STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225556	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mont Marie Rehabilitation & Healthcare Center	36 Lower Westfield Road Holyoke, MA 01040

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 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. Based on records reviewed and interviews for one of three sampled residents (Resident #1), whose Health Care Proxy had been activated in September 2025, the Facility failed to ensure they maintained Resident #1's rights related to obtaining copies of medical record information, when his/her Health Care Agent (HCA) requested copies of documentation from his/her medical record, and did not receive those copies, in accordance with the regulation. Findings include:Review of the Facility Medical Record Reviews Policy, revised November 2009, indicated that the Facility maintained the confidentiality of each resident's personal and protected health information. The Policy indicated the resident may initiate a request to release such information contained in his/her records and charts to anyone he/she wishes. Such requests will be honored only upon the receipt of a written, signed, and dated request from the resident or representative (sponsor). The Policy indicated the resident may obtain photocopies of his or her records by providing the facility with at least 48 hour (excluding weekends and holidays) advance notice of such request. A fee may be charged for copying service.Resident #1's was admitted to the Facility in August 2025 with diagnoses including Alzheimer's Disease, urinary tract infection, urinary retention, history of falling, congestive heart failure, and unspecified protein-calorie malnutrition.Review of Resident #1's Minimum Data Set (MDS) Assessment, dated 08/19/25, indicated he/she was severely cognitively impaired.Review of Resident #1's September Physician's orders indicated there was an order to invoke the Health Care Proxy, dated 09/03/25, and his/her Health Care Agent (HCA) was activated. During a telephone interview on 11/26/25, Resident #1's Health Care Agent (HCA) said that she requested copies of documentation from Resident #1's medical record in early October 2025. The HCA said she had signed a Facility release form and had given it to the receptionist. The HCA agent she had called a telephone number that had been provided by the Facility to follow-up with her request, but she never received the medical records. Review of the Facility's Medical Record Request log indicated that copies of Resident #1's medical record had been requested by his/her HCA on 10/02/25 and 10/07/25. The Log did not indicate if Resident #1's medical record documentation had been provided to the HCA.During an interview on 12/2/25 at 4:00 P.M., the Administrator said she had no documentation to support that Resident #1's medical record had been provided to his/her HCA as requested.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225556	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mont Marie Rehabilitation & Healthcare Center	36 Lower Westfield Road Holyoke, MA 01040

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 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. Based on records reviewed and interviews, for one of three sampled residents (Resident #1), the facility failed to ensure they offered assistance in scheduling a Podiatry appointment as requested to ensure good foot health was maintained.Findings include:Review of the Facility policy titled, Foot Care, revised October 2022, indicated that residents are provided with foot care and treatment in accordance with professional standards of practice and that residents are assisted in making appointments and with transportation to and from specialists (podiatrist, endocrinologist, etc.) as needed.During a telephone interview on 11/26/25 at 2:00 P.M., Visitor #1 said that Resident #1 had very thick and long toenails, that his/her Health Care Agent had requested Podiatry services on admission, and that podiatry services had not been scheduled or provided. Resident #1 was admitted to the Facility in August 2025, diagnoses included Alzheimer's Disease, urinary tract infection, urinary retention, history of falling, congestive heart failure, and unspecified protein-calorie malnutrition.Review of Resident #1's Minimum Data Set (MDS) Assessment, dated 08/19/25, indicated he/she was severely cognitively impaired and dependent on staff to meet his/her care needs.Review of Resident #1's Physician orders for the month of September 2025, indicated his/her Health Care Proxy had been invoked.Review of the Request for Service form, dated 8/16/25, indicated Resident #1's Health Care Agent had requested Podiatry services.Review of Resident #1's Physician's orders for the month of September 2025, indicated the following order:-May have consult with Podiatry, dated 09/03/25.Review of Resident's #1's clinical record indicated there was no documentation to support that Podiatry services had been provided.During a telephone interview on 12/04/25 at 11:45 A.M., the Customer Service Representative for the Podiatrist said a Request for Services form for Resident #1 had not been received from the facility and that Resident #1 had not been provided with podiatry services.During an interview on 12/02/25 at 3:50 P.M., the Director of Nursing (DON) said the process for a resident to obtain Podiatry services was that a Request for Services form is signed by the Resident or their representative, faxed to the Podiatrist, and the resident is added to the list for the next time the Podiatrist comes to the Facility. The DON said she was unsure when the Podiatrist had been to the facility after Resident #1's request for services. The DON was unable to provide documentation to support that the facility had provided assistance in scheduling a Podiatry appointment for Resident #1.