

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  Pinnacle Health & Rehab Canton		STREET ADDRESS, CITY, STATE, ZIP CODE 26 Pleasant St Canton, ME 04221	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42531</p> <p>Based on observations and interviews the facility failed to promote care for a resident in a manner that maintains dignity and respect when staff failed to groom a resident on 3 of 3 survey days (Resident #31). In addition, the facility failed to identify a medication correctly to 1 of 1 resident observed for medication pass (Resident #242).</p> <p>Findings:</p> <p>1. Resident #31 was admitted on [DATE] and has diagnosis of dementia and is dependent on staff for all of his/her activities of daily living needs.</p> <p>During observations on 7/29/24 at 11:01 a.m., 7/30/24 at 9:39 a.m., and 12:26 p.m., 7/31/24 at 8:21 a.m., Resident #31 was noted to have long facial/chin hair.</p> <p>Review of Resident #31's Task-Personal Hygiene-Support Provided - How resident maintains personal hygiene, including . shaving, revealed Resident #31 received 1-2 person hygiene assistance on 7/26/24 at 11:04 a.m., and 22:05 [10:05 p.m.], on 7/27/24 at 10:14 a.m., and 21:11 [10:11 p.m.], on 7/28/24 at 10:03 a.m., and 17:48 [5:48 p.m.] on 7/29/24 at 10:22 a.m., and 21:52 [10:52 p.m.], on 7/30/24 at 11:04 a.m., and 22:36 [11:36 p.m.] and 7/31/24 at 10:00 a.m.</p> <p>During an interview on 7/30/24 at 12:26 p.m., Certified Nursing Assistant (CNA)#1 indicated residents should be shaved every day and if they refuse, it should be documented, but staff should go back and try again.</p> <p>During an interview on 7/30/24 at 2:48 p.m., CNA#2 indicated all residents should be shaved daily and if they refuse it should be documented in the clinical record, the nurse should be notified, and the resident should be re-approached later or by another staff member.</p> <p>During an observation on 7/31/24 at 9:32 a.m., with Director of Nursing (DON), the DON confirmed Resident #31 had obvious facial/chin hair and stated it should be shaved daily.</p> <p>50218</p> <p>(continued on next page)</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: 205101	If continuation sheet Page 1 of 15

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During observation on 7/30/24 at 9:39 a.m., Registered Nurse (RN) #2 was observed handing Resident #242 a medication cup containing 1 tablet. Resident #242 asked what the medication was, and RN #2 replied it was a TUMS. At this time Resident #242 took the medication.</p> <p>Review of Resident #242's clinical record revealed medication order with start date of 4/26/24 for PreserVision ARDES 2 chewable tablet. Give 1 tablet by mouth one time a day for supplement eye health at 8:00 a.m.</p> <p>During an interview on 7/30/24 at 9:49 a.m., RN #2 confirmed the medication she gave Resident #242 was not TUMS, but a PreserVision ARDES 2 chewable tablet. When asked why she had told Resident #242 it was TUMS, RN #2 stated that the resident was Persnickety about taking medications.</p> <p>During an interview on 7/30/24 at 10:02 a.m., Director of Nursing confirmed with 2 surveyors that failing to accurately answer Resident #242's question was not acceptable practice.</p>

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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440</b></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 interior for bathrooms, a ceiling tile, a patient lift, lights, floors and wheelchairs for 1 of 1 facility tour (7/31/24).</p> <p>Findings:</p> <p>A surveyor conducted a facility Environment tour on 7/31/24 from 12:05 p.m. to 12:30 p.m. with the Maintenance Director and the Administrator in which the following findings were observed:</p> <ul style="list-style-type: none"> <li>&gt; The bathroom, located across from the nurse's station, had a dirty floor around base of the toilet and stained floor tiles.</li> <li>&gt; The hallway ceiling tile, by resident room [ROOM NUMBER], had a large brown stain on it.</li> <li>&gt; The sit-to-stand patient lift, in the hallway by resident room [ROOM NUMBER], had chipped/missing paint on the foot base creating an uncleanable surface. Additionally, there was dirt and food debris in the foot base area.</li> <li>&gt; Resident room [ROOM NUMBER] - There was dust/debris in the bathroom light and the floor was dirty around the base of the toilet.</li> <li>&gt; Resident room [ROOM NUMBER] - The bathroom floor was dirty around the base of the toilet and there was a bedpan sitting on the bathroom floor. Resident #17's wheelchair was dusty and soiled with food debris.</li> <li>&gt; Resident room [ROOM NUMBER] - Resident #30's wheelchair was soiled with food debris and had dried liquid residue on the right side of the chair.</li> <li>&gt; Resident room [ROOM NUMBER] - Resident #7's reclining wheelchair had a footrest with material that was ripped/torn, with ripped black tape on it and in disrepair, creating an uncleanable surface.</li> </ul> <p>On 7/31/24 at 12:05 p.m., in an interview, the Maintenance Director and the Administrator confirmed the findings.</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440</b></p> <p>Based on record reviews and interview, the facility failed to ensure that 2 of 2 residents reviewed with a specialized mental health diagnosis, whose stay went beyond the expected 30 days, had been referred to the appropriate state-designated authority for Pre-Admission Screening &amp; Resident Review Level II (PASRR) evaluation and determination (Resident #10 and Resident #15).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Resident #10 was admitted to the facility on [DATE] with diagnosis of Schizophrenia. Resident #10's clinical record contained a PASRR Level I determination letter dated 6/12/24 that stated further PASRR evaluation was not required due to Resident #10 met the criteria for a short-term convalescence admission. Resident #10 was not discharged after a short stay and was assessed to be Nursing Facility level of care and continued to reside in the facility. The clinical record lacked evidence to indicate that the PASRR Level I was forwarded again to the State Mental Health Authority to determine if a PASRR Level II evaluation and determination was needed after Resident #10's stay changed from short-term to long-term.</li> <li>2. Resident #15 was admitted to the facility on [DATE] with diagnosis of Schizophrenia and Bipolar Disorder. Resident #15's clinical record contained a PASRR Level I determination letter dated 5/24/24 that stated further PASRR evaluation was not required due to Resident #15 met the criteria for a short-term convalescence admission. Resident #15 was not discharged after a short stay and was assessed to be Nursing Facility level of care and continued to reside in the facility. The clinical record lacked evidence to indicate that the PASRR Level I was forwarded again to the State Mental Health Authority to determine if a PASRR Level II evaluation and determination was needed after Resident #15's stay changed from short-term to long-term.</li> </ol> <p>On 7/30/24 at 3:00 p.m., in an interview, the Social Service Director confirmed the finding.</p> <p>On 7/30/24 at 3:30 p.m., in an interview, the surveyor discussed the finding with the Director of Nursing.</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42531</p> <p>Based on interviews and record reviews, the facility failed to ensure a baseline care plan was developed and implemented within 48 hours that included the problems, interventions, and initial goals needed to provide minimum healthcare information necessary to properly care for 1 of 2 residents reviewed for baseline care plans. (#190).</p> <p>Findings:</p> <p>Resident #190 was admitted on [DATE] with diagnoses to include chronic obstructive pulmonary disease (COPD).</p> <p>Review of Resident #190 active orders July 2024 revealed the following:</p> <ul style="list-style-type: none"> <li>-Order with start date of 7/23/24 for Advair HFA Inhalation Aerosol 115-21 MCG/ACT (Fluticasone-Salmeterol) 2 puff inhale orally two times a day related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE.</li> <li>-Order with start date of 7/24/24 for Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 3 ml inhale orally every 6 hours as needed for SOB or Wheezing via nebulizer and 3 ml inhale orally two times a day for copd.</li> <li>-Order with start date of 7/24/24 for Prednisone Oral Tablet 10 MG (Prednisone). Give 3 tablet by mouth one time a day related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE .</li> <li>-Order with start date of 7/23/24 for ProAir HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate)2 puff inhale orally every 4 hours as needed for wheezing.</li> </ul> <p>Review of Resident #190's care plan initiated 7/23/24 lacked evidence that a baseline care plan was initiated within 48 hours to include goals and interventions for his/her respiratory concerns.</p> <p>On 7/31/24 at 10:53 a.m., during a review of Resident #190's entire clinical record with a surveyor, the Licensed Social Worker confirmed Resident 190's care plan did not include goals and interventions for his/her respiratory diagnoses.</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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</b></p> <p>Based on observations, interviews, record reviews, and facility policy, the facility failed to update/implement a care plan in the area of falls for 2 of 2 sampled residents (#30 and #80, in the area of Post Traumatic Stress Disorder (PTSD) for 1 of 1 resident (Resident #9), and in the area of mood and behaviors for 1 of 1 residents reviewed for behaviors (Resident #31).</p> <p>Findings:</p> <p>1. On 7/29/24 at 11:08 a.m., two surveyors observed Resident #30 in a wheelchair with his/her feet on the wheelchair pedals. The call bell was attached to the bed, outside of the resident's reach. The Surveyor asked the resident if he/she could reach the call bell, he/she attempted but could not reach. At this time, Certified Nurse Aide (CNA) #4 confirmed Resident #30 cannot propel independently in his/her wheelchair and would not be able to move the wheelchair to reach the call bell. Review of Resident #30's care plan for falls initiated on 1/5/23 instructs nursing to Be sure [his/her] call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all request for assistance.</p> <p>2. On 7/29/24 at 11:10 a.m., two surveyors observed Resident #8 lying in bed. The foot of the bed was against the wall next to the call bell, which was coiled up and hanging on the wall, not within reach for the resident. At this time, CNA #4 confirmed Resident #8 requires a hooyer lift for transfers and would not be able to reach his/her call bell. Review of Residents #8's care plan for frequent falls related to impaired mobility, last revised on 6/08/20 instructs nursing to, Be sure [his/her] call light is within reach and encourage [him/her] to use it for assistance as needed. [He/she] needs prompt response to all requests for assistance. [He/she] needs reminding to use the call light when [he/she] needs assist. In addition the care plan for activities of daily living , transfers revised on 6/15/20 instructs nursing to, mechanical lift for transfers and Encourage [him/her] to use bell to call for assistance.</p> <p>On 7/30/24 at 3:44 p.m., the above care plan concerns were discussed with the Director of Nursing.</p> <p>42531</p> <p>3. Review of policy Trauma Informed Care undated states .The resident, responsible party, and multidisciplinary team will develop a resident centered care plan the will include triggers that may [case] re-traumatization, as well as [anu] holistic interventions that may keep the resident safe and healthy .</p> <p>Resident #9 was admitted on [DATE] with diagnoses to include paranoid schizophrenia, anxiety disorder, post-traumatic stress disorder (PTSD), bipolar disorder, and major depressive disorder</p> <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>During an interview on 7/31/24 at 9:18 a.m., Licensed Social Worker (LSW) indicated that residents with PTSD should have a care plan that includes their triggers, how they cope, and how facility can help them. During a follow up interview on 7/31/24 at 10:49 a.m., LSW and a surveyor reviewed Resident #9's entire care plan and confirmed Resident #9 was admitted with diagnoses of PTSD and the facility did not update care plan as required for trauma informed care. At this time LSW indicated that when trauma Informed care came out, she made sure all the new people had it in their care plans but didn't go back to the ones that have been here long term.</p> <p>During an interview on 7/31/24 at 11:04 a.m. the above was discussed with DON</p> <p>4. Resident #31 was admitted to facility on 12/2/22 and has diagnoses to include dementia.</p> <p>Review of quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #31 had a Brief Interview for Mental Status (BIMS) of 8 of 15 indicating moderate cognitive impairment. Further review of Resident #31's MDS revealed he/she has physical and verbal behaviors directed towards others.</p> <p>Review of Resident #31's clinical record revealed he/she refuses care often and has verbal and physical behaviors towards staff.</p> <p>Review of Resident #31's care plan most recently updated 7/11/24 lacked evidence of goals and interventions for mood/behaviors.</p> <p>During an interview 7/30/24 12:26 p.m., Certified Nursing Assistant (CNA)#1 indicated Resident #31 refuses care often and refuses to have his/her hair washed at any time and will not always let you shave his/her face and has been both physically and verbally aggressive toward staff.</p> <p>During an interview on 7/31/24 at 10:51 a.m., LSW confirmed Resident #31's refuses care often and has both verbal and physical behaviors. At this time, a surveyor and LSW reviewed Resident #31's entire care plan and confirmed Resident #9's care plan did not include goals and interventions for mood and behaviors/refusal of care.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50218</p> <p>Based on record review and interviews, the facility failed to ensure that a care plan was updated to reflect the resident's current needs for range of motion for 1 of 1 residents reviewed for range of motion (ROM) (Resident #4).</p> <p>Finding:</p> <p>Resident #4 was most recently admitted [DATE] with diagnosis of Cerebral Palsy with muscle wasting and atrophy.</p> <p>Observations of Resident #4 on 7/29/24 at 11:56 a.m., and 7/30/24 at 1:15 p.m., revealed he/she has bilateral hand/arm contractures. At this time Resident #4 indicated that he/she did not have a hand brace and did not want one.</p> <p>Review of Resident #4's clinical record revealed order with start date of 12/22/17 states BRACE MAY WEAR PRN as needed for POSITIONING HAND/WRIST FOR NEUTRAL POSITION Further review of Resident #4's clinical record revealed order was discontinued on 9/5/23.</p> <p>Review of Resident #4's entire clinical record revealed that care plan meetings were held on 1/25/2024, 4/18/2024, 7/18/2024, and 10/26/2023.</p> <p>Review of Resident #4's Care Plan most recently updated 7/18/24 states [Resident #4] has cerebral palsy; Use braces and splints as ordered. Has a left elbow splint to be worn except for R.O.M and care and to remove at HS. OT to monitor/document and treat as indicated. Encourage resident/caregivers to use and correctly apply all splints, and braces. Use assistive devices recommended by OT for grooming, and other activities in order to facilitate independence. Further review of Resident #4's care plan lacked evidence that the care plan was updated after the wrist brace was discontinued.</p> <p>During an interview on 7/30/24 at 12:43 p.m., Occupational Therapist (OT) revealed Resident #4 was discharged from OT on 1/5/22 and has not had a left arm brace for at least a year to her knowledge.</p> <p>During an interview on 7/30/24 at 1:17 p.m., Certified Nursing Assistant (CNA)#3 indicated she has been at the facility since 10/23 and has never seen Resident #4 with any kind of brace and has never known him/her to use one.</p> <p>During an interview on 7/30/24 at 1:21 p.m., with Registered Nurse (RN) #4 confirmed Resident #4 Care Plan was incorrect and was not updated after the splints were discontinued.</p> <p>During an interview on 7/30/24 at 1:27 p.m. the Director of Nursing (DON) confirmed the above findings.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37440</p> <p>Based on observations and interview, the facility failed to ensure that the resident's environment was free of accident hazards relating to a patient lift for 1 of 4 days of survey. (7/29/24)</p> <p>Finding:</p> <p>On 7/29/24 at 9:35 a.m., two surveyors observed a patient lift, available for use in the hallway by resident room [ROOM NUMBER], that was missing a sling bar safety clip that would prevent the sling strap from potentially coming off during a lift/transfer.</p> <p>On 7/29/24 at 10:15 a.m., the Director of Nursing confirmed a patient lift, available for use in the hallway by resident room [ROOM NUMBER], was missing a sling bar safety clip at the time of the surveyor's observations. The Director of Nursing stated that the lift has since been removed from the floor.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42531</p> <p>Based on record review and interview, the facility failed to identify a resident's current diagnosis of Post-Traumatic Stress Disorder (PTSD)/trauma to determine what trigger(s) might cause re-traumatization for 1 of 1 sampled resident reviewed with a current diagnosis of PTSD (Resident #9).</p> <p>Findings:</p> <p>Review of policy Trauma Informed Care undated states .The resident, responsible party, and multidisciplinary team will develop a resident centered care plan the will include triggers that may [case] re-traumatization, as well as [anu] holistic interventions that may keep the resident safe and healthy .</p> <p>Resident #9 was admitted on [DATE] with diagnoses to include paranoid schizophrenia, anxiety disorder, Post traumatic stress disorder, bipolar, and major depressive disorder.</p> <p>Review of quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #9 had a brief interview for mental status score of 15 of 15 indicating he/she is cognitively intact. Further review of MDS revealed resident had diagnoses to include PTSD, schizophrenia, bipolar, depression and anxiety.</p> <p>During an interview on 7/29/24 at 11:58 a.m., Resident #9 indicated that loud noises and stuff really bother [him/her], but no one has ever asked [him/her] what [him/her] triggers are or how they would be able to help [him/her].</p> <p>During an interview on 7/31/24 at 9:18 a.m., Licensed Social Worker (LSW) indicated that residents with PTSD should have a care plan that includes triggers and how they cope and how facility can help them. A follow up interview on 7/31/24 at 10:49 a.m., LSW reviewed Resident #9's entire care plan with a surveyor and confirmed Resident #9 was admitted with diagnoses of PTSD and the facility did not take the necessary measures required for trauma informed care. LSW indicated that when Trauma Informed Care came out, she made sure all the new residents had it in their care plans but didn't go back to the ones that have been here long term.</p> <p>During an interview on 7/31/24 at 11:04 a.m. the above was discussed with DON.</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>37648</p> <p>Based on observation, interview, record review and facility policy the facility failed to adequately date and ensure expired medications were removed from the supply available for use in 1 of 2 medication carts observed (nurse medication cart) and failed to ensure biologicals were stored at appropriate temperatures in 2 of 3 refrigerators observed (medication room top and bottom refrigerators).</p> <p>Findings:</p> <p>Facilities Storage of Medications policy and procedure, effective July 2020 states, All medications are maintained within the temperature ranges . refrigerated 36 F to 46 F with a thermometer to allow temperature monitoring .The facility should maintain a temperature log in the storage area to record temperatures at least once a day . The facility should check the refrigerator or freezer in which vaccines are stored, at least two times a day, per CDC guidelines .When the original seal of the manufacturers container or vial is initially broken, that container or vial will be dated. The nurse shall place a date opened sticker on the medication and enter the date opened . The nurse will check the expiration date of each medication before administrating it. No expired medication will be administered to a resident. All expired medications will be removed from the active supply and destroyed in the facility, regardless of the amount remaining.</p> <p>1. On 7/29/24 at 11:27 a.m., during observation of the nurse medication cart with the Registered Nurse (RN #1), the following was noted by two surveyors:</p> <ul style="list-style-type: none"> <li>&gt; One Aspart insulin flex pen labeled with an opened date of 6/7/24. Manufactures instructions of, Keep in a refrigerator at 36 to 46 F until first use. After first use store out of the refrigerator below 86 F for up to 28 days.</li> <li>&gt; One Basaglar Kwik Pen (insulin glargine) labeled with an opened dated of 6/01. Manufacture instructions of, Store unused pens in the refrigerator at 36 to 46 F. Do not freeze Basaglar. Do not use if it has been frozen .Throw away the pen you are using after 28 days, even if it still has insulin left in it.</li> <li>&gt; One Lantus SoloStar Pen opened with no date. Manufactures instructions of, Store not in use Lantus refrigerated between 36 to 46 F. Do not freeze Lantus. Discard Lantus if it has frozen. In-use Lantus should be thrown away after 28 days, even if it still has insulin left in it.</li> <li>&gt; Two Lispro Kwiki pens, one opened without a date and one labeled with an open date of 6/5/24. Manufactures instructions of, Insulin lispro should be stored in the refrigerator 36 to 46 F until it is opened, but do not freeze it. Discard unused portion of the pen 28 days after first opening.</li> </ul> <p>At this time, RN #1 confirmed the medications were expired and removed them for availability.</p> <p>2. On 7/30/24 at 9:15 a.m., during observation of the medication room with the Registered Nurse (RN #2) the following was noted by 2 surveyors:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  Pinnacle Health & Rehab Canton		STREET ADDRESS, CITY, STATE, ZIP CODE 26 Pleasant St Canton, ME 04221	
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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>&gt;Top dormitory style refrigerator with a freezer compartment had excessive buildup of ice preventing the freezer door from closing. The refrigerator contained a box of Ozempic pens located on the top shelf next to the freezer compartment, several bags containing Trulicity pens on the lower shelf and 5 bottles of Lorazepam concentrated on the door.</p> <p>Ozempic Manufactures instructions; Ozempic should be kept in the refrigerator at a temperature ranging from 36 to 46 F prior to first use. However, Ozempic should not be stored in the freezer or close to the refrigerators cooling element.</p> <p>Trulicity Manufactures instructions; Store in refrigerator of 36 to 46 F .Do not freeze.</p> <p>Lorazepam Manufactures instructions; Store at 36 to 46 F.</p> <p>Review of the top medication refrigerator temperatures documented for the month of July stated 2 of 30 days had the appropriate temperatures between 36 to 46 F, all of the other temps were below the recommended temperature.</p> <p>&gt;Bottom dormitory style refrigerator with a freezer compartment had excessive buildup of ice preventing the freezer door from opening. The refrigerator contained several bags of unused insulin pens stored on the top shelf next to the freezer compartment. The lower shelf had additional insulin pens/vials and a bag with 7 vials of the COVID-19 vaccine. The refrigerator door had an opened and unlabeled multi dose vial of Tuberculin purified protein derivative.</p> <p>COVID-19 manufacturer instructions to store refrigerated between 36 F to 46 F for up to 30 days.</p> <p>Tuberculin purified protein derivative manufacturer instructions to, store at temperature between 36 to 46 F. Do not freeze. and Once entered, vial should be discarded after 30 days.</p> <p>Review of the bottom medication room refrigerator temperatures documented daily for the month of July stated 2 of 30 days had the appropriate temperatures between 36 to 46 F, all of the other temps were below the recommended temperature.</p> <p>On 7/30/24 at 1:43 p.m., the Director of Nursing, RN #2 and the surveyor observed both top and bottom refrigerators, the freezer compartments, the temperatures and the medications being stored confirming the above concerns.</p>		

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NAME OF PROVIDER OR SUPPLIER  Pinnacle Health & Rehab Canton		STREET ADDRESS, CITY, STATE, ZIP CODE  26 Pleasant St Canton, ME 04221	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37440</p> <p>Based on observations, interview, the facility's Refrigeration Policy, and the facility's Dish Machine Temperature Log, the facility failed to ensure facial hair protection was worn; failed to ensure the walk-in freezer temperatures were monitored; and failed to ensure refrigerator and freezer temperatures were monitored for 1 of 1 kitchen tour for 1 of 3 days of survey.(7/29/24).</p> <p>Findings:</p> <p>On 7/29/24 from 9:40 a.m. to 10:10 a.m., two surveyors conducted an initial kitchen tour with the Food Service Director in which the following findings were observed:</p> <p>Refrigeration Policy Procedure: 2. The morning cook is to read and record the inside thermometer of each refrigerator and freezer and record on the refrigerator/freezer temperature log sheet within 30 minutes of the shift. Procedure: 3. The evening cook is to read and record the inside thermometer of each refrigerator and freezer and record on the refrigerator/freezer temperature log sheet within 60 minutes of the end of the shift.</p> <p>Dish Machine Temperature Log 1. The Kitchen Supervisor will train dishwashing staff to monitor dish machine temperatures throughout the dishwashing process. 3. Staff will be trained to record dish machine temperatures for the wash and rinse cycles at each meal. 4. The Kitchen Supervisor will spot check this log to assure temperatures are appropriate, and staff is actually monitoring dish machine temperature.</p> <p>1. On 7/29/24 at 9:40 a.m., a kitchen worker with facial hair was observed with facial hair protection pulled down below mouth while working in the kitchen.</p> <p>On 7/29/24 at 10:10 a.m., in an interview, the Food Service Director confirmed the findings.</p> <p>2. On 7/29/24 at 2:20 p.m. and 2:35 p.m., a kitchen worker with facial hair was observed with no facial hair protection while in the kitchen.</p> <p>3. Dish machine temperatures for high temperature Dish machine missing dates for: April 2024 - 5(breakfast), 19(breakfast), 24(breakfast)</p> <p>4. Refrigerator/Freezer temperature Log missing dates for: Refrigerator: July 2024 - 4(a.m.), 24(p.m.), 25(a.m. and p.m.) Freezer: July 2024 - 24(p.m.), 25(a.m. and p.m.)</p> <p>On 7/30/24 at 9:00 a.m., in an interview, a surveyor discussed the findings with the Food Service Director.</p>

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NAME OF PROVIDER OR SUPPLIER  Pinnacle Health & Rehab Canton		STREET ADDRESS, CITY, STATE, ZIP CODE 26 Pleasant St Canton, ME 04221	

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>37440</p> <p>Based on observation and interview the facility failed to ensure garbage was properly contained. On 7/29/24 the cart utilized to store garbage was observed to have no lid/cover, leaving the garbage inside the cart exposed, creating the potential for the harborage and feeding of pests for 1 of 3 days of survey.</p> <p>Finding:</p> <p>On 7/29/24 from 9:40 a.m. to 10:10 a.m., two surveyors conducted an initial kitchen tour with the Food Service Director in which the following findings were observed:</p> <p>&gt; Two surveyors observed trash being stored in an open top cart outside the facility next to the kitchen area.</p> <p>On 7/29/24 at 10:10 a.m., in an interview, the Food Service Director confirmed the finding and stated that the trash is kept in the open bin and then wheeled to the large trash trailer later in the day.</p>

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NAME OF PROVIDER OR SUPPLIER  Pinnacle Health & Rehab Canton		STREET ADDRESS, CITY, STATE, ZIP CODE 26 Pleasant St Canton, ME 04221	

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>37440</p> <p>Based on observation and interview, the facility failed to ensure that the kitchen walk-in freezer was maintained in good repair and in safe operating condition for 1 of 1 kitchen tours (7/29/24).</p> <p>Finding:</p> <p>On 7/29/24 from 9:40 a.m. to 10:10 a.m., two surveyors conducted an initial kitchen tour with the Food Service Director in which the following finding were observed:</p> <p>&gt; The walk-in freezer had a large ice build-up keeping the freezing unit left fan from running and the freezing unit right fan made a loud noise while spinning and hitting an ice build-up near it.</p> <p>On 7/29/24 at 10:10 a.m., in an interview with two surveyors, the Food Service Director confirmed that there was a large ice build-up keeping the freezing unit left fan from running and the freezing unit right fan made a loud noise while spinning and hitting an ice build-up near it. The Food Service Director stated that the walk-in freezer had been worked on in February of 2024. The Food Service Director went on to state that it hasn't ran properly since, has been worked on many times and continues to ice up.</p>