STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205082	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinnacle Health & Rehab at Sanford	1142 Main St Sanford, ME 04073

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531 Based on record reviews, interviews, and facility policy, the facility failed to implement interventions outlined in resident's care plan in the area of Activities of Daily Living (ADL) for 1 of 5 residents reviewed during complaint investigations. (Resident 2). Findings: On 9/13/2024 at 10:19 a.m., the Department of Licensing received a complaint indicating ADL care was not being provided to Resident 2 as stated in the care plan. Review of facility policy Comprehensive Care Plans dated 9/3/94 states It is the policy of Pinnacle Health & Rehab [NAME] to develop a comprehensive care plan for each resident, based on the needs identified in the comprehensive assessment .Each resident's plan of care describes the services being furnished to attain or maintain the resident's highest practical level of functioning . Resident 2 was admitted on [DATE] and has diagnoses to include Parkinsons disease and is dependent on facility staff for all ADL needs. Review of quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident 2 had a Brief Interview for Mental Status (BIMS) of 11 of 15 indicating he/she has moderate cognitive impairment Review of R2's care plan, most recently updated on 8/27/24 revealed Problem: [Resident 2 has an ADL self-care performance deficit r/t Parkinson's with tremors and weakness. Goal: [Resident 2] and [his/her] family want [him/her] to maintain current level of function. Intervention: Staff assist with adls (Refer to tasks documentation); Oral hygiene and denture cleaning after each meal and bedtime; Toilet or change resident every 3-4 hours. Turn and reposition every two hours . Further review of Resident 2's entire clinical record lacked evidence that the above interventions were completed as written. During an interview on 10/2/24 at 12:14 a.m., Certified Nursing Assistant (CNA)1 indicated that Resident 2 needs total care with all ADL's. CNA1 further indicated Resident 2 doesn't really refuse much of anything, but if a resident refuses to do something, they should be reapproached to try again at a later time, if they still refused, inform the nurse and document the refusal in clinical record. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Pinnacle Health & Rehab at Sanford	1142 Main St Sanford, ME 04073

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 2's clinical record with a surveyor on 10/1/24 at 3:15 p.m., the Administrator confirmed above findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531 Based on record reviews, interviews, and facility policy, the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 5 residents records reviewed during complaint investigations (Resident 2). Findings: On 9/13/2024 at 10:19 a.m., the Department of Licensing received a complaint indicating ADL care was not being provided to Resident 2 as stated in the care plan. Review of facility policy Activities of Daily Living dated 1/1/95 states .Activities of daily living include bathing, dressing, ambulation and transfer, eating, and use of speech, language or other functional communication systems.the care plan will identify any unique needs or special treatment and services necessary to maintain or improve functional ability. Resident 2 was admitted on [DATE] and has diagnoses to include Parkinson's disease and is dependent on facility staff for all ADL needs. Review of quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident 2 had a Brief Interview for Mental Status (BIMS) of 11 of 15 indicating he/she has moderate cognitive impairment. Review of Resident 2's care plan, most recently updated on 8/27/24 revealed Problem: [Resident 2 has an ADL self-care performance deficit r/t Parkinson's with tremors and weakness. Goal: [Resident 2] and [his/her] family want [him/her] to maintain current level of function. Intervention: Staff assist with adls (Refer to tasks documentation); Oral hygiene and denture cleaning after each meal and bedtime; Toilet or change resident every 3-4 hours. Turn and reposition every two hours . Review of Resident 2's clinical record [task] lacked documented evidence Resident 2 was provide oral hygiene and denture cleaning as follows: after breakfast on 9/2/24, 9/3/24, 9/4/24, 9/5/24, 9/6/24, 9/8/24, 9/9/24, 9/10/24, 9/11/24, 9/12/24, 9/14/24, 9/15/24, 9/16/24, 9/17/24, 9/18/24, 9/19/24, 9/23/24, 9/27/24, 9/28/24, 9/29/24. After lunch on 9/7/24, 9/8/24, 9/9/24, 9/11/24, 9/13/24, 9/14/24, 9/16/24, 9/20/24, 9/21/24, 9/22/24, 9/23/24, 9/25/24, 9/26/24, 9/27/24, or 9/28/24. after dinner on 9/2/24, 9/3/24, 9/4/24, 9/5/24, 9/6/24, 9/7/24, 9/8/24, 9/9/24, 9/10/24, 9/11/24, 9/12/24, 9/13/24, 9/14/24, 9/15/24, 9/16/24, 9/17/24, 9/18/24, 9/22/24, 9/26/24, 9/27/24, or 9/28/24, and at bedtime on 9/2/24, 9/18/24, 9/19/24, 9/20/24, 9/21/24, 9/23/24, 9/25/24, 9/29/24, or 9/30/24. Review of Resident 2's clinical record [task] Toilet or change resident every 3-4 hours(total of 5-6 times daily) revealed Resident 2 was toileted 1 (one) time on 9/14, 2 (two) times on 9/2/24, 9/7/24, 9/8/24, 9/9/24, 9/11/24, 9/16/24, 9/23/24, 9/27/24, 9/28/24 and 9/30/24, and was toileted 3 (three) times on 9/3/24, 9/4/24, 9/5/24, 9/6/24, 9/10/24, 9/12/24, 9/13/24, 9/15/24, 9/17/24, 9/18/24, 9/19/24, 9/20/24, 9/21/24, 9/22/24, 9/24/24, 9/25/24, 9/26/24 and 9/29/24. (continued on next page)

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(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	Review of Resident 2's clinical record [task] Turn and Reposition (per care plan total of 12 times daily) revealed Resident 2 was turned/repositioned 1 (one) time on 9/14/24, 2 (two) times 9/7/24, 9/8/24, 9/9/24, 9/11/24, 9/16/24, 9/23/24, 9/27/24, 9/28/24 and 9/30/24. 2 (two) times on 9/3/24, 9/4/24, 9/5/24, 9/6/24, 9/10/24, 9/12/24, 9/13/24, 9/15/24, 9/17/24, 9/18/24, 9/19/24, 9/20/24, 9/21/24, 9/22/24, 9/24/24, 9/25/24, 9/29/24 and 9/26/24. During an interview on 10/2/24 at 12:14 a.m., Certified Nursing Assistant (CNA)1 indicated that Resident 2 needs total care with all ADL's. CNA1 further indicated Resident 2 doesn't really refuse much of anything, but if a resident refuses to do something, they should be reproached to try again at a later time, if they still refused, inform the nurse and document the refusal in clinical record. During a review of Resident 2's clinical record on 10/1/24 at 3:15 p.m., the Administrator confirmed above findings.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531 Based on observations, interviews, and policy review, the facility failed to provide a sanitary environment to help prevent the development and transmission of disease and infection on 1 of 2 rooms observed (room [ROOM NUMBER]). Findings: Review of facility policy Infection Prevention and Control dated 5/2023 states it is the policy of [Facility] to maintain and active infection prevention and control program (IPCP). The program is designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infection. Observation of shared sink in room [ROOM NUMBER] on 10/1/24 at 9:07 a.m., and 1:10 p.m., revealed the following items unlabeled and available for use: 2 deodorant bottles, 2- 8 ounce bottles of body wash, 1 bottle of mouthwash, 1 can of shaving cream. 1 opened can of ginger ale, 1 electric razor, approximately 8 razors held together with a rubber band, one small, soiled basin, and 1 white paper cup containing 1 toothbrush. During an interview on 10/1/24 at 9:20 a.m., Resident 3 confirmed his/her personal hygiene items are on the sink and he/she can independently use them, stating he/she just grabs what he/she needs and is unsure who it belongs to because they're not labeled. During an interview on 10/1/24 at 1:00 p.m., Resident 2 indicated that he/she does have personal items on the shared sink, but his/her family are the ones that retrieve it for him/her. During an interview on 10/1/24 at 1:10 p.m., Licensed Practical Nurse (LPN)1 and a surveyor entered room [ROOM NUMBER] and confirmed personal items were on shared sink, unlabeled and available for use. The above was discussed with Administrator on 10/1/24 at 3:10 p.m.