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 _____	07/30/2024

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 7/29/24 and 7/30/24, onsite visits were made at Pinnacle Health and Rehabilitation Residential Care, Canton, for the purpose of completing the state re-licensure survey, and complaint investigation #ME00047232. It was determined that Pinnacle Health and Rehabilitation Residential Care, Canton, was not in substantial compliace with 10/144, Chapter 113-Regulations Governing the Licensing and Functioning of Assisted Housing Programs-Level IV, Private Non-Medical Institutions.	P 000		
P 318	7.1.7 Medications and Treatments Orders for medications and treatments shall be in writing, signed and dated by a duly authorized licensed practitioner and shall be in effect for the time specified by the duly authorized licensed practitioner, but in no case to exceed twelve (12) months, unless there is a written reorder. Orders for psychotropic medications shall be reissued every three (3) months, unless otherwise indicated by the duly authorized licensed practitioner. Standing orders for individual residents are acceptable when signed and dated by the duly authorized licensed practitioner. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the authorized licensed practitioner reviewed and approved orders for 1 of 6 residents (#5) after return from another facility. Findings: A review of Resident #5's clinical record noted a hospital discharge summary, dated 6/27/24, in	P 318	P318 As of Sept 20 all transfer orders and/or re-admit discharge summaries that come into the unit will be renewed and signed by the PCP or covering provider and returned to our facility within 72 hours	9/20/24

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P 318	Continued From page 1 which changes were made as follows: >Diltiazem ER (extended release), used to treat atrial fibrillation, was decreased to 120 mg (milligrams) by mouth once daily. >Warfarin, used as an anticoagulant to treat atrial fibrillation, was changed to 2.5 mg by mouth once daily. Upon review of the licensed practitioner's orders, the surveyor noted an order to check the INR (international normalized ratio, used to monitor for the therapeutic drug level of Warfarin) on 7/12/24. The surveyor was not able to locate a current order with the dose for Warfarin. In addition, the surveyor was not able to locate a current order for Diltiazem ER. A review of the July Medication and Treatment Administration Records noted the last date Resident #5 received Warfarin was on 7/11/24. The last dose of Diltiazem ER was received on 7/27/24. On 7/30/24 at approximately 3:30 p.m., the surveyor discussed the findings with the Residential Care Director (RCD). The surveyor noted the record lacked evidence that the licensed practitioner had reviewed and approved the discharge summary with new orders upon return to the facility. On 7/30/24 at 4:30 p.m., the RCD confirmed that Resident #5's Diltiazem ER had been dropped from the facility's electronic orders as the original prescription from the discharging hospital was written for a 30 day supply. In addition, The RCD confirmed the Warfarin had not been reordered on 7/12/24 when the next INR was ordered, and that the provider's intent had been to switch to Eliquis (another anticoagulant).	P 318	P318 Added to 'Nurse Admission Check Off List' Licensed Staff meeting 8/20/2024 to renew 'Nurse Admission Check Off List'	8/20/24

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P 318	Continued From page 2 The RCD provided a copy of the electronic order, dated 7/30/24, from the nurse practitioner which stated "It appears coumadin (Warfarin) was discontinued but Eliquis was not started. Patient's most recent INR is 1.2, reviewed today. Will start Eliquis 5 mg twice daily." On 7/30/24 at 4:30 p.m., the findings were discussed at the exit interview with the Administrator, current RCD, and former RCD.	P 318		
P 627	16.6.1 Sanitation/physical plant requirements The facility and surrounding premises shall show evidence of routine maintenance and housekeeping and repair of wear and tear shall be made in a timely fashion. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the facility in a clean and sanitary manner, and repair wear and tear for 1 of 3 resident living areas (Maplewood), on 2 of 2 days of survey. Findings: On 7/29/24, from 10:00 a.m. to 10:40 a.m., a surveyor confirmed the following with the Certified Residential Medication Aide (CRMA) on duty for the Maplewood Unit: >The main floor in the common areas of the living and dining rooms were observed to be excessively worn. An area under one rocker recliner had worn through the flooring, creating an uncleanable surface. >The floor in room 303 appeared worn, the walls and wood trim demonstrated wear and tear in	P 627	P 627 The main floor in common areas of Living and dining rooms contract will be signed by Sept. 7, 2024 Room 303 walls and wood trim will be painted by Sept 23	10/18/24 9/23/24

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P 627	Continued From page 3 regard to paint. >In the kitchen area, vinyl flooring was lifted up underneath the cabinets near the sink. >The floor in the medication room was worn through, creating an uncleanable surface. >The hallway outside of room 305 was worn with torn and lifting areas of vinyl, creating an uncleanable surface. >Stairs leading up to room 306 wear observed with dirt and debris. >Room 308, upstairs, was noted with one empty bed. Next to this bed the vinyl flooring was observed to be torn and lifting, creating an uncleanable surface. The second bed was observed with trash, debris, and dirty clothing all around on the floor. There was a strong odor of urine. Next to the wall was a commode with a brown substance on the frame underneath the front of the seat. The CRMA confirmed the substance was rust. On 7/30/24 at 10:00 a.m., the surveyor observed the Maplewood Unit with the CRMA on duty for the day. >In addition to the previous findings, the surveyor confirmed the rusty commode in room 308 remained. >Multiple cobwebs and live spiders were observed in the ceiling area of room 308. >Debris, trash and dirty clothes remained on the floor around the second bed in room 308. On 7/30/24 at approximately 10:30 a.m., the Administrator toured the Maplewood unit with the surveyor. The above findings were confirmed. It was noted that the rusty commode in room 308 had been removed.	P 627	Kitchen area floor contract will be signed by Sept. 7, 2024 Floor in medication area contract will be signed by Sept. 7, 2024 Hallway floors outside of Room 305 contract will be signed by Sept. 7, 2024. Room 308 flooring contract will be signed by Sept. 7, 2024 Cleaning schedule developed and will be discussed at Staff Meeting 8/21/2024 and will be implemented starting 8/22/2024. **See attached cleaning schedule for Maplewood.	10/18/24 10/18/24 10/18/24 10/18/24 8/22/24

CLEANING SCHEDULE FOR MAPLEWOOD

7-3

CRMA: Sweeping and washing floors, washing/ wiping down surfaces and vacuuming the following:

Common areas (living room, dining room, kitchen, including chairs)

PSS/2nd CRMA:

Bathrooms

Trash

Laundry

Deep clean (floors, ceilings, walls, closets, bed, lights, shades, curtains, dressers) resident room per schedule: Use Fridays as off days but if something needs attention, please follow through.

First Monday of the month start with room 301 and ending on Thursday with room 304

Second Monday of the month start with room 305 and ending on Thursday with room 308

All rooms will be done by the end of the second week of the month and start again.

Third Monday of the month start again with rooms 301-304

Fourth Monday of the month start again with rooms 305-308

3-11

Sweeping and washing floors, washing/ wiping down surfaces and vacuuming the following:

Common areas (Living room, dining room, kitchen)

Bathrooms

11-7

Sweeping and washing floors, washing/ wiping down surfaces and vacuuming the following:

Common areas (Living room, dining room, kitchen)

Bathrooms

Shower room sanitizing

NURSE ADMISSION CHECK OFF LIST

Admission Date:_____ Admitting Nurse Initials:_____

Second Nurse Review: _____ Date: _____

The admission documentation below must be completed by the end of the shift in which the admission occurred, unless at change of shift and report is given. In all cases, it must be completed by the end of the following shift. If you don't understand something, ask for clarification.

INITIALS	TASKS
_____	Complete ADT in PCC
_____	Received the Signed D/C summary/orders
_____	Enter Providers (In house or outside providers)
_____	Meds ordered according to facility policy.
	(Insurance, Emergency contacts, Medical diagnosis, allergies- preloaded by Cari and SS)
_____	Fax or email a Copy of Discharge Orders with facesheet to pharmacy
_____	Fax or email a copy of Discharge orders to provider
_____	F/U for return of orders within 72 hours
_____	Immunizations
_____	COVID Test done (can use one from hospital if done within 24 hrs.)
_____	Document Initial nursing assessment including skin assessment, wander risk (place secure bracelet left ankle), fall risk
_____	AIMS (paper forms) if on psych meds
_____	Initiate Care Plan
_____	Send email to dept heads, admin and transportation (include level of care, diet, any follow-up appts, etc)
_____	TB test if applicable
_____	Standing orders & Code Status forms in PCC (Marcia)
_____	Orders reviewed by second nurse
_____	Check for completion of CRMA/PSS task list, including valuables/inventory list