 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION <b>Biennial Survey</b>		Date Completed: 5/19/2025
Name of Facility: MONTELLO HEIGHTS RETIREMENT COMMUNITY Administrator: MICHELE CAREY ASSISTED LIVING PROGRAM Census: Total Capacity: 80 License Number: ALP1757		Address: 550 COLLEGE ST LEWISTON, ME 04240-2464
<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>

Montello Heights Retirement Community, an Assisted Living Program, is not in substantial compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Assisted Living Programs, Part of 10-144, Chapter 113 and Infection Prevention and Control. The following requirements were not met:

**5 CONSUMER RIGHTS**

**5.12 Right to confidentiality.** Consumers’ records and information pertaining to their personal, medical and mental health status is confidential. Consumers and their legal representatives shall have access to all records pertaining to the consumer at reasonable times, in the presence of the provider or his/her representative, within one (1) business day of the request. Consumers and their legal representatives are entitled to have copies made of their record within one (1) business day of the request. The licensee and employees shall have access to confidential information about each consumer only to the extent needed to carry out the requirements of the licensing regulations or as authorized by any other applicable state or federal law. The written consent of the consumer or his/her legal representative shall be required for release of information to any other person except authorized representatives of the Department or the Long Term Care Ombudsman Program. The Department shall have access to these records for determining compliance with these regulations. Records shall not be removed from the assisted living program, except as may be necessary to carry out these regulations.

Administrator will add releases to all admission packets. Releases will be signed by all tenants by 06/20/2025. These will be renewed every 30 months by the residential service director or administrator. This has been added to both the residential services director's calendars to include paper calendar and on the residential services director's computer.

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Upon admission, each consumer shall sign and date a written consent which lists individuals, groups, or categories of individuals with whom the program may share information (e.g., sons, daughters, children, family members or duly authorized licensed practitioners, etc.). A written consent to release of information meeting the requirements of Section 9.5 shall be renewed and time dated every thirty (30) months, pursuant to 22 M.R.S.A. §1711-C (4). Consent may be withdrawn at any time. [Class IV]

This has not been met as evidenced by:

Based on record review and interview, the facility did not have a current written consent to release information for 1 of 2 consumer records reviewed(Consumer #1).

Finding:

On 5/19/2024 approximately 11:45 a.m. a review of Consumer #1's record was completed. Consumer #1's record did not contain a release for Andwell Health Partners (Hospice Services). The Residential Service Director was unable to locate a release for Andwell Health Partners.

An interview was completed with the Residential Service Director who reported that they speak with Consumer #1's hospice services every week regarding Consumer #1.

This finding was confirmed with the Residential Service Director at the time of the survey and with the Residential Service Director and the Administrator at the exit interview on 5/19/2025.

**7 MEDICATIONS AND TREATMENTS**



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**7.3 Medication storage.**

**7.3.2** Medications administered by the assisted living program shall be kept in their original containers in a locked storage cabinet. The cabinet shall be equipped with separate cubicles, plainly labeled, or with other physical separation for the storage of each consumer's medications. It shall be locked when not in use and the key carried by the person on duty in charge of medication administration. [Class III]

Medication cart was fixed as of 05/19/2025. All consumer medications have their own storage. The medication cart will be checked weekly by the residential service director to ensure all medications are properly stored in the medication cart. This has been added to the residential service director's calendars to ensure completion.

This has not been met as evidenced by:

Based on observation and interview, the facility failed to ensure consumer medications were stored separately.

Finding:

On 5/19/2025 at 11:30 a.m. an inspection of the facility's medication cart was completed. Multiple Consumer medications: inhaler, Nitroglycerin tabs, nasal sprays and eye drops were observed to be stored with no separation in the top draw of the medication cart.

This finding was confirmed with the Residential Service Director at the time of the survey and with the Residential Service Director and the Administrator at the exit interview on 5/19/2025.

**7.6 Improperly labeled medications.** For medications administered by the assisted living program, all pharmaceutical containers having soiled, damaged, incomplete, incorrect, illegible or makeshift labels shall be returned to the original dispensing pharmacy for re-labeling within two (2) working days

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or shall be disposed of in accordance with the requirements contained in Section 7.9. [Class III]

This has not been met as evidenced by:

Based on record review, observation and interview, the facility failed to ensure a medication was correctly labeled for 1 out of 2 consumer medications reviewed (Consumer #1).

Finding:

On 5/19/2025 at approximately 11:40 a.m. a review of Consumer #1's duly authorized licensed practitioner orders and medications was completed. Consumer #1 duly authorized licensed practitioner order dated 3/19/2025 stated:

- Lorazepam 0.5mg oral tablet; take ½ tab(s) orally every 4 hours as needed for anxiety.
- Lorazepam 0.5mg oral tablet; take 1 tab(s) oral one time daily at HS for anxiety.

Consumer #1's Lorazepam 0.5mg pharmaceutical label stated, Lorazepam 0.5mg take (1) tablet by mouth every six hours as needed for anxiety.

This finding was confirmed with the Residential Service Director at the time of the survey and with the Residential Service Director and the Administrator at the exit interview on 5/19/2025.

**7.9 Destroying medications.** For medications administered by the assisted living program, all discontinued medications, expired medications or medications prescribed for a deceased

Medication was not properly labeled due to the order changing after medication was delivered. Medication contains a sticker that stated directions changed refer to chart per pharmacy's direction. All staff will ensure that any medication coming into facility, all labels match the order on file. If the label does not match staff are to send the medication back to the pharmacy to be properly labeled.



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consumer, except controlled substances and individual doses, shall be destroyed by the administrator or the administrator's designee and witnessed by one (1) competent person who is not a consumer. The destruction shall be conducted so that no person can use, administer, sell or give away the medication. Individual unit doses may be returned to the pharmacist and a credit or rebate made to the person(s) who originally paid for the medication. Amounts destroyed or returned shall be recorded on the consumer's record, with the signature of the administrator or the administrator's designee and witness(es). Destruction or return to the pharmacy shall take place within thirty (30) calendar days of expiration or discontinuation of a medication or following the death of the consumer.

All expired and discontinued medications were destroyed as of 06/02/2025. All expired or discontinued medications will be destroyed the last Monday of each month. The residential service director and a staff member will complete this task. Any scheduled 2 medications will need to be destroyed by the nurse consultant upon her visits monthly. This was added to the residential service director's calendar's to ensure completion.

This has not been met as evidenced by:

Based on observation and interview, the facility failed to ensure that discontinued/expired medications were properly destroyed.

Finding:

On 5/19/2025 at approximately 12:00 p.m. an inspection of the facility's expired and discontinued medications bin was inspected. The bin had over 50 expired and discontinued medications.

An interview was completed with the Residential Service Director, who reported that no medications had been destroyed since their start of employment in September 2024.

This finding was confirmed with the Residential Service Director and the Administrator at the time of the survey and at the exit interview on 5/19/2025.

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**7.12 Medication/treatment administration records** for medications administered by the assisted living program,

**7.12.1** Individual medication/treatment administration records shall be maintained for each consumer and shall include all treatments and medications ordered by the duly authorized licensed practitioner. The name of the medication, dosage, route and time to be given shall be recorded in the medication/treatment administration record. Documentation of treatments ordered and time to be done shall be maintained in the same manner. These rules apply only to treatments ordered by licensed health care professionals. [Class III]

All ordered medications have been added to the MAR's as of 05/19/2025. At anytime a consumer receives a new medication order it will be immediately added to the MAR and noted by the staff that received the order. The next staff coming on duty will ensure the new order was added to the MAR correctly and then they will co-note the order. All new orders will be placed in a folder for the residential service director to review and filed appropriately in the consumers chart.

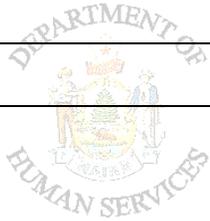
This has not been met as evidenced by:

Based on record review and interview, the facility failed to ensure that all medications ordered by a duly authorized licensed practitioner were included on the Medication Administration Records (MAR) for 1 of 2 consumer records reviewed (Consumer #2).

Findings:

On 5/19/2025 at approximately 11:15 a.m. a review of Consumer #2's duly authorized licensed practitioner orders was completed. A signed order from 3/19/2025 contained Aluminum Hydroxide-Magnesium Carbonate 254 mg-238.5 mg/5 mL oral suspension. A review of Consumer #2's MAR from 3/19/2025 through 5/19/2025 did not list this medication.

This finding was confirmed with the Residential Service Director at the time of the survey and with the Residential Service Director and the Administrator at the exit interview on 5/19/2025.



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**10 CONSUMER RECORDS**

**10.2 Assessments and reassessments.**

**10.2.1** A functional assessment must be completed within thirty (30) calendar days for a consumer receiving assisted living services. The assessment must include a review of the consumer's need for assistance with ADLs, IADLs, medication administration and nursing service. The document shall contain the date of the assessment and the signature of the assessor.

All consumers have a functional assesment in their chart as of 05/31/2025 that are on services. All assessments will be completed upon any new admissions by the residential services director within 30 days of admission. All completed assesments have been added to the residential service directors calendar to be renewed in 6 months unless a change in the consumer is noted and a new assesment will be completed at that time. Upon a new admission the residential service director will complete a functional assessment and add a 6 month reminder to renew that assement on both the paper calendar and the computer caldendar.

This has not been met as evidenced by:

Based on record review and interview, the facility failed to complete a functional assessment for a consumer receiving medication assisted living services for 1 out of 2 consumer records reviewed (Consumer #2).

Finding:

On 5/19/2025 at approximately 10:30 a.m. a review of Consumer #2 record was completed. Consumer #2 started receiving medication administration services on 2/25/2025. Consumer #2's record did not contain a functional assessment.

An interview was completed with the Residential Service Director who confirmed that an assessment was not completed for Consumer #2.



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This finding was confirmed with the Residential Service Director at the time of the survey and with the Residential Service Director and the Administrator at the exit interview on 5/19/2025.

**10.2.2** Reassessments shall be done at least every six (6) months thereafter, indicating the date of the reassessment and the signature of the assessor.

This has not been met as evidenced by:

Based on record review and interview, the facility failed to complete a reassessment at least every six (6) months for 1 out of 2 consumer records reviewed (Consumer #1).

Finding:

On 5/19/2025 at approximately 10:30 a.m. a review of Consumer #1's record was completed. Consumer #1's most recent assessment was completed on 7/1/2023.

An interview was completed with the Residential Service Director who confirmed that a reassessment was not completed six (6) months after Consumer #1's 7/1/2023 assessment.

This finding was confirmed with the Residential Service Director at the time of the survey and with the Residential Service Director and the Administrator at the exit interview on 5/19/2025.

**10.3 Service plans.** A service plan shall be signed by the consumer or his/her legal representative. The plan authorizes the program to arrange for or to provide services. The service plan

Reassessments will be completed every 6 months unless there is a change in the consumer by the residential service director. If there is a change noted with a consumer the reassessment will be completed immediately. These have been added to both the paper and computer calendars.



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must be reviewed and revised as appropriate, but at least every six (6) months, unless changes occur. The plan must describe:

- 10.3.1 What services will be provided;
- 10.3.2 The desired outcome;
- 10.3.3 Who will provide the services;
- 10.3.4 When and how often assistance will be provided; and
- 10.3.5 When the service will begin.

Service plans have been written by residential service director and signed by each consumer on services. Service plans will be updated when any change in the consumer has occurred or yearly to ensure all service plans are up to date. This will be completed by the residential service director. These have been added to the paper and computer calendars.

This has not been met as evidenced by:

Based on record review and interview, the facility failed to complete a service plan for 1 out of 2 consumer records reviewed. In addition, the facility failed to update a consumer service plan every 6 (six) months for 1 out of 2 consumer records reviewed.

Finding:

On 5/19/2025 at approximately 10:35 a.m. a review of Consumer #1 and Consumer #2's record was completed.

1. Consumer #1 had a service plan dated 7/29/2024. The next service plan that was completed for Consumer #1 was on 3/8/2025.
2. Consumer #2 started receiving medication administration services on 2/25/2025. Consumer #2's record did not contain a service plan.

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This finding was confirmed with the Residential Service Director at the time of the survey and with the Residential Service Director and the Administrator at the exit interview on 5/19/2025.

Progress notes will be completed monthly for each tenant on services to include the implementation of their service plans and any changes noted. The residential service director will complete monthly progress notes. This has been added to the paper and computer calendar to be completed the third Monday of each month starting 06/2025.

**10.5 Progress notes.** Signed and dated progress notes shall be completed at least monthly on implementation of the service plan and/or any significant changes in the consumer's functioning.

This has not been met as evidenced by:

Based on record review and interview, the facility failed to ensure progress notes were completed at least monthly on implementation of the service plan for 1 out of 2 consumer records reviewed (Consumer #2).

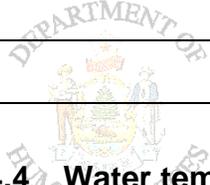
Finding:

On 5/19/2025 at approximately 10:40 a.m. a review of Consumer #2's record was completed. Consumer #2's record did not contain a service plan for Consumer #2.

An interview was completed with the Residential Service Director who confirmed that progress notes in Consumer #2's record were not on implementation of a service plan.

This finding was confirmed with the Residential Service Director at the time of the survey and with the Residential Service Director and the Administrator at the exit interview on 5/19/2025.

**14 PHYSICAL PLANT AND SANITATION**

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**14.4 Water temperature.** The hot water temperature for consumer use must be between 105°F. and 120°F. and in adequate supply.

This has not been met as evidenced by:

Based on observation and an interview, the facility failed to ensure water temperatures in consumer areas did not exceed 120 degrees Fahrenheit.

Finding:

On 5/19/2025 at approximately 12:30 PM, the surveyor measured and observed the facility hot water temperature to exceed 120 degrees Fahrenheit as follows:

- Room 112 kitchen sink 124.4 degrees Fahrenheit.
- Room 3 bathroom sink 125.1 degrees Fahrenheit.
- Room 213 bathroom sink 127.6 degrees Fahrenheit.
- Community room sink 126.9 degrees Fahrenheit.

An interview was completed with the facility's Maintenance Director who reported that regular checks of the facility's hot water temperatures were not being completed, and that the water temperature would be immediately lowered to an acceptable range.

These findings were confirmed by the Residential Service Director at the time of the survey and with the Residential Service Director and Administrator at the exit interview.

The water temperature's were being checked monthly at the mixing valve, supplying domestic hot water throughout the building. This will now be done weekly and documented by the maintenance director beginning 05/20/2025.