STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205121	A. BUILDING _____ B. WING _____	C 07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINNACLE HEALTH & REHAB AT SOUTH PORTLAND	42 ANTHOINE ST SO PORTLAND, ME 04106

(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
F 000	INITIAL COMMENTS On 7/30/24, an unannounced on-site visit was conducted at Pinnacle of South Portland for the purpose of an investigation of complaints #ME00047186, #ME00048124, and #ME00048238. It was determined that Pinnacle of South Portland was not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities.	F 000	This Plan of Correction constitutes the facility's written allegation of compliance for the deficiencies cited on 7/30/2024. However, the submission of this plan is not an admission that a deficiency exists. The Plan of Correction is prepared and executed solely because it is required by the Federal and State Law. This response and plan of correction does not constitute an admission or agreement by the provider of the facts alleged, or conclusions set forth in the statement of deficiencies.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F 880	F 880 483.80(a)(1)(2)(4)(e)(f)a Infection Prevention & Control A. This requirement was not met: 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. B. Findings: On 7/30/24 at 8:05a.m. a surveyor observed LPN#1 enter room 310 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.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jeff Ketchum	Administrator	8/16/2024

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.

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F 880	Continued From page 1 (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:	F 880	#1. Corrective action for those residents found to have been affected by the deficient practice: Please note that there were no apparent adverse effects either reported or observed resulting from this alleged deficiency for resident identity. #2. Identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken: There were no identified residents affected by the alleged cited deficiency after 07/30/24 regarding Infection Prevention & Control. The single nurse identified as deficient practice was immediately re-educated on the proper Donning/Doffing of required PPE for COVID-19 positive resident on 07/30/24. The Infection Preventionist Nurse, Director of Nurses, ADON and Unit managers will continue ongoing staff education/communication of Infection Control Practices through completion date of September 13th, 2024. #3. Systems and measures to ensure that the alleged deficient practice do/does not reoccur: Effective immediately, the facility has enhanced development and implementation of our Infection Prevention and Control policies and procedure adherence. The Infection Preventionist Nurse, Director of Nurses, ADON and Unit managers will continue ongoing staff education/communication regarding Infection Control Prevention Practices. Nurse Leadership will discuss ongoing Infection Prevention & Control Meetings/ staff huddles as appropriate. #4 Monitoring compliance of the alleged deficient practice: The Infection Preventionist Nurse/DNS/ADNS or designee will audit the use of proper PPE as required and identified to promote a compliant practice that is sustainable and effective. Results of audits will be reported/reviewed through the facility Quality Assurance and Performance Improvement Process until compliance is achieved and maintained for a period of six months through completion date of September 13th, 2024	

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F 880	Continued From page 2 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. Findings: 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. On 7/30/24 at 8:05a.m. a surveyor observed LPN#1 enter room 310 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. 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".	F 880	Responsible Person: Director of Nursing Completion target date: 9/13/2024	