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 _____	02/12/2025

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

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F 000	INITIAL COMMENTS From 2/10/25 to 2/12/25, on-site visits were conducted at Pinnacle Health & Rehab at Sanford to complete the annual Long Term Care Survey Process for Federal Recertification and investigating of complaint #ME00050427. It was determined that Pinnacle Health & Rehab at Sanford is not in compliance with 42 CFR Part 483, Subpart B-Requirements for Long Term Care Facilities.	F 000		
F 584 SS=B	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 maintain a clean, comfortable and homelike environment on 2 of 2 units. Findings: On 2/12/25 at approximately 9:00 a.m. the following was observed on the First floor: -Resident Room 138 - Wall behind chair in need of repair. -Many pieces of tape hanging from the ceiling in the main dining room -First floor common area has several dark spots on ceiling strapping -Unpainted repaired area on wall in Spa room. On 2/12/25 at approximately 9:30 a.m. the following was observed on the Second floor: -Stained ceiling tile just outside room 213 On 2/12/25 at approximately 10:00a.m. in an interview with the Administrator, the surveyor discussed the environmental observations.	F 584		

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F 656 SS=E	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 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	F 656		

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F 656	Continued From page 3 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 review and interview, the facility failed to ensure a person-centered comprehensive care plan was developed in the area of Activities of Daily Living (ADL's) to meet the preferences and goals which included interventions for assistance needed for each resident to attaining or maintaining his or her highest practicable quality of life for 6 of 14 residents care plans reviewed. (Residents 6, 11, 21, 47, 55, 26, and 61) Findings: 1. Review of Resident #6's current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of eating, personal hygiene, transfers, lower body dressing, bathing, toileting, bed mobility and ambulating. 2. Review of Resident #11's current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of eating, personal hygiene, lower body dressing, bathing and oral hygiene. 3. Review of Resident #21's current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of eating, personal hygiene, transfers,	F 656		

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F 656	Continued From page 4	F 656		

lower body dressing, bathing, toileting, bed mobility and ambulating.

4. Review of Resident #47's current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of personal hygiene, lower body dressing, bathing, toileting hygiene and oral hygiene.

On 2/11/25 at 1:49 p.m., during an interview, the Licensed Practical Nurse Manager for the first floor stated, in the beginning of the year the Minimum Data Set assessments for "GG - Functional Abilities" were changed, which also changed the residents care plans. This change failed to update the residents' care plan to include the personalization for the assistance needed for each resident to attain or maintain his/her functional abilities.

5. Review of Resident #26's current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of personal hygiene, lower and upper body dressing, bathing and shower transfers.

On 2/11/25 at 2:08 p.m., the finding was discussed with the Director of Nursing.
6. Review of Resident #61's current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of eating, personal hygiene, transfers, lower body dressing, bathing, toileting and bed mobility.

On 2/11/25 at approximately 2:00 p.m. a surveyor discussed the above findings with the Unit

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F 656	Continued From page 5 Director who confirmed that this information didn't automatically transfer with the new Electronic Medical Record system and would need to be added. Review of Resident #55s current ADL self-care performance deficit care plan lacked interventions which included the assistance needed for him/her in the area of personal hygiene, lower and upper body dressing, bathing and shower transfers. On 2/11/25 at approximately 3:00 p.m. the finding was discussed with the Director of Nursing	F 656		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755		

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F 755	Continued From page 6 §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation by failing to ensure that two people who are authorized to administer medications signed the Shift Count page indicating that they counted all controlled substances at the change of shift for multiple shifts, on 2 of 2 units reviewed. Findings: A review of the facility's "Shift Count" policy and procedure dated: 2/3/2000, stated under Procedure, 1. "All schedule II-V medications will be counted at the change of each shift by the off-going and the on-coming nurse. 3. If the count is correct, the keys change hands and the shift count sheet is signed by both nurses." On 2/11/25 at 11:00 a.m., during a medication storage observation of the Second Floor Medication Room, a surveyor reviewed the Controlled Substance Books and Shift Counts which indicated the facility counts at the change of each shift, approximately 3 times a day. The person authorized to administer medications coming on duty or the person authorized to	F 755		

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F 755	Continued From page 7 administer medications going off duty both failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was completed on multiple days. On 2/11/25 at 11:45 a.m., the surveyor confirmed the findings with the Unit Manager. On 2/11/25 at 3:30 p.m., the findiing was discussed the findings with the Administrator. On 2/11/25 at 4:00 p.m., during a medication storage observation of the First Floor Medication Room, a surveyor reviewed the Controlled Substance Books and Shift Counts. The person authorized to administer medications coming on duty or the person authorized to administer medications going off duty both failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was completed on multiple days. On 2/11/25 at 4:20 p.m., the surveyor confirmed the findings with the Charge Nurse. On 2/12/25 at 10:15 a.m., the surveyor discussed that multiple days on both units were missing staff signatures for verification and completion of the controlled medication count on the following dates: 6/16/24, 9/13/24, 10/2/24, 10/3/24, 11/3/24, 11/6/24, 11/16/24, 11/23/24, 12/2/24, 12/12/24, 12/29/24, 1/3/25, 1/18/25, 1/24/25, 1/25/25, 1/26/25 (both units), 1/27/25, 2/9/25, and 2/10/25.	F 755		
F 761 SS=D	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	F 761		

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F 761	Continued From page 8 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 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 observation, interviews, and the Centers for Disease Control (CDC) guidance, the facility failed to ensure vaccines were stored in a refrigerator without a freezer compartment for 1 of 3 medication storage refrigerators. Finding: A review of the "United States (U.S.) Centers for Disease Control and Prevention: Vaccine Storage and Handling Toolkit" dated "3/24/24 stated " ...Do not store any vaccine in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances."	F 761		

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F 761	Continued From page 9 On 2/11/25 at 4:00 p.m., during an observation of the First Floor Unit's Medication Room, a surveyor observed a dormitory style refrigerator (small combination refrigerator/freezer unit that is outfitted with one exterior door). The refrigerator contained several vials of purified protein derivative (for tuberculosis testing), and unit dose syringes of pneumococcal and influenza vaccines. On 2/11/25 at 4:20 p.m., the finding was confirmed by the charge nurse and the Infection Preventionist. On 2/12/25 at 10:15 a.m., the finding was discussed with the Administrator.	F 761		