

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Pinnacle Health & Rehab at South Portland		STREET ADDRESS, CITY, STATE, ZIP CODE  42 Anthoine St So Portland, ME 04106	

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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>37648</p> <p>Based on record review, observations and interviews, the facility's Quality Assurance Committee failed to ensure that the Plan of Correction (POC) for an identified deficiency from the Complaint Survey Process dated 7/30/24, was effective. The federal citation F880 was cited again during the re-visit to the Complaint Survey, dated 9/25/24.</p> <p>Finding:</p> <p>At the Complaint Survey Process, the following deficiency was cited, F880.</p> <p>During the follow up survey on 9/25/24, it was determined the F880 would be recited for the same issue: failure to maintain and implement an infection control program to help prevent the development and transmission of disease and infection.</p> <p>On 9/25/24 at approx. 1:30 p.m., during and interview, the above was confirmed with the Administrator and Director of Nursing.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44049</b></p> <p>Based on observation, facility policy review, and interviews, a staff member (LPN#1) failed to follow the facility's Infection and Prevention Policy and Update of 7/18/24. to prevent the introduction and spread of Coronavirus Infectious Disease 2019 (COVID-19) in the facility.</p> <p>Findings:</p> <p>On 7/30/24 at 7:45a.m., a surveyor entered the facility and observed signs stating that there were 5 (five) cases of COVID-19 in the facility and they were located on Unit 300. For staff to enter that unit a N-95 mask is required, and for care of a resident that is COVID-19 positive, full Personal Protective Equipment (PPE) is required including N-95, eye protection, gown, and gloves.</p> <p>On 7/30/24 at 8:05a.m. a surveyor observed LPN#1 enter room [ROOM NUMBER] to give a resident medication, LPN#1 was wearing only an N-95 mask, no other PPE was donned as per the facility policy. There was a sign on the door warning of respiratory precautions and a 3-drawer cabinet just to the right of the door filled with PPE. When LPN#1 she exited the room, she confirmed in an interview with the surveyor that the resident in the room was COVID-19 positive, and further stated that because she was only in the room briefly, she thought it was okay to only wear the N-95 mask, versus wearing the full PPE.</p> <p>On 7/30/24 at 8:15a.m. in an interview with the Director of Nursing, (DON) and the Infection Preventionist, the surveyor confirmed that all staff entering a room with a COVID-19 positive resident will wear Full PPE - N95, face shield, gown, and gloves.</p>