STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205101	A. BUILDING _____ B. WING _____	C 06/10/2025

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) COMPLETION DATE
F 000	INITIAL COMMENTS 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 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §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). Findings: 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. 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. 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	F 558		

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

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F 558	Continued From page 1 light is within reach and encourage the resident to use it for assistance as needed" On 6/10/25 at 11:00 a.m., the above information was discussed with the Director of Nursing.	F 558		
F 646 SS=D	MD/ID Significant Change Notification CFR(s): 483.20(k)(4) §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) Findings: 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 aboutit 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	F 646		

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F 646	Continued From page 2	F 646		

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 lovonox 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

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F 646	Continued From page 3 confirmed.	F 646		