

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205101	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/09/2024
---	---	---	--

NAME OF PROVIDER OR SUPPLIER PINNACLE HEALTH & REHAB CANTON	STREET ADDRESS, CITY, STATE, ZIP CODE 26 PLEASANT ST CANTON, ME 04221
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

{E 000} Initial Comments

{E 000}

Please see the corrections
made for the Life Safety revisit
of 9/9/24

Federal Recertification Survey Revisit
Survey Date: 09/09/2024

Pinnacle Health & Rehab a long-term care facility
is in substantial compliance with 42 Code of
Federal Regulations Part 483.73 Requirement for
Long Term Care Facilities.

{K 000} INITIAL COMMENTS

{K 000}

Federal Recertification Survey Revisit:
Date: 09/09/2024

Pinnacle Health & Rehab Canton, a Long Term
Care Facility, was surveyed to the National Fire
Protection Association 101 Life Safety Code 2012
Edition as reference on 42 CFR 483.90 (a-d)
physical environment and is not in substantial
compliance.

{K 321} Hazardous Areas - Enclosure
SS=F

{K 321}

The Fire Door on the laundry
room has been repaired & self closes.

9/09/24

Hazardous Areas - Enclosure
Hazardous areas are protected by a fire barrier
having 1-hour fire resistance rating (with 3/4 hour
fire rated doors) or an automatic fire extinguishing
system in accordance with 8.7.1 or 19.3.5.9.
When the approved automatic fire extinguishing
system option is used, the areas shall be
separated from other spaces by smoke resisting
partitions and doors in accordance with 8.4.
Doors shall be self-closing or automatic-closing
and permitted to have nonrated or field-applied
protective plates that do not exceed 48 inches
from the bottom of the door.
Describe the floor and zone locations of
hazardous areas that are deficient in REMARKS.
19.3.2.1, 19.3.5.9

RECEIVED

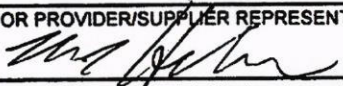
SEP 23 2024

BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ADMINISTRATOR

9/19/2024

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205101	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 09/09/2024
NAME OF PROVIDER OR SUPPLIER PINNACLE HEALTH & REHAB CANTON			STREET ADDRESS, CITY, STATE, ZIP CODE 26 PLEASANT ST CANTON, ME 04221		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 321}	Continued From page 1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation, and interview, the long-term care facility failed to maintain the hazard area enclosures in accordance with NFPA 101, Life Safety Code, 2012 edition, sections 19.3.2.1. Finding: On 09/09/2024, between 09:45 AM and 11:45 AM, this surveyor, observed the following finding with the Maintenance Director present: 1. The laundry room door doesn't self-close and latch upon release. The door hits on the frame on the top latch side. This surveyor confirmed this finding with the Maintenance Director at the time of the observation.	{K 321}			
{K 918} SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System	{K 918}			

RECEIVED

SEP 23 2024

BY: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205101	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 09/09/2024
NAME OF PROVIDER OR SUPPLIER PINNACLE HEALTH & REHAB CANTON			STREET ADDRESS, CITY, STATE, ZIP CODE 26 PLEASANT ST CANTON, ME 04221		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 918}	Continued From page 2 Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and generator inspection documentation review during the facility tour, the long-term care facility failed to maintain the Essential Electric System Generator	{K 918}	The Emergency power systems, including all appurtenant components, are inspected weekly & documented. The weekly generator inspection reports show a voltage conductance test for sealed batteries (see report enclosed).		9/09/24

RECEIVED

SEP 23 2024

BY: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205101	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 09/09/2024
NAME OF PROVIDER OR SUPPLIER PINNACLE HEALTH & REHAB CANTON			STREET ADDRESS, CITY, STATE, ZIP CODE 26 PLEASANT ST CANTON, ME 04221		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 918}	Continued From page 3 per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, sections 8.3.7. and 8.4.1, and NFPA 99, Healthcare Facilities Code, 2012 edition, section 6.4.4.1.1.3. Finding: On 09/09/2024, between 09:45 AM and 11:45 AM, a surveyor, with the Maintenance Director present, observed the following: 1. Emergency Power Supply Systems, including all appurtenant components, shall be inspected weekly. The weekly generator inspection reports did not show a voltage conductance test for sealed batteries or an electrolyte specific gravity reading for unsealed automotive batteries during the initial survey. At the revisit no documentation could be produced of any weekly generator inspections. The maintenance manager and the assistant unsuccessfully looked throughout the office and binders. Interview with the maintenance director revealed that ther was no understanding of the citation and the only item checked weekly is the hour meter. The surveyor confirmed this finding with the Maintenance Director and the Maintenance Assistant who does the inspections at the time of the observation.	{K 918}			

RECEIVED

SEP 23 2024

BY: _____

Add asterisk and record notes for follow up on the back.

Date	Sept 10	Sept 11											
Battery Voltage	13.1	13.1											
Oil level / pressure	61	60											
Coolant level	59	✓											
Fuel (Full, 3/4, 1/2, 1/4)	1/2	Full											
Check under load - NF	240												
Check under load - LC													
Check under load - MW		240											
Running smoothly	Yes	Yes											
Start time	10:05	11:00											
End time (minimum 30 min.)	10:35	11:30											
Hour Meter (on)	243.8	244.5											
Hour Meter (off)	244.5	245											
Amp - range used	130 / 160	130 / 160											
Water temp max	170°	175°											
Oil pressure at shut down	62%	64%											
Generator room neat	✓	✓											
Signature	<i>[Signature]</i>												

BY:

SEP 23 2024

RECEIVED

CONNECTING TO THE GENERATOR

(Taken from the Emergency Plan.)

Generator Start Up for Maplewood

1. Get a flashlight and go to the basement.

Basement emergency lights may provide enough light

2. Go down the stairs and take a left.

Go to the far end of basement to the gray box on your right.

3. Pull the chrome handle on the gray box down.

This switches Maplewood's power from the CMP to the generator.

Troubleshooting: If the power doesn't come on, call Maintenance.

4. When the CMP power is back on, return to the gray box and push the handle up.

RECEIVED
SEP 23 2024
BY: _____