

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205082	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Pinnacle Health & Rehab at Sanford		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44049</p> <p>Based on observations and interviews, the facility failed to maintain a clean, comfortable and homelike environment on 2 of 2 units.</p> <p>Findings:</p> <p>On 2/12/25 at approximately 9:00 a.m. the following was observed on the First floor:</p> <ul style="list-style-type: none"> -Resident room [ROOM NUMBER] - Wall behind chair in need of repair. -Many pieces of tape hanging from the ceiling in the main dining room -First floor common area has several dark spots on ceiling strapping -Unpainted repaired area on wall in Spa room. <p>On 2/12/25 at approximately 9:30 a.m. the following was observed on the Second floor:</p> <ul style="list-style-type: none"> -Stained ceiling tile just outside room [ROOM NUMBER] <p>On 2/12/25 at approximately 10:00a.m. in an interview with the Administrator, the surveyor discussed the environmental observations.</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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>37648</p> <p>Based on record review and interview, the facility failed to ensure a person-centered comprehensive care plan was developed in the area of Activities of Daily Living (ADL's) to meet the preferences and goals which included interventions for assistance needed for each resident to attaining or maintaining his or her highest practicable quality of life for 6 of 14 residents care plans reviewed. (Residents 6, 11, 21, 47, 55, 26, and 61)</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of Resident #6's current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of eating, personal hygiene, transfers, lower body dressing, bathing, toileting, bed mobility and ambulating. 2. Review of Resident #11's current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of eating, personal hygiene, lower body dressing, bathing and oral hygiene. 3. Review of Resident #21's current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of eating, personal hygiene, transfers, lower body dressing, bathing, toileting, bed mobility and ambulating. 4. Review of Resident #47's current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of personal hygiene, lower body dressing, bathing, toileting hygiene and oral hygiene. <p>On 2/11/25 at 1:49 p.m., during an interview, the Licensed Practical Nurse Manager for the first floor stated, in the beginning of the year the Minimum Data Set assessments for GG - Functional Abilities were changed, which also changed the residents care plans. This change failed to update the residents' care plan to include the personalization for the assistance needed for each resident to attain or maintain his/her functional abilities.</p> <p>37015</p> <ol style="list-style-type: none"> 5. Review of Resident #26's current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of personal hygiene, lower and upper body dressing, bathing and shower transfers. <p>On 2/11/25 at 2:08 p.m., the finding was discussed with the Director of Nursing.</p> <p>48648</p> <ol style="list-style-type: none"> 6. Review of Resident #61's current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of eating, personal hygiene, transfers, lower body dressing, bathing, toileting and bed mobility. <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/11/25 at approximately 2:00 p.m. a surveyor discussed the above findings with the Unit Director who confirmed that this information didn't automatically transfer with the new Electronic Medical Record system and would need to be added.</p> <p>44049</p> <p>Review of Resident #55s current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of personal hygiene, lower and upper body dressing, bathing and shower transfers.</p> <p>On 2/11/25 at approximately 3:00 p.m. the finding was discussed with the Director of Nursing</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>37015</p> <p>Based on record reviews, observations and interviews the facility failed to establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation by failing to ensure that two people who are authorized to administer medications signed the Shift Count page indicating that they counted all controlled substances at the change of shift for multiple shifts, on 2 of 2 units reviewed.</p> <p>Findings:</p> <p>A review of the facility's Shift Count policy and procedure dated: 2/3/2000, stated under Procedure, 1. All schedule II-V medications will be counted at the change of each shift by the off-going and the on-coming nurse. 3. If the count is correct, the keys change hands and the shift count sheet is signed by both nurses.</p> <p>On 2/11/25 at 11:00 a.m., during a medication storage observation of the Second Floor Medication Room, a surveyor reviewed the Controlled Substance Books and Shift Counts which indicated the facility counts at the change of each shift, approximately 3 times a day. The person authorized to administer medications coming on duty or the person authorized to administer medications going off duty both failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was completed on multiple days.</p> <p>On 2/11/25 at 11:45 a.m., the surveyor confirmed the findings with the Unit Manager. On 2/11/25 at 3:30 p.m., the finding was discussed the findings with the Administrator.</p> <p>On 2/11/25 at 4:00 p.m., during a medication storage observation of the First Floor Medication Room, a surveyor reviewed the Controlled Substance Books and Shift Counts. The person authorized to administer medications coming on duty or the person authorized to administer medications going off duty both failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was completed on multiple days.</p> <p>On 2/11/25 at 4:20 p.m., the surveyor confirmed the findings with the Charge Nurse.</p> <p>On 2/12/25 at 10:15 a.m., the surveyor discussed that multiple days on both units were missing staff signatures for verification and completion of the controlled medication count on the following dates: 6/16/24, 9/13/24, 10/2/24, 10/3/24, 11/3/24, 11/6/24, 11/16/24, 11/23/24, 12/2/24, 12/12/24, 12/29/24, 1/3/25, 1/18/25, 1/24/25, 1/25/25, 1/26/25 (both units), 1/27/25, 2/9/25, and 2/10/25.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>37015</p> <p>Based on observation, interviews, and the Centers for Disease Control (CDC) guidance, the facility failed to ensure vaccines were stored in a refrigerator without a freezer compartment for 1 of 3 medication storage refrigerators.</p> <p>Finding:</p> <p>A review of the United States (U.S.) Centers for Disease Control and Prevention: Vaccine Storage and Handling Toolkit dated 3/24/24 stated .Do not store any vaccine in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances.</p> <p>On 2/11/25 at 4:00 p.m., during an observation of the First Floor Unit's Medication Room, a surveyor observed a dormitory style refrigerator (small combination refrigerator/freezer unit that is outfitted with one exterior door). The refrigerator contained several vials of purified protein derivative (for tuberculosis testing), and unit dose syringes of pneumococcal and influenza vaccines.</p> <p>On 2/11/25 at 4:20 p.m., the finding was confirmed by the charge nurse and the Infection Preventionist.</p> <p>On 2/12/25 at 10:15 a.m., the finding was discussed with the Administrator.</p>		