STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205086	A. Building B. Wing	01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinnacle Health & Rehab at N Berwick	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a care plan was accurately revised to reflect a resident's current needs for 1 of 4 residents reviewed for dementia care (Resident #40).Findings:Review of the clinical record for R40 revealed diagnoses that included Vascular Dementia, Obsessive Compulsive Disorder, Major Depressive Disorder, and Anxiety Disorder.In review of nursing documentation, a progress note dated 1/27/26, stated R40 was observed outside shoveling snow in the walkway without a coat or gloves on. Another note, dated 10/10/25, stated Resident wanted a phone card for his/her phone service. When told he/she would have to wait for help from an office worker, he/she reported (they) would go him/herself. Resident left the courtyard/facility to attempt to help him/herself. A staff member redirected the resident and (the Director of Nursing) spoke with him/her. Further review of progress notes revealed R40 had a history of poor decision making and difficulty understanding the rationale for instructions related to safety.On 1/27/25 at 10:35 a.m., in an interview with a surveyor, the facility's social worker discussed R40's impulsive behaviors and difficulty making safe decisions, requiring staff to set boundaries with the resident.On 7/2/25, a Wandering Risk Assessment was completed which identified R40 being at high risk for wandering.The quarterly minimum data set assessment (MDS), dated [DATE], noted a Brief Interview of Mental Status (BIMS) score of 13, indicating intact cognition. The care plan, last revised on 1/13/26, identified interventions to address mood and behaviors, including wandering and a need to keep busy. However, no specific approaches, such as boundary setting, were included.On 1/27/25 at 11:45 a.m., in an interview with the Assistant Director of Nursing (ADON), a surveyor discussed the progress note which stated R40 was outside shoveling and had been identified at high risk for wandering. The ADON stated R40 has an agreement with staff that he/she only goes in the fenced-in area outside of the front door and is continually monitored by staff. He/she also goes around filling bird feeders every morning in the fenced-in area. The ADON stated staff have set boundaries with R40 which he/she agrees to follow. The surveyor discussed that the current care plan lacks interventions to address behavioral concerns, including boundary setting and approaches to ensure safety due to R40's identified risk for wandering. The ADON confirmed the findings at this time.

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