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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205086 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/30/2024 |
| NAME OF PROVIDER OR SUPPLIER Pinnacle Health & Rehab at N Berwick | | STREET ADDRESS, CITY, STATE, ZIP CODE 47 Elm St North Berwick, ME 03906 | |

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) |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual 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>35904</p> <p>Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in a sanitary, orderly, and comfortable manner pertaining to floors for 1 of 1 facility tour (10/30/24).</p> <p>Findings:</p> <p>A surveyor conducted a facility environment tour on 10/30/24 from 1:20 p.m. to 1:35 p.m. with the Maintenance Director in which the following findings were observed:</p> <p>The entrance from the hallway into the resident room floor had black tape on the floor going from each side of the door frame for Rooms 19, 20, 21, 22, 23, 25, 27, 28, 31, 32, and 34.</p> <p>The hallway floor located near B unit, near the nursing station, had black tape on the floor that went widthwise across the floor from hall to hall that was scuffed, torn, and worn, creating an uncleanable surface.</p> <p>The hallway floors on A unit, B unit, and C unit, with a concentration at the end of the hallway on D unit had gaps in the flooring, creating uncleanable surfaces.</p> <p>On 10/30/24 at 1:35 p.m., in an interview with the Maintenance Director, a surveyor confirmed the above findings.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>48648</p> <p>Based on observations and interviews, the facility failed to provide oxygen therapy in a sanitary manner for 4 of 5 sampled residents using oxygen (#6, #9, #22, #29)</p> <p>Findings:</p> <ol style="list-style-type: none"> On 10/28/24 at 9:30 a.m., a surveyor observed Resident #29's oxygen concentrator and found the intake filter coated in dust and debris. On 10/28/24 at 9:45 a.m., a surveyor observed Resident #9's oxygen concentrator and found the intake filter coated in dust and debris. In addition, Resident #9's oxygen tubing was being stored in an unsanitary manner coiled on top of the concentrator with the tubing touching the floor. On 10/28/24 at 10:09 a.m., a surveyor observed Resident #22 wearing oxygen via nasal cannula attached to an oxygen concentrator. The concentrator filter located on the back of the machine was dusty. On 10/29/24 at 10:08 a.m., a surveyor observed Resident #6 wearing oxygen via nasal cannula attached to an oxygen concentrator. The concentrator filter located on the back of the machine was dusty. <p>On 10/30/24 at 1:15 p.m., in an interview with the Assistant Director of Nursing/Infection Preventionist, a surveyor confirmed that Resident #9 and Resident #29's oxygen concentrator filters are dusty.</p> <p>On 10/30/24 at 1:40 p.m. in an interview with the Licensed Practical Nurse (LPN) #2, a surveyor confirmed that Resident #6 and Resident #22's oxygen concentrator filters are dusty. LPN #2 stated they should be cleaned and stated she would clean them today.</p> <p>35904</p> |

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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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33639</p> <p>Based on observations and interviews, the facility failed to maintain a clean kitchen floor and ensure products in the walk-in refrigerator and freezer were labeled and/or dated and failed to remove expired foods available for use for 1 of 3 kitchen tours.</p> <p>Findings:</p> <p>A surveyor completed Initial Kitchen Tour on [DATE] from 9:30 a.m. to 10:15 a.m. with the Food Service Director in which the following findings were observed:</p> <ul style="list-style-type: none"> - The floor in the kitchen had a significant amount of visible crumbs/dirt debris and was discolored/stained in many areas and worn in appearance. During an interview with the Food Service Director, it was revealed that the flooring throughout the kitchen was very porous and was difficult to clean. - The food slicer had dried food particles on the blade and blade protector. - The floor in the dry storage room had excessive dirt debris and food particles on the floor. <p>The Walk-in refrigerator contained the following open/undated or expired foods:</p> <ul style="list-style-type: none"> --one 6 lb. block of moldy Mill Dance brand [NAME] cheese -one 5 lb. of moldy Sysco Block and [NAME] Swiss cheese <p>-The walk-in freezer contained the following open/undated or expired foods:</p> <ul style="list-style-type: none"> -one large bag of garlic bread -one 2 lb bag of chicken tenders -one 2 lb bag of chicken breast -one loaf of french bread -siz loaves of cranberry bread -one bag of 8 waffle's -one plastic container of ground sausage and sausage links -sixteen Strawberry Turnovers -one Gluten Free Meatloaf <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>-one Container of Seafood pie dated ,d+[DATE] use by ,d+[DATE]</p> <p>-one Container of Breakfast Casserole dated ,d+[DATE]</p> <p>-thirteen plain muffins</p> <p>-one plate with a Western Omelet, dated ,d+[DATE]</p> <p>-one large container of chocolate chip cookie dough, dated [DATE]</p> <p>On [DATE] at 11:00 a.m., a surveyor discussed the above with the Administrator.</p> <p>48648</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Provide and implement an infection prevention and control program.</p> <p>37648</p> <p>Based on record review and interview, the facility failed to maintain an Infection Control Program designed to help prevent the development and transmission of disease and infection relating to Legionella and failed to implement the elements of the Legionella Water Management Program. This has the potential to effect all 59 residents.</p> <p>Finding:</p> <p>The facility's Legionella Water Management Program initiated on 10/18/19, states Specific measures used to control the introduction and/or spread of Legionella (e.g. temperature, disinfectants), The control limits or parameters that are acceptable and that are monitored, A diagram of where control measures are applied, A system to monitor control limits and the effectiveness of control measures and documentation of the program</p> <p>On 10/30/24 at 11:10 a.m., during an interview, the Administrator confirmed the facility is not following its own Legionella Water Management policy, by not having measures in place to control the introduction of, assess and monitor areas where Legionella and opportunist waterborne pathogen can grow and spread and a diagram where these measures are applied.</p> | | |

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| <p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</p> <p>Based on review of the facility's immunization policy, record review and interview, the facility failed to implement their pneumococcal immunization policy for 3 of 5 residents whose immunization records were reviewed (#4, #25, #48)</p> <p>Findings:</p> <p>The facility's Pneumococcal Vaccine policy and procedure revised on 2/1/2020 states, Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated and Administration of the pneumococcal vaccines or revaccinations will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.</p> <p>1. Resident #4 was admitted on [DATE], the clinical record contained a Resident Immunization Consent Form signed on 1/11/24, which gave consent for the administration of the Pneumonia vaccines per CDC recommendations. As of 10/29/24, Resident #4's medical record lacked evidence of the facility offering and/or administering the current Pneumonia vaccine as per CDC recommendations.</p> <p>2. Resident #25 was admitted on [DATE], the clinical record contained a Resident Immunization Consent Form signed on 4/27/23, which gave consent for the administration of the Pneumonia vaccines per CDC recommendations. As of 10/29/24, Resident #25's medical record lacked evidence of the facility offering and/or administering the current Pneumonia vaccine as per CDC recommendations.</p> <p>3. Resident #48 was admitted on [DATE], the clinical record contained a Resident Immunization Consent Form signed on 8/31/23, which gave consent for the administration of the Pneumonia vaccines per CDC recommendations. As of 10/29/24, Resident #48's medical record lacked evidence of the facility offering and/or administering the current Pneumonia vaccine as per CDC recommendations.</p> <p>On 10/29/24 at 1:48 p.m., during an interview, a surveyor confirmed the findings with the Infection Preventionist/Assistant Director of Nursing.</p> | | |