STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205082	A. BUILDING _____ B. WING _____	C 10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINNACLE HEALTH & REHAB AT SANFORD	1142 MAIN ST SANFORD, ME 04073

(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 10/1/24, an unannounced on-site visit was conducted at Pinnacle of Sanford for the purpose of an investigation of complaints #ME00048488 and #ME00048829. It was determined that Pinnacle of Sanford was not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the	F 656		

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

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F 656	Continued From page 1 resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on record reviews, interviews, and facility policy, the facility failed to implement interventions outlined in resident's care plan in the area of Activities of Daily Living (ADL) for 1 of 5 residents reviewed during complaint investigations. (Resident 2). Findings: On 9/13/2024 at 10:19 a.m., the Department of Licensing received a complaint indicating ADL care was not being provided to Resident 2 as stated in the care plan. Review of facility policy "Comprehensive Care Plans" dated 9/3/94 states "It is the policy of Pinnacle Health & Rehab Sanford to develop a comprehensive care plan for each resident, based on the needs identified in the comprehensive assessment ...Each resident's	F 656		

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F 656	Continued From page 2	F 656		

plan of care describes the services being furnished to attain or maintain the resident's highest practical level of functioning ..."

Resident 2 was admitted on 3/27/24 and has diagnoses to include Parkinsons disease and is dependent on facility staff for all ADL needs.

Review of quarterly Minimum Data Set (MDS) dated 8/21/24 revealed Resident 2 had a Brief Interview for Mental Status (BIMS) of 11 of 15 indicating he/she has moderate cognitive impairment

Review of R2's care plan, most recently updated on 8/27/24 revealed "Problem: [Resident 2 has an ADL self-care performance deficit r/t Parkinson's with tremors and weakness. Goal: [Resident 2] and [his/her] family want [him/her] to maintain current level of function. Intervention: Staff assist with adls (Refer to tasks documentation); Oral hygiene and denture cleaning after each meal and bedtime; Toilet or change resident every 3-4 hours. Turn and reposition every two hours ..." Further review of Resident 2's entire clinical record lacked evidence that the above interventions were completed as written.

During an interview on 10/2/24 at 12:14 a.m., Certified Nursing Assistant (CNA)1 indicated that Resident 2 needs total care with all ADL's. CNA1 further indicated Resident 2 doesn't really refuse much of anything, but if a resident refuses to do something, they should be reapproached to try again at a later time, if they still refused, inform the nurse and document the refusal in clinical record.

During a review of Resident 2's clinical record

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F 656	Continued From page 3 with a surveyor on 10/1/24 at 3:15 p.m., the Administrator confirmed above findings.	F 656		
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings,	F 842		

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F 842	Continued From page 4 law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record reviews, interviews, and facility policy, the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 5 residents records reviewed during complaint investigations (Resident 2). Findings:	F 842		

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F 842	Continued From page 5	F 842		

On 9/13/2024 at 10:19 a.m., the Department of Licensing received a complaint indicating ADL care was not being provided to Resident 2 as stated in the care plan.

Review of facility policy "Activities of Daily Living" dated 1/1/95 states " ...Activities of daily living include bathing, dressing, ambulation and transfer, eating, and use of speech, language or other functional communication systems. ...the care plan will identify any unique needs or special treatment and services necessary to maintain or improve functional ability. ..."

Resident 2 was admitted on 3/27/24 and has diagnoses to include Parkinson's disease and is dependent on facility staff for all ADL needs.

Review of quarterly Minimum Data Set (MDS) dated 8/21/24 revealed Resident 2 had a Brief Interview for Mental Status (BIMS) of 11 of 15 indicating he/she has moderate cognitive impairment.

Review of Resident 2's care plan, most recently updated on 8/27/24 revealed "Problem: [Resident 2 has an ADL self-care performance deficit r/t Parkinson's with tremors and weakness. Goal: [Resident 2] and [his/her] family want [him/her] to maintain current level of function. Intervention: Staff assist with adls (Refer to tasks documentation); Oral hygiene and denture cleaning after each meal and bedtime; Toilet or change resident every 3-4 hours. Turn and reposition every two hours ..."

Review of Resident 2's clinical record [task] lacked documented evidence Resident 2 was

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F 842	Continued From page 6	F 842		

provide oral hygiene and denture cleaning as follows: after breakfast on 9/2/24, 9/3/24, 9/4/24, 9/5/24, 9/6/24, 9/8/24, 9/9/24, 9/10/24, 9/11/24, 9/12/24, 9/14/24, 9/15/24, 9/16/24, 9/17/24, 9/18/24, 9/19/24, 9/23/24, 9/27/24, 9/28/24, 9/29/24. After lunch on 9/7/24, 9/8/24, 9/9/24, 9/11/24, 9/13/24, 9/14/24, 9/16/24, 9/20/24, 9/21/24, 9/22/24, 9/23/24, 9/25/24, 9/26/24, 9/27/24, or 9/28/24. after dinner on 9/2/24, 9/3/24, 9/4/24, 9/5/24, 9/6/24, 9/7/24, 9/8/24, 9/9/24, 9/10/24, 9/11/24, 9/12/24, 9/13/24, 9/14/24, 9/15/24, 9/16/24, 9/17/24, 9/18/24, 9/22/24, 9/26/24, 9/27/24, or 9/28/24, and at bedtime on 9/2/24, 9/18/24, 9/19/24, 9/20/24, 9/21/24, 9/23/24, 9/25/24, 9/29/24, or 9/30/24.

Review of Resident 2's clinical record [task] "Toilet or change resident every 3-4 hours"(total of 5-6 times daily) revealed Resident 2 was toileted 1 (one) time on 9/14, 2 (two) times on 9/2/24, 9/7/24, 9/8/24, 9/9/24, 9/11/24, 9/16/24, 9/23/24, 9/27/24, 9/28/24 and 9/30/24, and was toileted 3 (three) times on 9/3/24, 9/4/24, 9/5/24, 9/6/24, 9/10/24, 9/12/24, 9/13/24, 9/15/24, 9/17/24, 9/18/24, 9/19/24, 9/20/24, 9/21/24, 9/22/24, 9/24/24, 9/25/24, 9/26/24 and 9/29/24.

Review of Resident 2's clinical record [task] "Turn and Reposition" (per care plan total of 12 times daily) revealed Resident 2 was turned/repositioned 1 (one) time on 9/14/24, 2 (two) times 9/7/24, 9/8/24, 9/9/24, 9/11/24, 9/16/24, 9/23/24, 9/27/24, 9/28/24 and 9/30/24. 2 (two) times on 9/3/24, 9/4/24, 9/5/24, 9/6/24, 9/10/24, 9/12/24, 9/13/24, 9/15/24, 9/17/24, 9/18/24, 9/19/24, 9/20/24, 9/21/24, 9/22/24, 9/24/24, 9/25/24, 9/29/24 and 9/26/24.

During an interview on 10/2/24 at 12:14 a.m.,

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F 842	Continued From page 7 Certified Nursing Assistant (CNA)1 indicated that Resident 2 needs total care with all ADL's. CNA1 further indicated Resident 2 doesn't really refuse much of anything, but if a resident refuses to do something, they should be reproached to try again at a later time, if they still refused, inform the nurse and document the refusal in clinical record. During a review of Resident 2's clinical record on 10/1/24 at 3:15 p.m., the Administrator confirmed above findings.	F 842		
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 §483.71 and following accepted national standards;	F 880		

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F 880	Continued From page 8 §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 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.	F 880		

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F 880	Continued From page 9	F 880		

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 observations, interviews, and policy review, the facility failed to provide a sanitary environment to help prevent the development and transmission of disease and infection on 1 of 2 rooms observed (Room 231).

Findings:

Review of facility policy "Infection Prevention and Control" dated 5/2023 states "it is the policy of [Facility] to maintain and active infection prevention and control program (IPCP). The program is designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infection.

Observation of shared sink in room 231 on 10/1/24 at 9:07 a.m., and 1:10 p.m., revealed the following items unlabeled and available for use: 2 deodorant bottles, 2- 8 ounce bottles of body wash, 1 bottle of mouthwash, 1 can of shaving cream. 1 opened can of ginger ale, 1 electric razor, approximately 8 razors held together with a rubber band, one small, soiled basin, and 1 white paper cup containing 1 toothbrush.

During an interview on 10/1/24 at 9:20 a.m., Resident 3 confirmed his/her personal hygiene items are on the sink and he/she can independently use them, stating he/she just grabs what he/she needs and is unsure who it belongs to because they're not labeled.
During an interview on 10/1/24 at 1:00 p.m., Resident 2 indicated that he/she does have

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F 880	Continued From page 10 personal items on the shared sink, but his/her family are the ones that retrieve it for him/her. During an interview on 10/1/24 at 1:10 p.m., Licensed Practical Nurse (LPN)1 and a surveyor entered room 231 and confirmed personal items were on shared sink, unlabeled and available for use. The above was discussed with Administrator on 10/1/24 at 3:10 p.m.	F 880		