

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

PRINTED: 06/25/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/10/2025
NAME OF PROVIDER OR SUPPLIER PINNACLE HEALTH & REHAB CANTON		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
	On 6/10/25 an unannounced on site visit was conducted at Pinnacle Health and Rehab Canton to investigate complaint # ME00051803. It was determined that Pinnacle Health and Rehab Canton is not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.			
F 558	Reasonable Accommodations Needs/Preferences SS=D CFR(s): 483.10(e)(3)	F 558	Resident #1 was provided her call bell after the completion of the assessment.	
	§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a residents call bell was within reach for 1 of 1 resident (Resident #1).		All other residents were checked to ensure they all had their call bells within reach.	
	Findings:		All staff were educated on checking the residents while in the rooms to ensure they all had their call bells with in reach.	
	Review of Resident #1 progress note dated 5/27/25 at 10:55 a.m. indicated that he/she sustained an unwitnessed fall, he/she was found in front of his/her wheelchair next to his/her bed.		All staff were reminded in the monthly staff meeting to make sure call bells were with in reach.	
	Review of the post fall assessment completed 5/27/25 showed the resident did not have his/her call bell within reach at the time of the fall.		Completion Date: July 16, 2025	
	Review of Resident #1 care plan under the focus states he/she is at risk for falls. Further review shows that under Interventions/Tasks section of the care plan staff should "Be sure (his/her) call			

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

TITLE

(X6) DATE

[Signature] H 2 NHA

ADMINISTRATOR

7/3/2025

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 558	Continued From page 1	F 558			
	light is within reach and encourage the resident to use it for assistance as needed"				
F 646	On 6/10/25 at 11:00 a.m., the above information was discussed with the Director of Nursing.				
SS=D	MD/ID Significant Change Notification CFR(s): 483.20(k)(4)	F 646	F 646		
	§483.20(k)(4) A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has mental illness or intellectual disability for resident review. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to notify the physician of a significant change in condition for 1 of 1 resident reviewed for a significant change in condition. (Resident #1)		The provider for resident #1 was notified of her fall on the same day, at 10:24am		
	Findings:		The provider is notified of falls on the day that it occurs. If the fall occurs outside of their office hours, Third Eye, the facility's afterhours provider is notified, and the provider will see the resident on the next rounding day.		
	On 5/29/25 the Division of Licensing and Certification received a complaint indicating on 5/27/25 (Resident #1) had an unwitnessed fall at (Facility). They didn't do anything about it and she was not worked up (assessed). On 5/28/25 (he/she) was found unresponsive in (his/her) chair. (He/She) was intubated (tube placement to give patients the ability to breath) at the ED (Emergency Department) and subsequently transferred to the ICU (Intensive Care Unit) with diagnosis consisting of Acute Respiratory Failure, Septic Shock with a likely component of hemorrhagic shock given his/her hemoglobin of 5.5, Anemia due to acute blood loss related to		Staff were reminded to utilize Third Eye for all incidents that occur afterhours, or to notify the provider on through Tapestry.		
			Completion Date: July 1, 2025		

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F 646	Continued From page 2 low hemoglobin, Lactic Acidosis, Acute Kidney Injury, and Diabetes Mellitus. Review of Resident #1 progress note dated 5/27/25 at 10:55 a.m. shows him/her sustaining an unwitnessed fall on 5/27/25. Further review shows a progress note dated 5/28/25 at 10:59 a.m. stating "Follow up assessment from incident yesterday (5/27/25). Resident somnolent this am, VS obtained with low BP. Abdomen firm on right side, with visible bruising from Iovonox injections." Review of Resident #1 clinical record lacked evidence of physician notification for a significant change in condition. Review of a progress note on 5/28/25 at 6:47 p.m. states "Resident was cool to the touch and had snoring respirations, abdomen was firm to palpation and very minimal bowel sounds were heard. Resident was unresponsive to sternal rub" ... "Blood sugar was 508, blood pressure of 88/60, initially as resident was cool to touch oxygen was not reading and blood pressure machine number of pulse was 44. Oxygen was applied at 2.5 liters per minute." The on-call provider was notified, and the resident was then transferred to the emergency room. Review of the admission history and physical from Acute Care Hospital on 5/29/25 shows admitting diagnosis of Acute Respiratory Failure, Septic Shock with a likely component of Hemorrhagic Shock, Anemia, Lactic Acidosis, Acute Kidney Injury, and Diabetes Mellitus which required the need for an insulin drip. On 6/10/25 at 11:50 a.m., during an interview with the Director of Nursing the above information was	F 646			

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