

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER Pine Point Center		STREET ADDRESS, CITY, STATE, ZIP CODE 67 Pine Point Rd Scarborough, ME 04074	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure physician standing orders for constipation, including physician notification, were implemented for 1 of 33 sampled residents. (#16) Finding: Resident #16 was admitted to the facility on [DATE] with a past medical history including a right hemicolectomy and chronic constipation. Review of Resident #16's clinical record revealed no documented bowel movement from 6/14/26 through 6/23/26. (10 days) A small bowel movement was documented on 6/24/26. The June 2026 Medication Administration Record (MAR) revealed the resident received Miralax daily scheduled for constipation from 6/3/26 through 6/27/26. Review of Resident #16's physicians orders dated 6/3/26 instructed staff to administer Sorbitol Solution 70%, 30 milliliters (ml) by mouth daily as needed for constipation. The MAR indicated Resident #16 received Sorbitol on 6/23/23 and 6/27/26. In addition, Resident #16's physician standing orders dated 1/2/26 revealed staff were instructed to implement the facilities constipation protocol as follows: If no bowel movement for 3 shifts (24 hours), a.m. shift give prune juice as patient tolerates. If no results for 24 hours, a.m. give sorbitol 30 ml's by mouth x 1 dose. If no results by evening shift, post sorbitol, give bisacodyl 10 milligrams (mg) suppository 1 per rectum (PR) x 1 dose. If no results post suppository, NOTIFY PROVIDER. If sorbitol given more than 2 x per month, NOTIFY PROVIDER. Review of Resident #16's care plan revealed the resident was identified as being at risk for gastrointestinal symptoms and complications related to chronic constipation. The care plan goal was for the resident to have formed bowel movement every 3 days. Interventions included monitoring and documenting bowel movements, implementing the bowel regimen, and evaluating the effectiveness of interventions, and assessing and reporting decreased bowel movements and other signs and symptoms of constipation. Review of the clinical record lacked evidence that the resident was assessed following the absence of bowel movements for 10 days, the physician's standing orders for constipation were fully implemented, or the physician was notified when constipation interventions were ineffective. Resident #16 was transferred to the emergency department for abdominal pain and constipation on 6/27/26 and was subsequently admitted to the hospital. Hospital admission records indicated resident was diagnosed with a 7.9-centimeter rectal fecal impaction with findings consistent with stercoral colitis requiring disimpaction. During an interview on 7/16/26 at 12:15 p.m., the Director of Nursing (DON) acknowledged the physician should have been notified when constipation interventions were ineffective and confirmed the facility was unable to provide documentation that the physician was notified.		

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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