

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

PRINTED: 10/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205070		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/15/2024	
NAME OF PROVIDER OR SUPPLIER PINE POINT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 67 PINE POINT RD SCARBOROUGH, ME 04074			
(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			F 000			
F 921 SS=D	On 10/15/24, an unannounced on-site visit was conducted at Pine Point Center for the purpose of an investigation of complaints #ME00049093, #ME00049095, #ME00049109, and #ME00049127. It was determined that Pine Point Center was not in substantial compliance with 42 CFR 483, Sub-part B-Requirements for Long Term Care Facilities. Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to maintain a clean/sanitary environment on 1 of the 3 units. (Oak Hill House). Findings: On 10/7/24 at 9:14 a.m., the Department of Licensing received a complaint indicating that the bathrooms on the Oak Hill Unit were very dirty and smelled of an odor that resembled 'urine'. On 10/15/24 at 9:35 a.m., in an interview, the Housekeeping Manager stated that there are issues with the floors in some of the bathrooms on the Oak Hill Unit and that the floors tiles are loose, but they are afraid to use a scrubber & buffing machine on them because the tiles may become loose. On 10/15/24 at 9:45 a.m., during a tour, a			F 921			

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

TITLE

(X6) DATE

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 921	Continued From page 1 surveyor observed the residents' bathrooms on the Oak Hill Unit. All resident bathroom floors were observed to have a buildup of wax and dirt. Bathrooms #2, #3, and #7 were observed to have extensive wax buildup. During the observation of bathroom #2, there was an overwhelming odor of what resembled urine. At this time the Housekeeping Manager confirmed the above findings. On 10/15/24 at 10:15 a.m., in an interview, the Maintenance Supervisor stated that the floors in the bathrooms on the Oak Hill Unit have been worked on in the past but should be cleaned by whatever means the Housekeepers need to use, to get them clean. If there is damage to the floors in the process, then he will have the floors fixed. On 10/15/24 at 1:00 p.m., a surveyor confirmed the above findings with the Administrator. . .	F 921			