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 _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINNACLE HEALTH & REHAB AT N BERWICK	47 ELM ST NORTH BERWICK, ME 03906

(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 From 10/28/24 through 10/30/24, on-site visits were conducted at Pinnacle Health & Rehab at North Berwick for the purpose of conducting the annual Long Term Care Survey Process. It was determined that Pinnacle Health & Rehab at North Berwick was not in substantial compliance wtih 42 CFR 483, Sub-part B Requirements for Long Term Care Facilities.	F 000		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition;	F 584		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 584	Continued From page 1 §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: 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 manner pertaining to floors for 1 of 1 facility tour (10/30/24). Findings: A surveyor conducted a facility environment tour on 10/30/24 from 1:20 p.m. to 1:35 p.m. with the Maintenance Director in which the following findings were observed: The entrance from the hallway into the resident room floor had black tape on the floor going from each side of the door frame for Rooms 19, 20, 21, 22, 23, 25, 27, 28, 31, 32, and 34. The hallway floor located near B unit, near the nursing station, had black tape on the floor that went widthwise across the floor from hall to hall that was scuffed, torn, and worn, creating an uncleanable surface.	F 584		

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F 584	Continued From page 2 The hallway floors on A unit, B unit, and C unit, with a concentration at the end of the hallway on D unit had gaps in the flooring, creating uncleanable surfaces. On 10/30/24 at 1:35 p.m., in an interview with the Maintenance Director, a surveyor confirmed the above findings.	F 584		
F 695 SS=E	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to provide oxygen therapy in a sanitary manner for 4 of 5 sampled residents using oxygen (#6, #9, #22, #29) Findings: 1. On 10/28/24 at 9:30 a.m., a surveyor observed Resident #29's oxygen concentrator and found the intake filter coated in dust and debris. 2. On 10/28/24 at 9:45 a.m., a surveyor observed Resident #9's oxygen concentrator and found the intake filter coated in dust and debris. In addition, Resident #9's oxygen tubing was being stored in	F 695		

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F 695	Continued From page 3 an unsanitary manner coiled on top of the concentrator with the tubing touching the floor. 3. On 10/28/24 at 10:09 a.m., a surveyor observed Resident #22 wearing oxygen via nasal cannula attached to an oxygen concentrator. The concentrator filter located on the back of the machine was dusty. 4. On 10/29/24 at 10:08 a.m., a surveyor observed Resident #6 wearing oxygen via nasal cannula attached to an oxygen concentrator. The concentrator filter located on the back of the machine was dusty. On 10/30/24 at 1:15 p.m., in an interview with the Assistant Director of Nursing/Infection Preventionist. a surveyor confirmed that Resident #9 and Resident #29's oxygen concentrator filters are dusty. On 10/30/24 at 1:40 p.m. in an interview with the Licensed Practical Nurse (LPN) #2 , a surveyor confirmed that Resident #6 and Resident #22's oxygen concentrator filters are dusty. LPN #2 stated they should be cleaned and stated she would clean them today.	F 695		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State	F 812		

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F 812	Continued From page 4	F 812		

and local laws or regulations.
(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.
(iii) This provision does not preclude residents from consuming foods not procured by the facility.

§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.
This REQUIREMENT is not met as evidenced by:
Based on observations and interviews, the facility failed to maintain a clean kitchen floor and ensure products in the walk-in refrigerator and freezer were labeled and/or dated and failed to remove expired foods available for use for 1 of 3 kitchen tours.

Findings:

A surveyor completed Initial Kitchen Tour on 10/28/24 from 9:30 a.m. to 10:15 a.m. with the Food Service Director in which the following findings were observed:

- The floor in the kitchen had a significant amount of visible crumbs/dirt debris and was discolored/stained in many areas and worn in appearance. During an interview with the Food Service Director, it was revealed that the flooring throughout the kitchen was very porous and was difficult to clean.
- The food slicer had dried food particles on the blade and blade protector.
- The floor in the dry storage room had excessive dirt debris and food particles on the floor.

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F 812	Continued From page 5 The Walk-in refrigerator contained the following open/undated or expired foods: --one 6 lb. block of moldy Mill Dance brand Gouda cheese -one 5 lb. of moldy Sysco Block and Barrell Swiss cheese -The walk-in freezer contained the following open/undated or expired foods: -one large bag of garlic bread -one 2 lb bag of chicken tenders -one 2 lb bag of chicken breast -one loaf of french bread -siz loaves of cranberry bread -one bag of 8 waffle's -one plastic container of ground sausage and sausage links -sixteen Strawberry Turnovers -one Gluten Free Meatloaf -one Container of Seafood pie dated 9/20 use by 10/20 -one Container of Breakfast Casserole dated 7/25 -thirteen plain muffins -one plate with a Western Omelet, dated 7/14 -one large container of chocolate chip cookie dough, dated 2/21/24 On 10/28/24 at 11:00 a.m., a surveyor discussed the above with the Administrator.	F 812		
F 880 SS=F	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	F 880		

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F 880	Continued From page 6	F 880		

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 §483.71 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:
(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

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F 880	Continued From page 7 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: Based on record review and interview, the facility failed to maintain an Infection Control Program designed to help prevent the development and transmission of disease and infection relating to Legionella and failed to implement the elements of the Legionella Water Management Program. This has the potential to effect all 59 residents. Finding: The facility's Legionella Water Management Program initiated on 10/18/19, states "Specific measures used to control the introduction and/or spread of Legionella (e.g. temperature, disinfectants)", "The control limits or parameters	F 880		

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F 880	Continued From page 8 that are acceptable and that are monitored", "A diagram of where control measures are applied", "A system to monitor control limits and the effectiveness of control measures" and "documentation of the program" On 10/30/24 at 11:10 a.m., during an interview, the Administrator confirmed the facility is not following its own Legionella Water Management policy, by not having measures in place to control the introduction of, assess and monitor areas where Legionella and opportunist waterborne pathogen can grow and spread and a diagram where these measures are applied.	F 880		
F 883 SS=E	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza	F 883		

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F 883	Continued From page 9 immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on review of the facility's immunization policy, record review and interview, the facility failed to implement their pneumococcal immunization policy for 3 of 5 residents whose immunization records were reviewed (#4, #25, #48)	F 883		

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F 883	Continued From page 10	F 883		

Findings:

The facility's "Pneumococcal Vaccine" policy and procedure revised on 2/1/2020 states, "Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series with in (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated" and "Administration of the pneumococcal vaccines or revaccinations will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.

1. Resident #4 was admitted on 1/18/24, the clinical record contained a "Resident Immunization Consent Form" signed on 1/11/24, which gave consent for the administration of the Pneumonia vaccines per CDC recommendations. As of 10/29/24, Resident #4's medical record lacked evidence of the facility offering and/or administrating the current Pneumonia vaccine as per CDC recommendations.

2. Resident #25 was admitted on 4/27/23, the clinical record contained a "Resident Immunization Consent Form" signed on 4/27/23, which gave consent for the administration of the Pneumonia vaccines per CDC recommendations. As of 10/29/24, Resident #25's medical record lacked evidence of the facility offering and/or administrating the current Pneumonia vaccine as per CDC recommendations.

3. Resident #48 was admitted on 9/6/23, the clinical record contained a "Resident

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F 883	Continued From page 11 Immunization Consent Form" signed on 8/31/23, which gave consent for the administration of the Pneumonia vaccines per CDC recommendations. As of 10/29/24, Resident #48's medical record lacked evidence of the facility offering and/or administrating the current Pneumonia vaccine as per CDC recommendations. On 10/29/24 at 1:48 p.m., during an interview, a surveyor confirmed the findings with the Infection Preventionist/Assistant Director of Nursing.	F 883		