an intervention for Toilet Resident every 2 hours and lacked documentation for the scheduled intervention on 3/30/26 at 10:00 p.m. and 3/31/26 at midnight, 2:00 a.m., and 4:00 a.m.Additional review of Resident #27's task documentation revealed an intervention for Resident's request to be awakened to use the bedpan by 0400 if he/she does not ring prior and lacked documentation for the intervention on 3/2/26, 3/8/26, and 3/21/26. Furthermore, on 3/1/26, 3/6/26, 3/7/26, 3/10/26, 3/11/26, 3/12/26, 3/13/26, 3/14/26, 3/15/26, 3/17/26, 3/18/26, 3/20/26, 3/22/26, 3/24/26, 3/25/26, 3/27/26, 3/28/26, and 3/31/26, the intervention was documented as completed during the 10:00 p.m. and 11:00 p.m. hours, at the beginning of the night shift, not in the overnight hours.On 5/6/26 at 10:18 a.m. a surveyor discussed the above findings with the Director of Nursing (DON). During an interview at this time, the DON stated that Resident #27 had recent increased episodes of incontinence overnight as the result of a urinary tract infection, and that during that time, Resident #27 was often sleeping through night and was upset if he/she was incontinent of urine overnight. The DON then stated that the bedpan intervention was implemented so that if Resident #27 did not awaken to toilet on his/her own by 4:00 a.m., staff were to awaken him/her to toilet to prevent an incontinence episode. The DON then stated that she expects staff to (continued on next page)

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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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	document the bedpan intervention in the overnight hours, around 4:00 a.m., and not at the beginning of the shift, prior to completing the intervention. The surveyor then discussed Resident #19's and Resident #27's missing ADL documentation, and the DON confirmed that the clinical records were not complete and accurate for the above dates.