STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20210804	A. BUILDING: _____ B. WING _____	C 11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINNACLE HEALTH & REHAB CANTON	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) COMPLETE DATE
P 000	Initial Comments On 11/18/24, an unannounced on-site visit was conducted at Pinnacle Health and Rehabilitation - Canton for the purpose of investigating complaint #ME00049629. It was determined that Pinnacle Health and Rehabilitation - Canton was not in compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV Private Non-Medical Institutions.	P 000	P. 000 This plan of correction is submitted in response to the statement of deficiencies dated Dec 6, 2024 based on a complaint survey of November 18, 2024.	
P 203	5.10 Resident Rights Right to freedom from abuse, neglect or exploitation. Residents shall be free from mental, verbal, physical and/or sexual abuse, neglect and exploitation. [Class I, II, III, IV] This STANDARD is not met as evidenced by: Based on record review and interviews, the facility neglected to supervise 1 of 1 sampled resident with wandering behaviors and confusion to prevent an elopement. This failure to provide supervision and maintain a safe environment, resulted in the resident leaving the facility and being found by passers-by approximately 3 miles from the facility. Finding: On 11/15/24 at 2:04 p.m., the Division of Licensing & Certification received a faxed report that indicated Resident #1 had eloped from the facility on 11/12/24 at approximately 4:00 a.m. and police found the resident at 6:30 a.m. Oxford County Sheriff's office report dated 11/12/24 indicates that the officer arrived on-scene and observed an older male (Resident #1) standing up and being supported by two	P 203	P.203 Orders entered into PCC on 12/10/2024 for Resident Safety & Location checks every 2 hours to reflect policy pg 49. Resident safety and location checks every 2 hours also entered into Resident Care Plans where appropriate. The door alarm at South/ResCare was fixed on 11/15/2024 and multiple code alarms assessed and fixed on 11/25/2024. Doors with code locks & alarms are checked weekly per maintenance log reports. logs attached.	12/11/2024 11/25/2024 weekly

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P 203	Continued From page 1 bystanders. When the Deputy asked Resident #1 where he/she came from. Resident #1 stated he could not find his/her car. The report indicates the deputy observed Resident #1 wearing an ankle bracelet (secure bracelet) and was informed by dispatch that Resident #1 was a resident at Pinnacle Health & Rehabilitation in Canton and the facility did not know the resident was missing. Resident #1 was found at an address approximately 3 miles from the facility. Medcare Ambulance services transported the resident back to the facility. Resident #1's Minimum Data Set (MDS) assessment, dated 10/21/24, was coded, (in section B), to indicate the resident has short term & long-term memory problems, and the resident's cognitive skills were moderately impaired - decisions poor; cues/supervision required. This MDS under Behavioral Symptoms indicates Wandering behavior occurred daily, seemingly oblivious to needs or safety. The resident's service plan, dated 11/18/22, indicated the resident had cognitive impairments that interfere with the resident's well-being. The service plan identified that the resident wears a wander guard and frequently exit seeks. therefore, causing a safety risk and need for frequent redirection. Behavior monitoring sheets dated 11/3/24 - 11/13/24 indicate that Resident #1 wandered without purpose daily. On 11/18/24 at 10:45 a.m., during an interview with a surveyor, the Residential Care Director confirmed that on the morning of 11/12/24 Resident #1 had eloped from the facility and the incident was not reported to the state agency.	P 203	P.203 Mandatory Staff Meetings were held on: 11/25/2024 @ 2 p.m. 12/5/2024 @ 7:30 a.m. 12/5/2024 @ 2 p.m. Discussed Reportable Events form, Incident Reports form, every 2 hr. checks and Door Alarms. Upcoming meetings: 12/12/2024 @ 2:15 p.m. 12/13/2024 @ 7:30 a.m. P.203 Orders entered into PCC on 12/10/2024 for Resident Safety & Location checks every 2 hours to reflect policy pg 49. Resident safety and location checks every 2 hours also entered into Resident Care Plans where appropriate. The door alarm at South/ResCare was fixed on 11/15/2024 and multiple code alarms assessed and fixed on 11/25/2024. Doors with code locks & alarms are checked weekly per maintenance log reports. logs attached	12/13/2024 12/11/2024 11/25/2024

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P 203	Continued From page 2 The Residential Care Director indicated that Resident #1 does have a diagnosis of dementia, wears a wander guard and frequently exit seeks. On 11/18/24 at 12:15 p.m. the above findings were discussed with the Administrator who was not aware that the elopement incident occurred. On 11/19/24 at 1:26 pm during a telephone interview with Staff member #1, she stated that Resident #1 frequently exit seeks. Staff member #1 stated that Resident had been on 15-minute checks the past 5 days and was told he/she was no longer on 15-minute checks. Staff member #1 recalls having to redirect Resident #1 several times that evening. The last time she saw the Resident #1 was at 9 p.m. when she brought him/her back to his room.	P 203	P 203 In house guideline/working document developed on steps of incident reporting and who to notify and how soon. guideline attached see also attached pages (3) from policy manual for our review and guidance.	11/25/2024
P 222	5.25 Resident Rights Mandatory report of rights violations. Any person or professional who provides health care, social services or mental health services or who administers a long term care facility or program who has reasonable cause to suspect that the regulations pertaining to residents ' rights or the conduct of resident care have been violated, shall immediately report the alleged violation to the Department of Health and Human Services ((800) 383-2441) and to one or more of the following: Disability Rights Center (DRC), pursuant to Title 5 M.R.S.A. § 19501 through § 19508 for incidents involving persons with mental illness; the Long Term Care Ombudsman Program, pursuant to Title 22 M.R.S.A. § 5107-A for incidents involving elderly persons; the Office of Advocacy, pursuant	P 222	P.222 Mandatory Staff Meetings were held on: 11/25/2024 @ 2 p.m. 12/5/2024 @ 7:30 a.m. 12/5/2024 @ 2 p.m. Discussed Reportable Events form, Incident Reports form, every 2 hr. checks and Door Alarms. Upcoming meetings: 12/12/2024 @ 2:15 p.m. 12/13/2024 @ 7:30 a.m.	12/13/2024

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P 222	Continued From page 3 to Title 34-B M.R.S.A. § 1205 for incidents involving persons with mental retardation; or Adult Protective Services, pursuant to Title 22 M.R.S.A. § 3470 through § 3487. Reporting suspected abuse, neglect and exploitation is mandatory in all cases. Documentation shall be maintained in the facility that a report has been made. Mandated reporters shall contact the Department of Health and Human Services ((800) 383-2441) immediately after receiving and/or obtaining information about any rights violations. [Class IV] This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to report an allegation of neglect to the State Agency. Finding: On 11/15/24 at 2:04 p.m., the Division of Licensing & Certification received a faxed report that indicated Resident #1 had eloped from the facility on 11/12/24 at approximately 4:00 a.m. and police found the resident at 6:30 a.m. approximately 3 miles from the facility Oxford County Sheriff's office report dated 11/12/24 indicates that the officer arrived on-scene and observed an older male (Resident #1) standing up and being supported by two bystanders. When the Deputy asked Resident #1 where he/she came from. Resident #1 stated he could not find his/her car. The report indicates the	P 222	P.222 Orders entered into PCC on 12/10/2024 for Resident Safety & Location checks every 2 hours to reflect policy pg 49. Resident safety and location checks every 2 hours also entered into Resident Care Plans where appropriate. The door alarm at South/ResCare was fixed on 11/15/2024 and multiple code alarms assessed and fixed on 11/25/2024. Doors with code locks & alarms are checked weekly per maintenance log reports.	12/11/2024 11/25/2024

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P 222	Continued From page 4 deputy observed Resident #1 wearing an ankle bracelet (secure bracelet) and was informed by dispatch that Resident #1 was a resident at Pinnacle Health & Rehabilitation in Canton and the facility did not know the resident was missing. Medcare Ambulance services transported the resident back to the facility. On 11/18/24 at 10:45 a.m., during an interview with a surveyor, the Residential Care Director confirmed that on the morning of 11/12/24 Resident #1 had eloped from the facility and the incident was not reported to the state agency. On 11/18/24 at 12:15 p.m. the above findings were discussed with the Administrator who was not aware that the elopement incident occurred.	P 222	P. 222 Mandatory Staff Meetings were held on: 11/25/2024 @ 2 p.m. 12/5/2024 @ 7:30 a.m. 12/5/2024 @ 2 p.m. Discussed Reportable Events form, Incident Report forms, every 2 hr. checks and Door Alarms. Upcoming meetings: 12/12/2024 @ 2:15 p.m. 12/13/2024 @ 7:30 a.m. P 222 In house guideline/working document developed on steps of incident reporting and who to notify and how soon. guideline attached see also attached pages (3) from policy manual for our review and guidance.	12/13/2024 11/25/2024

STAFF MEETING SIGN IN

Dept: RCF Presenter: Nellie Donahue, RN, RCD

Date: 11/25/24 Time started: 2pm Time ended: 230pm

Topic/s (attach handout/agenda/program): Reportable event forms, Incident Reports, QA checks-all, Q2 checks for Wanderers,

NAME	POSITION	NAME	POSITION
[illegible]	PSS		
Deborah Dolloff	CRMA		
[illegible]	CRMA		
[illegible]	CRMA		
[illegible]	CRMA		
Kim Patrick	LPN RCF		
Gareth Dy	PSS		
Joni Richard	CRMA		

STAFF MEETING SIGN IN 730 AM & 2PM

Date: 12/5/24 Topic/s (attach handout/agenda/program): Reportable event forms, Incident Reports, QA checks, R2 checks for wanderers.

NAME	POSITION	NAME	POSITION
Edith Grey	CNA		
Sofia Moore	CRNA		
Ashley Glass	PSD		
Rosa Corsen	CEMA		
Heather	CNA & RMA		
Marcia Chassan	LPC | CEMA		
Alexis Jasper	RCA		

Staff and RCD Guideline for incidents and reporting:

Incident occurs: fill out incident form, notify family/guardian if appropriate. Note follow up.

Have incident forms signed by RCD, Administrator, provider. Scan to resident chart.

If safety, fire, elopement, police visit other significant event occurs: fill out incident form and reportable event form, notify family/guardian if appropriate. Notify charge nurse, RCD and Administrator immediately or as soon as possible. Note follow up. Have all signed by RCD, Administrator and provider.

If significant even occurs: Email/fax incident form, reportable event form and the state incident report forms (3 pg document) to 207-287-9307 or dlrs.complaint@maine.gov immediately.

5 days later: send follow up to incident. Report new information/reminders/guidelines developed. Outcomes.

11/25/2024 kjd/rn,pinnacle canton

d. Developing and maintaining written job descriptions for each level of Residential Care personnel;
e. Scheduling of daily rounds to visit residents;
f. Developing methods for coordination of Residential Care department with other resident services;
g. Recruiting and retaining the number and levels of Residential Care personnel necessary to meet the Residential Care needs of each resident;
h. Developing staff training programs for Residential Care service personnel;
i. Participating in the planning and budgeting for the Residential Care Department;
j. Ensuring that all health services notes are informative and descriptive of the supervision and care rendered including the resident's response to his or her care;
k. Assessing the Residential Care requirements for each resident admitted and assisting the Attending Physician in planning for the resident's care;
l. Participating in the development and implementation of the resident assessment (MDS) and comprehensive care plan; and
m. Assuring that Residential Care personnel are administering care and services in accordance with the resident's assessment and care plan.

Routine Resident Checks

Policy

Routine resident checks shall be made to assure that the resident's safety and well-being are maintained.

Procedure

1. To ensure the safety and well-being of our residents, a resident check will be made at least every two (2) hours throughout each 24-hour shift by Residential Care service personnel.
2. Routine resident checks involve entering the resident's room to determine if the resident's needs are being met, if there has been a change in the resident's condition, if the resident has any complaints, if the resident is sleeping, needs toileting assistance, etc.
3. Changes in the resident's condition and medical needs that cannot be performed by the person conducting the routine check must be reported to the Charge Nurse or nurse on call at once.

Schedule II Controlled Substances

Policy

Schedule II controlled substances shall be handled according to Federal and State regulations.

Procedure

1. All active Schedule II controlled substances shall be stored under a double locked security system, which is secured to the floor or wall, or contained within a medication cart. The medication nurse on duty will maintain possession of the key. The Residential Care Director and Residential Care Director shall maintain back-up keys to all drug storage areas in the facility, including the controlled drug storage.
2. All Schedule II controlled substances shall have a system of records of receipt and disposition to include:
    a. Receipt of all Schedule II controlled drugs will be documented into a Bound Book.
    b. Appropriate entries will be made into the Bound Book, including but not limited to administration, refusals or disposal of unused medication.
    c. Each resident's supply shall have an Individual Narcotic Record in the Bound Book.
    d. Inventory flow records shall be maintained for all emergency supplies of Schedule II controlled drugs.
    e. All Schedule II controlled drugs shall be easily identifiable by the placement of a red "N" on the package.
    f. All Schedule II controlled substances shall be packaged in single use units whenever possible.
3. All resident Schedule II controlled drugs received into the facility shall be listed as received in a bound book from which no pages have been removed. Whenever a supply is used, it is to be listed in the bound book. The information recorded into the bound book shall include:
    a. Receiving:
        1. Date received
        2. Name of Resident

Accident and Incidents

Policy

All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises must be investi gated and reported to the Administrator.

Procedure

Investigating and Reporting

1. Reporting of Accidents/Incidents:
    a. Regardless of how minor an accident or incident may be, including injuries of an unknown source, it must be reported to the department supervisor as soon as such accident/incident is discovered or when information of such accident/incident is learned.
    b. A *Report of Incident/Accident* form must be completed for all accidents or incidents.
    c. An employee witnessing an accident or incident involving a resident, employee, visitor, etc., must report such occurrence to his or her immediate supervisor as soon as practical. Do not leave an accident victim unattended unless it is absolutely necessary to summon assistance; and
    d. The charge nurse or nurse on call must be immediately informed of accidents or incidents so that medical attention can be provided.
2. Should you witness an accident, or find it necessary to aid an accident victim, you should:
    a. Render immediate assistance. Do not move the victim until he/she has been examined for possible injuries;
    b. If possible, if a resident is in his/her room, move the resident to his or her bed; and
    c. If assistance is needed, summon help. If you cannot leave the victim, ask someone to report to the nurses' station that help is needed.
3. The Residential Care Director, charge nurse, or on-call nurse shall:
    a. Report all accident/incident victims to charge nurse or on-call nurse;
    b. Inform the Guardian/Power of Attorney (when applicable) of the accident or incident;
    c. If necessary, transfer the injured person to the emergency room, medical treatment center, hospital by calling 911; and
    d. If necessary or appropriate, designate an employee to accompany the victim to the emergency room, medical treatment center or hospital.
4. The Residential Care Director/charge nurse may conduct an investigation of the accident or incident.
5. The following data, as it may apply, must be included on the *Report of Incident/Accident* form:
    a. The date and time the accident or incident took place;
    b. The nature of the injury/illness (e.g., bruise, fall, nausea, etc.);
    c. The circumstances surrounding the accident or incident;
    d. Where the accident or incident took place;
    e. The name(s) of witnesses and their accounts of the accident or incident;
    f. The injured person's account of the accident or incident;
    g. The time the injured person's Attending Physician was notified, as well as the time the physician responded and his or her instructions;
    h. If appropriate, the date/time the injured person's family was notified and by whom; (See Incident Notification Form to determine).
    i. The condition of the injured person, to include his or her vital signs;
    j. The disposition of the injured (i.e., transferred to hospital, put to bed, sent home, returned to work, etc.);
    k. Any corrective action taken;
    l. Follow-up information;
    m. Other pertinent data as necessary or required; and
    n. The signature and title of the person completing the report.
6. A completed *Report of Incident/Accident* form must be submitted to the Residential Care Director or Social Services no later than twenty-four (24) hours after the occurrence of the accident or incident.
7. Social Services will contact Adult Protective Services to inform them of the incident/accident.

Residents

1. Reporting of Accidents/Incidents:
    a. Regardless of how minor an accident or incident may be, including injuries of an unknown source, it must be reported to the charge nurse as soon as such accident/incident is discovered or when information of such accident/incident is learned.
    b. The department head must be notified immediately for any injury resulting in medical treatment off-site. Less serious injuries must be reported to the supervisor during regular business hours.
    c. A *Report of Incident/Accident* form must be completed for all accidents or incidents.
    d. Documentation of the incident may be done in the electronic health record.
    e. An employee witnessing an accident or incident involving a resident must report such occurrence to his or her immediate supervisor as soon as practical. Do not leave an accident victim unattended unless it is absolutely necessary to summon assistance; and
    f. The Charge Nurse must be immediately informed of accidents or incidents so that medical attention can be provided.
2. Should you witness an accident, or find it necessary to aid an accident victim, you should:
    a. Render immediate assistance. Do not move the victim until he/she has been examined for possible injuries;
    b. If assistance is needed, summon help. If you cannot leave the victim, ask someone to report to the nurses' station that help is needed, or if possible, use the call system located in the resident's room to summon help.
3. The Charge Nurse, nurse on call, or designee shall:
    a. Examine all accident/incident victims and provide first aid if applicable
    b. Notify the victim's physician, of the accident or incident
    c. If necessary, transfer the injured person to the emergency room or physician office
4. The Charge Nurse and/or the department director must conduct an investigation of the accident or incident.
    a. The following data, as it may apply, must be included on the PCC Risk Management form.
        1. The date and time the accident or incident took place;
        2. The nature of the injury/illness (e.g., bruise, fall, nausea, etc.);
        3. The circumstances surrounding the accident or incident;
        4. Where the accident or incident took place;
        5. The name(s) of witnesses and their accounts of the accident or incident;
        6. The injured person's account of the accident or incident;
        7. The time the injured person's Attending Physician was notified, as well as the time the physician responded and his or her instructions;
        8. The date/time the injured person's family was notified and by whom;
        9. The condition of the injured person, to include his or her vital signs;
        10. The disposition of the injured (i.e., transferred to hospital, put to bed, sent home, returned to work, etc.);
        11. Any corrective action taken;
        12. Follow-up information;
        13. Other pertinent data as necessary or required; and
        14. The signature and title of the person completing the report.

Staff

1. Reporting of Accidents/Incidents:
    a. Regardless of how minor an accident or incident may be, including injuries of an unknown source, it must be reported to the department supervisor as soon as such accident/incident is discovered or when information of such accident/incident is learned.
    b. An *Incident Packet* must be completed for all accidents or incidents.
    c. An employee witnessing an accident or incident involving an employee must report such occurrence to his or her immediate supervisor as soon as practical and complete the witness form from the packet. If there is more than one witness, please make copies as needed.
    d. The Charge Nurse must be immediately informed of accidents or incidents so that medical attention can be provided.
2. The Charge Nurse shall:
    a. Examine all accident/incident victims and provide first aid if applicable
    b. Notify the victim's supervisor, of the accident or incident

Abuse Investigations

Policy

All reports of resident abuse, neglect and injuries of unknown source shall be promptly and thoroughly investigated by facility management.

Procedure

1. Should an incident or suspected incident of resident abuse, mistreatment, neglect or injury of unknown source be reported, the Administrator, or designee, will appoint a member of management to investigate the alleged incident (this will usually be the Social Services Director, unless otherwise specified).
2. The individual conducting the investigation will, as applicable:
    a. Review the completed Concern/Complaint Report;
    b. Review the resident's medical record to determine events leading up to the incident;
    c. Interview the person(s) reporting the incident;
    d. Interview any witnesses to the incident;
    e. Interview the resident (as medically appropriate);
    f. Interview staff members who have had contact with the resident during the period of the alleged incident;
    g. Interview the resident's roommate, family members, and visitors as applicable;
    h. Interview other residents to whom the accused employee provides care or services; and
    i. Review all events leading up to the alleged incident.
3. Witness reports are required to be written with signature and date.
4. The individual in charge of the investigation will keep the Administrator informed concerning the progress/findings of the investigation.
5. The individual in charge of the investigation will keep the resident and his/her representative (sponsor) informed of the progress of the investigation.
6. During abuse investigations, residents will be protected from harm by the following measures:
    a. Employees accused of participating in the alleged abuse will either be immediately removed from direct contact with that resident, reassigned to non-resident care duties, or will be suspended until the findings of the investigation have been reviewed by the Administrator.
    b. Should the employee(s) be reassigned to non-resident care duties, such assignment will not be in any part of the building which the resident frequents.
    c. If the alleged abuse involves a resident's family member or visitor, such person(s) will not be permitted to have unsupervised visits with the resident.
    d. If the alleged abuse involves another resident, the accused resident's representative and attending physician will be informed of the alleged abuse incident and that there may be restrictions on the accused resident's ability to visit other resident rooms unattended. If necessary, the accused resident's family members may be required to help meet this requirement.
7. The Social Services Director and/or designee will inform the resident and his/her representative (sponsor) of the results of the investigation and corrective action taken within five (5) days of the completion of the investigation.
8. Should a suspected violation or substantiated incident of mistreatment, neglect, injuries of an unknown source, or abuse (including resident to resident altercation) be reported, the facility Administrator, or his/her designee, will **within two hours** notify the following persons or agencies as appropriate of such incident:
    a. For NF residents: Department of Licensing 1-800-383-2441 and Adult Protective Services 1-800-624-8404;
    b. For RCF residents: Adult Protective Services 1-800-624-8404;
    c. The local/State Ombudsman;
    d. The Resident's Representative (Sponsor) of Record;
    e. Law Enforcement Officials;
    f. The Resident's Attending Physician; and
    g. The Facility Medical Director.
9. Should the investigation reveal that a false or unfounded report was made/filed, the investigation will cease. Residents, family members, Ombudsmen, state agencies, etc., will be notified of the findings.

PINNACLE Health & Rehab 26 Pleasant St. Canton, ME 04221 207-597-2510

REPORTABLE EVENTS

Please answer each question completely and deliver a copy to your supervisor and to the Administrator.
Please call or text as appropriate to the seriousness of the situation.

Type of incident:

____ Police visit
____ Fire alarm activation
____ Sprinkler activation
____ Loss of Internet
____ Loss of electricity
____ Loss of water
____ Fuel Oil / Propane Leak
____ Loss of phone service
____ Other _____

1. Name _____
2. Department _____
3. Date of Report ____ / ____ / _____
4. Position _____
5. Home phone _____
6. Date and Time of Incident _____ / _____ / _____ _____:_____ AM / PM
7. Describe the incident _____

_____

_____

_____

_____

_____

_____

8. What did you and others do to handle this situation? _____

_____

_____

9. Were there any witnesses to this incident/accident? If so, who? _____

_____

_____ _____
Signature Date

INCIDENT/ACCIDENT REPORT

PERSON INVOLVED (Last name) (First name) (Middle initial)	○ Adult ○ Child	○ Male ○ Female	Age_____

Date of incident/accident	Time of incident/accident ○ AM ○ PM	Exact location of incident/accident ○ Dining Area ○ Hallway ○ Bathroom ○ Resident's room (No._____) ○ Other Specify _____

○ RESIDENT
Record diagnosis if contributed to incident/accident:

Resident's condition before incident/accident ○ Normal ○ Confused ○ Disoriented
☐ Sedated (Medication_____ Dose_____ Time of most recent dose_____ ○ AM ○ PM Other (Specify)_____

Were bed rails ordered? ○ No ○ Yes	Were bed rails present? ○ No ○ Yes	If Yes, were bed rails ○ Up ○ Down	Was height of bed adjustable? ○ No ○ Yes	If Yes, was bed ○ Up ○ Down

Was a restraint in use at time of incident/accident? ○ No ○ Yes
☐ Physical restraint Type_____ ☐ Chemical restraint Specify _____

○ EMPLOYEE	Department	Job title	Length of time in this position

○ VISITOR **○ OTHER** _____	Home address	Home phone: Cell phone:
	Occupation	Reason for presence at this facility

☐ Equipment involved Describe:_____
☐ Property involved Describe:_____

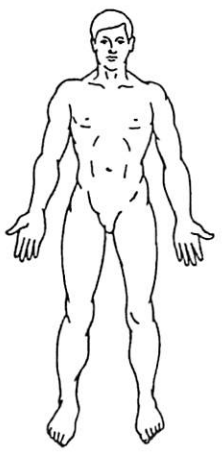
Was person authorized to be at location of incident/accident? No ○ Yes ○

Describe exactly what happened, why it happened and what the cause was, if known. If injured, record part of body injured. If property or equipment damaged, describe damage.

Indicate location of injury on diagrams below:

Temp_____ Pulse_____ Resp_____

B/P_____



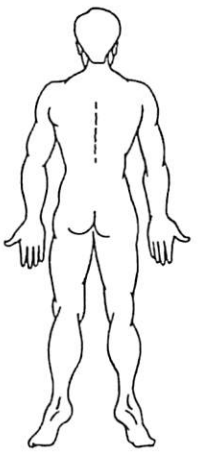
TYPE OF INJURY

1.	None apparent	☐
2.	Abrasion	☐
3.	Skin tear	☐
4.	Laceration	☐
5.	Hematoma	☐
6.	Swelling	☐
7.	Burn	☐
8.	Sprain	☐
9.	Fracture	☐
10.	Other (specify below)	☐

_____

LEVEL OF CONSCIOUSNESS

_____



Name of Physician notified	Time of notification ○ AM ○ PM	Time Physician responded ○ AM ○ PM
Name and relationship of family member/resident representative notified	Time of notification ○ AM ○ PM	Time responded ○ AM ○ PM

Was person involved seen by a physician? No ○ Yes ○ Physician's name and phone number	If No, why not?	Where	Date	Time ○ AM ○ PM
Was first aid needed? No ○ Yes ○ If needed, type of care provided	By whom?	Where	Date	Time ○ AM ○ PM
Was person involved taken to a hospital? No ○ Yes ○ If Yes, hospital name and phone number	By whom?	Manner of transport	Date	Time ○ AM ○ PM

Name, title (if applicable), address & phone number of witness(es)	Additional comments and/or steps taken to prevent recurrence

SIGNATURE/TITLE/DATE	SIGNATURE/TITLE/DATE
Person Preparing Report	Medical Director
Director of Nursing/Health Services	Administrator/Manager

South Hall/old Annex

MAINE FIRE

PD Industries, Inc.
MAINE FIRE PROTECTION SYSTEMS
P.O. Box 1050
Bangor, ME 04402
(207) 942-8809 TEL
(207) 941-1910 FAX
service@mefirepro.com

DW 30209

DATE 11/15/24

WORK ORDER

CUSTOMER NAME Pinnacle Health Rehab TELEPHONE _____

JOB LOCATION _____ CONTACT _____

BILL TO ADDRESS _____

WORK REQUESTED Look at doors all open won't Lock

WORK PERFORMED found door contacts unwired File input in wires triggers out Rewired tested doors w/maint

COMMENTS _____

LABOR: Straight Time _____ Over Time _____

TIME: From 330 am pm To 4:00 am pm

ALL EMERGENCY SERVICE CALLS ARE A MINIMUM OF $1300.00

MATERIALS

DESCRIPTION	QTY.	PRICE	EXT. PRICE

☑ Electrical Day Work

☐ Suppression Day Work

OFFICE USE ONLY Materials $ _____

Labor $ _____

Invoice No. _____ TOTAL $ _____

Customer Signature 11/15/24 Date

Technician Signature

PD Industries, Inc.
MAINE FIRE PROTECTION SYSTEMS
P.O. Box 1050
Bangor, ME 04402
(207) 942-8809 TEL
(207) 941-1910 FAX
service@mefirepro.com

DW 30245
DATE 11-25-24

WORK ORDER

CUSTOMER NAME Pinnacle Rehab TELEPHONE _____

JOB LOCATION Canton CONTACT _____

BILL TO ADDRESS _____

WORK REQUESTED Multiple secure case issues

WORK PERFORMED Adjusted delayed egress on 3 doors. Fixed nuisance station issue on 2 doors. Fixed magnet not latching issue on 1 door.

COMMENTS _____

LABOR: Straight Time _____ Over Time _____

TIME: From 8:00 am pm To 10:30 am pm

ALL EMERGENCY SERVICE CALLS ARE A MINIMUM OF $1300.00

MATERIALS

DESCRIPTION	QTY.	PRICE	EXT. PRICE
Secure case keypad with cover plate	1		

☑ Electrical Day Work

☐ Suppression Day Work

OFFICE USE ONLY Materials

Labor

Invoice No. _____ TOTAL

Customer Signature Date

Technician Signature

7a

Monthly Exterior Door Log

FOM

Mo/Yr 11/24

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

Outside Door Alarms and Magnets

Inside Door Alarms and Magnets

Door #	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122
	MW - Mid Ramp	MW - Top Ramp	MW - Driveway	LC - Front Upstairs	LC - Front Door	LC - 'Ramp'	LC - Generator	LC - Rose Garden	FS - Storeroom	NF - Pillar	NF - South	NF - Time Clock	NF - Therapy	NF - Woodside	NF - Ambulance	LC - Top Grand Stairs	LC - Top Steep Stairs	LC - Mid Hallway	LC - by room 200	LC - Garden Café	NF - Center Hall	NF - North Hall
Thresholds sealed	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	NA	NA	NA	OK	NA	NA	NA
Opens smoothly	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
Closes smoothly	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
Self closer works - wide open	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
Self closer works - partly open	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
Normal Setting	u	u	L	L	L	u	L	u	u	u	L	u	u	L	u	L	u	NA	o	NA	NA	NA
Locked/Unlocked/Open/NA	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK		OK			
Handles tight	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	NA	OK	OK	NA	NA
Paint/stain good	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
Magnet functioning	NA	NA	NA	OK	OK	OK	NA	OK	NA	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
No draft - top, sides, bottom; gaps greater than 1/8"	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	NA	NA	NA	OK	OK	OK	OK
No signage or non-original attachments	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	OK	OK	OK	OK
Needs MN work? (Y/n)																						

To be completed at least weekly in pen. Any problems must be reported immediately to Maintenance and Administrator.

Door	Test	1	2	3	4	31
South	Latches securely	OK	OK	OK	OK	
	Self closer works	OK	OK	OK	OK	
	Magnet works	OK	OK	OK	OK	
	Alarm works	OK	OK	OK	OK	
	Door locked	Always OK	Always OK	Always OK	Always OK	Always
Pillar	Latches securely	OK	OK	OK		
	Self closer works	OK	OK	OK		
	Magnet works	OK	OK	OK		
	Alarm works					
Rose Garden	Latches securely	X	X	X	X	
	Self closer works					
	Door Latched/Covered					
LC Ramp	Latches securely	OK	OK	OK	OK	
	Self closer works	OK	OK	OK	OK	
	Magnet works	OK	OK	OK	OK	
	Alarm works					
LC Front door	Latches securely	OK	OK	OK	OK	
	Magnet works	OK	OK	OK	OK	
	Alarm works	OK	OK	OK	OK	
	Door locked	Always OK	Always OK	Always OK	Always OK	Always
LC Upstairs	Latches securely	OK	OK	OK	OK	
	Magnet works	OK	OK	OK	OK	
	Alarm works	OK	OK	OK	OK	
	Door locked?	Always OK	Always OK	Always OK	Always OK	Always
	Initials	HM	HM	HM	HM	