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 _____	11/15/2023

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 From 11/13/2023 through 11/15/2023, on-site visits were conducted at Pinnacle Health & Rehab in Sanford for the purpose of conducting the annual Long-Term Care Survey Process and investigating facility reported incidents #ME00042329, #ME00044120 and #ME00044964. It was determined that Pinnacle Health & Rehab in Sanford was not in substantial compliance with 42 CFR 483, Sub-part B Requirements for Long Term Care Facilities.	F 000		
F 584 SS=D	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	F 584		

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

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F 584	Continued From page 1 in good condition; §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 maintain maintenance services necessary to maintain in good repair and sanitary condition of arm rests of resident's wheelchair, ceiling tiles in hallways and common areas, and thresh-hold of elevator entrance. Findings: 1. On 11/13/2023, at 10:37a.m. surveyor observed wheelchair arms cracked for Resident #5, in room 115, creating an uncleanable surface. 2. On 11/14/2023 at 2:00p.m. during an environmental tour with Director of Facilities Management, the following were observed: First floor: Three stained ceiling tiles above the microwave area in the Main Dining Room Three stained ceiling tiles, just outside of the elevator on the first floor	F 584		

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F 584	Continued From page 2 Second floor: Three stained ceiling tiles just outside the elevator in the main hallway Three stained ceiling tiles in the 300-wing hallway just outside of room 235 3. On 11/14/2023 at approximately 3:00p.m. surveyor observed thresh-hold floor plate exiting the elevator was buckled in two different places allowing a gap and creating a trip hazard. On 11/14/2023 at approximately 3:05p.m. all the above were reported and confirmed with the Director of Facilities Management and Administrator.	F 584		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for	F 761		

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F 761	Continued From page 3 storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure proper medication and biological storage temperatures for 2 of 3 medication refrigerators in 1 of 2 medication storage rooms. Finding: On 11/14/2023 at 1:00 p.m., a surveyor observed the 2 medication refrigerators in the first-floor medication storage room. The upper refrigerator contained insulin, and 2 locked boxes for controlled liquid medications. The second refrigerator contained tuberculin purified protein derivative, influenza, and pneumococcal vaccines. Observation of the temperature logs for the medication refrigerators noted multiple shifts were lacking documentation. The Certified Nursing Assistant-Medications confirmed the finding. On 11/15/2023 at 9:50 a.m., a surveyor observed the first-floor medication room and refrigerator temperature logs with a Licensed Practical Nurse who stated the temperatures are to be checked and documented by a licensed nurse at every shift change.	F 761		

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F 761	Continued From page 4 A review of the temperature logs lacked evidence of temperature monitoring of medication room refrigerators as follows: November 1-15, 2023, noted incomplete documentation for 5 of 43 shifts. October 1-15, 2023, noted incomplete documentation for 11 of 45 shifts. The facility did not provide evidence of temperatures being monitored from October 16-31, 2023. September 1-30, 2023, noted incomplete documentation for 27 of 90 shifts. August 1-31, 2023, noted incomplete documentation for 30 of 90 shifts. A review of the facility's Immunization Vaccine Storage and Handling Policy and Procedure, with a revision date of 7/2023, stated "6. Refrigerator/freezer temperatures are checked at the change of each shift by a licensed nurse, as part of the medication count process. Temperatures must be within the range of 36-46 degrees Fahrenheit." On 11/15/2023 at 10:30 a.m., the finding was confirmed by the Administrator.	F 761		