

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 04/09/2025
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)		
<p>F 0578</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>51331</p> <p>Based on record reviews, and interviews, the facility failed to provide evidence to show Advance Directives were offered or reviewed with the resident and/or resident representatives or that the resident and/or resident representatives were provided with written information concerning the right to formulate an Advance Directive, for 4 of 14 residents reviewed for Advance Directives. (Resident#12, #18, #2 and #19)</p> <p>Findings:</p> <p>1. Resident #12 was admitted to the facility in February 2025. A review of the residents electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>2. Resident #18 was admitted to the facility in December 2024. A review of the residents electronic medical record and their paper medical record lacked evidence that the facility offered, reviewed, or provided written information concerning the right to formulate an advanced directive to the resident and/or resident representative.</p> <p>On 4/6/25 at 3:00 p.m., the above information was Discussed with the Market Clinical Advisor.</p> <p>51669</p> <p>3. Resident #2 was admitted in December 2024. A review of the entire medical record lacked evidence that the facility offered or reviewed with the resident and/or resident representatives or that the resident and/or resident representatives were provided with written information concerning the right to formulate an advanced directive.</p> <p>4. Resident #19 was admitted in December 2024. A review of the entire medical record lacked evidence that the facility offered or reviewed with the resident and/or resident representatives or that the resident and/or resident representatives were provided with written information concerning the right to formulate an advanced directive.</p> <p>On 4/8/25 at 4:15 p.m., the above findings were reviewed with the Market Clinical Advisor.</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 205070
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>51331</p> <p>Based on record review, interviews, and facility policy, the facility failed to thoroughly investigate an Injury of Unknown Origin for 1 of 1 resident reviewed for Injuries of Unknown Origin. (Resident #57)</p> <p>Findings:</p> <p>On 10/5/24 the Division of Licensing and Certification received a report that Resident #57 obtained an injury to his/her left ankle, while an unknown Certified Nursing Assistant was putting on the resident's shoe.</p> <p>Review of Resident #57 medical record contained a provider note, dated 10/4/24 of an evaluation of his/her left ankle, which resulted in the provider ordering an X-Ray. On 10/5/24 an X-Ray was obtained and showed no evidence of a fracture but showed soft tissue swelling. Further review of the medical record lacked evidence of any nursing documentation of an injury occurring or monitoring of his/her left foot.</p> <p>Review of the facility's investigation dated 10/7/24, consisted of the Director of Nursing's interview with Resident #57 and a family member, and a note from an Occupational Therapy (OT) student dated 10/7/24. The OT students note states that Resident #57 Reported to the OT student that his/her left leg hurt very badly and was bruised and swollen. Patient showed OT his/her left lower extremity, there was bruising on the anterior aspect of his/her knee and swelling with slight bruising on his/her left ankle. Patient reported that the injury occurred from an aid that was trying to help him/her put his/her shoes on but was painfully twisting his/her leg. Further review of the facilities investigation lacked evidence that the Director of Nursing thoroughly investigated Resident #57 injury of unknown origin by completing observations and interviews with staff who was working with Resident #57.</p> <p>The facility policy Abuse Prohibition, last revised on 10/24/22 states in Section 7, subsection 7.7 Initiate an investigation within 24 hours of an allegation of abuse that focuses on whether abuse or neglect occurred and to what extent, clinical examination of signs and symptoms of injuries, if indicated, causative factors, and interventions to prevent further injury . The investigation will be thoroughly documented within the Risk Management Portal. Ensure that documentation of witnesses is included.</p> <p>On 4/8/25 at 11:20 p.m., during an interview, the Market Clinical Advisor was unable to find any additional documentation in the risk management portal or further investigations.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51331</p> <p>Based on interviews and record review the facility failed to review and revise the care plan by an interdisciplinary team (IDT) meeting, which included the participation of the resident and resident's representative, after each Minimum Data Set (MDS) 3.0 assessment, for 3 of 10 residents whose care plans were reviewed. (Resident #22, #40, #11)</p> <p>Findings:</p> <p>1. Resident #22's medical record contained a Significant Change MDS, dated [DATE], and Quarterly MDS' dated 8/9/24, 11/7/24, and 1/29/25. The record lacked evidence of IDT meetings being held within 7 days of the above MDS assessments. The medical record stated the last IDT meeting was held on 3/12/24.</p> <p>On 4/8/25 at 11:20 p.m., the above information was discussed with the Market Clinical Advisor.</p> <p>37015</p> <p>2. Resident #40's clinical record contained Quarterly MDS' dated 12/13/24 and 3/15/25. The record lacked evidence of IDT meetings being held within 7 days of the MDS assessment. In addition, the Admission MDS dated [DATE] had a IDT meeting held on 9/16/24 with the resident in attendance, but not the family representative.</p> <p>On 4/8/25 at 2:27 p.m., during an interview, the Market Clinical Advisor confirmed that IDT meetings had not been held and there was no evidence that Resident #40's representative had been invited or had been provided with a copy of the resident care plan.</p> <p>51669</p> <p>3. Resident #11's clinical record contained a Quarterly MDS Assessment, dated 1/11/25. The record lacked evidence of IDT meetings being held within 7 days of the MDS assessment.</p> <p>On 4/9/25 at 10:21 a.m., during an interview, the Social Services Director confirmed she does not have a process for scheduling IDT meetings and does not usually provide residents or their representatives advance notification of the meeting(s).</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>51331</p> <p>Based on record review and interviews, the facility failed to assess and monitor a surgical wound (Resident#57), failed to follow physician orders for a wound care (Resident#27) for 2 of 2 resident reviewed for wounds. In addition, the facility failed to obtain physician orders for 1 of 1 resident reviewed for positioning. (Resident #4)</p> <p>Findings:</p> <p>1. Resident #57 was admitted to the facility in September of 2024, after having a left intertrochanteric femur fracture operation leaving him/her with a surgical wound. Review of the Treatment Administration Record indicated that he/she had Suture/staple removal one time only for Post op left proximal femur on 10/6/24. Upon further review, the medical record lacked evidence of an initial nursing assessment, continued monitoring, and assessments of the surgical site throughout his/her stay.</p> <p>On 4/8/25 at 11:20 p.m., the above information was confirmed with the Market Clinical Advisor.</p> <p>51669</p> <p>2. On 4/6/25 at 10:02 a.m., and on 4/7/25 at 12:16 p.m., Resident #27 was observed with an uncovered, open wound on his/her right forearm.</p> <p>Resident #27's clinical record contained a physician order dated 4/3/25 for, Mupirocin External Ointment 2 % (Mupirocin) Apply to Right forearm topically every evening shift for Biopsy for 11 Days. Cover with Band aid, Per dermatology</p> <p>On 4/9/25 at 10:30 a.m., during an interview, the Registered Nurse #2 stated Resident #27's right forearm wound is supposed to be covered with a bandage at all times. At this time, the finding was reviewed with the Unit Manager, and she stated Resident #27 does not typically refuse treatments or remove his/her wound dressing.</p> <p>3. Resident #4 has diagnoses to include hemiparesis (paralysis) following cerebral infarction (stroke).</p> <p>On 4/6/25 at 11:49 a.m., a surveyor observed a brace on Resident #4's left wrist. At this time, Resident #4 stated he/she has had the brace since his/her stroke and that the nursing staff helps him/her put the brace on first thing in morning and take it off at night.</p> <p>Review of Resident #4's care plan stated, .Patient will tolerate left upper extremity wrist brace for no more than 4 hours daily to improve wrist range of motion . A physician progress note, dated 4/1/25, stated, Left hemiparesis .wearing [his/her] brace today</p> <p>Further review of the clinical record lacked evidence of a physician order for the left wrist brace.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/9/25 at approximately 1:00 p.m., during an interview, the Director of Rehabilitation and the Occupation Therapist stated their department provided Resident #4's left wrist brace while he/she was receiving therapy, and they would expect to see a physician order for the brace, but that is driven by nursing.</p> <p>On 4/9/25 at 2:10 p.m., the above finding was reviewed with the Market Clinical Advisor and the Director of Nursing.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51331</p> <p>Based on observations, interviews, and a review of Safety Data Sheets (SDS), the facility failed to ensure that the resident's environment was free of accident hazards relating to the storage of chemicals being properly secured on 1 of 5 units (Pleasant Hill House) for 1 of 4 days of survey (4/6/25).</p> <p>Findings:</p> <p>1. On 4/6/25 at 10:07 a.m., observation of room [ROOM NUMBER] on Pleasant Hill House to have an unsecured container of Micro-Kill One Germicidal Alcohol Wipes and a bottle of toilet bowl cleaner. At this time, Registered Nurse #2 confirmed the chemicals should not be stored in a resident's bathroom and removed the chemicals.</p> <p>2. On 4/6/25 at 11:47 a.m., observation of room [ROOM NUMBER] on Pleasant Hill House to have an unsecured container of Micro-Kill One Germicidal Alcohol Wipes. At this time, Registered Nurse #2 again confirmed that chemicals should not be stored in a resident's bathroom and removed the chemicals.</p> <p>The Safety Data Sheet for Micro-Kill One Germicidal Alcohol Wipes states in Section 4: First Aid Measures. If inhaled: remove person to fresh air and keep comfortable for breathing. Call Poison control center/doctor is you feel unwell . If on skin (or hair): take off immediately all contaminated clothing. Rinse skin with water . If in eyes: Rinse continuously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice/attention . Indigestion: Rinse mouth. Do not induce vomiting. Get medical attention if symptoms occur. Never give anything by mouth if the victim is unconscious or is convulsing. Obtain medical attention.</p> <p>The Safety Data Sheet for 3M Bathroom Disinfectant Cleaner Ready-to-Use states in Section 4: First Aid Measures. Inhalation: Remove person to fresh air. If you feel unwell, get medical attention . Skin Contact: Wash with soap and water. If signs/symptoms develop, get medical attention . Eye contact: Flush with large amounts of water. Remove contact lenses if easy to do. Continue rinsing. If signs/symptoms persist, get medical attention . If swallowed: Rinse mouth. If you feel unwell get medical attention.</p> <p>On 4/9/25 at approx 4:15 p.m., the above information was discussed during exit with the Administer, Director of Nursing and the Market Clinical Advisor</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>51331</p> <p>Based on record review and interview, the facility failed to identify a resident's past history of Post-Traumatic Stress Disorder (PTSD)/trauma to determine what trigger(s) might cause re-traumatization and failed to revise the care plan to include those triggers and interventions to prevent re-traumatization for 1 of 2 residents reviewed with a diagnosis of PTSD. (Resident #22)</p> <p>Finding:</p> <p>On 4/6/25 a review of Resident #22's medical record showed he/she was admitted in 2018 and had a current diagnosis of PTSD. Further review including assessments and the current care plan lacked evidence that the facility assessed the resident for what triggers might cause re-traumatization and failed to revise the care plan to include those triggers and interventions to prevent re-traumatization.</p> <p>On 4/7/25 at 3:30 p.m., during an interview, the Market Clinical Advisor confirmed the above and stated that nursing completed a trauma assessment today on Resident #22 which included triggers that may cause re-traumatization.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>51669</p> <p>Based on record review, observations and interviews, the facility failed to ensure sufficient direct care staff were scheduled and on duty to meet the needs of residents that reside in the facility for weekends of the first quarter (October 1, 2024 - December 31, 2024). This has the potential to affect all residents needing assistance with Activities of Daily Living (ADLs).</p> <p>Findings:</p> <p>1. Review of Payroll Based Journal staffing report revealed the facility triggered for low weekend staffing during the first quarter of 2025 (October 1, 2024 - December 31, 2024).</p> <p>On 4/9/25 at 1:56 p.m., both the surveyor and the Director of Nursing reviewed the weekend staffing from October 1, through December 31, 2024. The Director of Nursing confirmed the facility did not ensure enough staff were on duty to meet resident needs on the weekends.</p> <p>2. A review of the Resident Council Meeting Minutes revealed the following:</p> <p>-meeting minutes dated 2/26/25 stated Residents are concerned that staffing ratios aren't consistent. Especially 2nd shift, long waits noted. Residents are concerned that call lights are not consistently being responded to timely.</p> <p>-meeting minutes dated 3/26/25 stated, Residents are concerned that there is only one aide per unit on the second shift and they are not consistently available.</p> <p>On 4/6/25 at 10:54 a.m., during an interview, Resident #13 stated the lack of staff is a regular concern at Resident Council meetings and that he/she lets the Administrator know about the complaints about staffing.</p> <p>3. Review of grievances filed by the Resident Council revealed the following:</p> <p>-a grievance filed 8/12/24 stated, Residents are concerned that call lights aren't consistently being responded to timely.</p> <p>- a grievance filed 9/23/24 stated, Residents are concerned that call lights aren't consistently being responded to timely.</p> <p>51331</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</p> <p>Based on observations and interviews, the facility failed to properly secure medications on 1 of 2 (Short Stay Unit) units for 2 of 4 days of survey, failed to ensure expired medications were removed from the supply available for use in 2 of 4 treatment/medication carts reviewed and failed to ensure expired lab supplies were removed from supply available for use on 2 of 2 units (Short Stay and Long Term Units).</p> <p>Findings:</p> <p>1. On 4/6/25 at 9:02 a.m., observation of the Short Stay unit to have an unlocked and unattended treatment cart containing 4 residents insulin pens, pen needles and lancets, during this time 2 residents were present. At 9:05 a.m., the Certified Nurses Aid #1 confirmed the unlock treatment cart and locked it.</p> <p>2. On 4/6/25 at 11:52 a.m., observation of the Short Stay unit medication room with the Licensed Practical Nurse #3 (LPN#3). The surveyor asked if nursing draws their own labs. The LPN#3 stated, We can, yes. I haven't for a while, we have a guy who comes in, he usually brings his own supplies. We will be next week; our guy goes on vacation. On the counter was a plastic tote containing 13 butterfly needles with expiration date of 9/21/24, 5 blue top blood vacutainers with expiration date of 10/31/23 and 6 yellow top vacutainers with expiration date of 1/31/25. The LPN#3 confirmed the supplies available for use were expired and stated there is a lab room on the other unit with additional supplies.</p> <p>3. On 4/6/25 at 12:10 p.m., observation of the lab room on the long-term care units with the Registered Nurse #3 (RN#3) which contained 46 red top blood vacutainers with expiration date of 4/1/25, 41 white top vacutainers with exp. of 12/1/23, 175 green top vacutainers with exp. date of 12/3/23, 3 dark blue top vacutainers with exp. date of 11/30/24, 34 small yellow vacutainers with exp. date of 3/31/25, 100 gray top vacutainers with exp. date of 11/30/23, and 99 blue top vacutainers with exp. date 4/30/23. At this time, the RN#3 notified the Director of Nursing (DON) who observed the expired vacutainers. The DON stated nurses can draw labs, but they do have a guy who comes in to draw labs and brings his own supplies and will not be available the next week.</p> <p>4. On 4/7/25 at 6:47 a.m., observation of the Short Stay medication cart unlocked and unattended. The surveyor was able to open and go through the medication cart which contained a bottle of Fish oil 1000 milligram (mg) with and expiration date of 1/11/25 and 21 tabs of Guaifenesin Extended Release tabs with expiration date of 2/25. During this time, 2 staff walked by and observed the surveyor in the medication cart, a Registered Nurse (RN) and Certified Nurses Aid (CNA) neither addressed the unlocked medication cart. At 6:53 a.m., the surveyor asked RN#1, who returned to the area, to lock the medication cart.</p> <p>On 4/7/25 at 6:55 a.m., the above was discussed with the Market Clinical Advisor</p> <p>(continued on next page)</p>		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. On 4/7/25 at 9:49 a.m., observation of [NAME] House medication cart with the LPN #2 which contained a blister pack of Fexofenadine 60mg with an expiration date of 10/2024. At this time, the LPN#2 confirmed and removed the expired medication.		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>51331</p> <p>Based on observations, interviews, and a lunch meal test tray, the facility failed to serve food at an appetizing and palpable temperature for 1 of 2 meals observed.</p> <p>Findings:</p> <p>On 4/6/25 at 9:53 a.m., during an interview, Resident #10 discussed concerns of the food not being hot when it gets to resident.</p> <p>On 4/7/25 at 10:50 a.m., a surveyor requested a sample tray, sample tray. During the observation, both Certified Nursing Assistant (CNA) #2 and CNA #3 started to serve the lunch trays for the 20 residents at 12:19 p.m. During this meal pass, both CNA's had to boost and turn 2 residents and one CNA had to take a resident to the bathroom. The last meal was served at 12:50 p.m., 31 minutes after the first tray was passed. At 12:51 p.m., the food on the sample tray food was tempted, in which the BBQ pulled pork sandwich was 121.7 degrees Fahrenheit and the seasoned potato wedges were 85 degrees Fahrenheit.</p> <p>On 4/7/25 at 1:20 p.m., during an interview, CNA #3 stated they occasionally get more help with passing trays, but it usually ends up being just 2 CNA's which results in cold food.</p> <p>On 4/7/25 at 1:00 p.m., the above information was discussed with the Market Clinical Advisor.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>51331</p> <p>Based on observations and interviews, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for floors, walls, the dishwasher and fans/vents, failed to ensure staff were wearing proper hair restraints and failed to ensure that canned goods with a compromised seal were not available for use for 1 of 4 days of survey. (4/6/25)</p> <p>Findings:</p> <p>On 4/6/25 at approx. 9:00 a.m., during the initial tour of the kitchen the following was observed:</p> <ol style="list-style-type: none"> 1. -The kitchen floor was dirty with food debris and trash around the entire floor and under the equipment and shelving. <ul style="list-style-type: none"> - The kitchen walls were covered with dirt and food debris. - The dish washer was covered with dirt and debris. - The vent above the grill was coated with dirt and debris. - The vents and fans throughout the kitchen had built up dust 2. Observation of the Dietary Aid #1 and #2 not wearing proper hair restraints while preparing food. After surveyor intervention, both Dietary Aid #1 and #2 applied hair restraints. 3. Observation of 3, #10 cans of peaches with denting along the seal and available for use. At this time, the [NAME] #1 stated that cans should be checked for damage upon arrival and if dented, placed in the designated area for compromised cans so they are not available for use. <p>On 4/6/25 at 1:14 p.m., the above information was discussed with the Food Service District Manager.</p>

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 04/09/2025
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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>51669</p> <p>Based on record review, observation, and interviews, the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 2 residents reviewed for nutrition (Resident #11).</p> <p>Finding:</p> <p>Resident #11 was admitted in 2024 with diagnoses to include protein-calorie malnutrition.</p> <p>Resident #11's clinical records contained an active physician order dated 1/17/25 for Start 8oz whole milk & full fat ice cream milkshake TID w/ meals and at bedtime with meals AND at bedtime.</p> <p>A physician progress note, dated 2/28/25 which stated, Did verify with staff that [he/she] is being given whole milk with [his/her] shakes however, unable to find the order for milkshakes on the MAR (Medication Administration Record) or TAR (Treatment Administration Record). Did discuss this with unit manager .</p> <p>An additional physician progress note, dated 4/1/25 which stated, Weight loss .still do not see order for milkshakes on MAR or TAR to be signed out, will discuss with nurse manager again .</p> <p>Resident #11's MAR and TAR for January, February, and March 2025 lacked documentation of the milkshakes being given.</p> <p>On 4/8/25 at 8:51 a.m., during an interview with a surveyor, the unit manager reviewed Resident #11's entire clinical record and confirmed the January, February, and March 2025 MAR/TAR lacked evidence of Resident #11 being given and/or refusing a milkshake.</p> <p>On 4/8/25 at 11:44 a.m., the above was discussed with the Market Clinical Advisor.</p>		

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 04/09/2025
NAME OF PROVIDER OR SUPPLIER Pine Point Center		STREET ADDRESS, CITY, STATE, ZIP CODE 67 Pine Point Rd Scarborough, ME 04074	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</p> <p>Based on observations, interviews and record reviews, the facility failed to maintain an Infection Control Program designed to provide a sanitary environment to help prevent the development and transmission of disease and infection related to hand hygiene during medication administration and meal tray service observations and the use of Personal Protective Equipment (PPE) for 3 of the 4 days of survey.</p> <p>Findings:</p> <p>1. On 4/7/25 at 8:02 a.m., just prior to medication administration observation, the Licensed Practical Nurse #2 (LPN #2) was observed at the nurse's station rubbing his eyes and nose multiple times. He then moved the medication cart onto Pleasant Hill House and without performing hand hygiene prepared a resident medication, again rubbing eyes and nose, he then entered resident room, removed and applied a Lidoderm patch to the residents back, then administered the resident's medications all without performing hand hygiene. At this time, the LPN#3 stated, due to a condition, he frequently rubs his eyes, and he should have performed hand hygiene prior to preparing and administering medications.</p> <p>On 4/7/25 at approx. 8:30 a.m., the above was discussed with the Market Clinical Advisor</p> <p>51331</p> <p>2. On 4/7/25 at 12:25 p.m., during lunch meal pass on the Skilled Unit, a surveyor observed CNA #2 and CNA #3 turning and boosting a resident in his/her bed, both CNA's exited the residents room and without performing hand hygiene, CNA #2 grabbed a meal tray and delivered it to room [ROOM NUMBER] and CNA #3 grabbed a meal try and delivered it to room [ROOM NUMBER]. At 12:27 p.m., at this time the surveyor intervened, both CNA #2 and CNA #3 confirmed they should have performed hand hygiene after providing care to a resident and prior to tray delivery.</p> <p>On 4/7/25 at 1:00 p.m., the above information was discussed with the Market Clinical Advisor.</p> <p>51669</p> <p>3. On 4/8/25 at 4:04 p.m., a Physical Therapy Assistant (PT-A) was observed exiting the Oak Hill unit, wearing a yellow isolation gown. The PT-A proceeded to walk past the surveyor, located next to the nurse's station and enter the main dining room, where she doffed the isolation gown and then exited the dining room. At this time, the surveyor asked where the PT-A was prior to leaving the Oak Hill unit, and the PT-A stated she had been in a room wearing gloves, a gown, an N95 mask, and eye protection because the resident was on transmission-based precautions (TBP). She then stated, while she was in the room with the resident, the nurse came in and informed her that the TBP had just been lifted and she removed her gloves, mask, and eye protection before she exited the room and should have removed the gown, but she forgot, so she doffed it in the dining room.</p> <p>On 4/8/25 at 4:11 p.m., the above was discussed with the Market Clinical Advisor.</p>		