pinnacle
HEALTH & REHAB | SANFORD, MAINE

11/30/23

Deborah Leslie, RN
Health Services Supervisor
Division of Licensing and Regulatory Services
41 Anthony Avenue
11 State House Station
Augusta, ME 04333-001

Re: Plan of Correction for the annual survey that was completed on 11/15/23 at Pinnacle Health & Rehab at Sanford

Dear Ms. Leslie,

Enclosed is our Plan of Correction for deficiencies cited during our annual survey that was completed on 11/15/23.

Please let me know if you require any further action regarding our Plan of Correction.

Sincerely,

Anne Ambler-Cote, RN, BSN, LNHA

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: Alexander Cote RN BSN MHA | TITLE: Administrator | (X6) DATE: 12/1/23

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.

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 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	**F584** **Safe/Clean/Comfortable/ Homelike Environment** On 11/15/23 the wheelchair for resident #5 was removed from the unit and resident was given a different wheelchair. On 11/20/23 All ceiling tiles noted to be stained on the SOD were replaced with new tiles. On 11/17/23 Sanford Flooring was in and installed a new thresh-hold floor plate on the elevator. Wheelchairs and ceiling tiles are monitored monthly using the attached Nursing and Maintenance Unit compliance audit tools and are repaired/replaced as needed. Results of the audits will be reviewed quarterly at the facility QA meeting by the DOES and DNS. **Completion Date: 12/1/23** .	

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 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		

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 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	**F761** **Label/store drugs & biologicals** All refrigerator temps will be monitored and documented at least twice daily using the attached log. Vaccine storage policy has been updated to indicate checks will be done twice a day. (see attached) All nurses will be educated regarding the process to document the temperature of the refrigerators and who to notify if any temperature issues are noted. The temps. will be audited weekly using the attached audit tool. Results of the audit will be reviewed quarterly at the facility QA meeting by the DNS. **Completion Date: 12/1/23**	

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 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		

Nursing Unit Compliance Walk Through

Instructions: Place a √ in the space provided after each question. Please provide comments/recommendations in the space provided. To be completed monthly and as needed.

CRITERIA	YES	NO	COMMENTS **********
Hallways clear of obstacles			
Gait belts available to CNAs			
Personal hygiene to include shaving and any treatments are provided in private areas?			
Sharps containers less than 2/3/rd full			
Oxygen is stored properly i.e. in a rack that would prevent it from falling over not freestanding			
Wet floor signs are in appropriate position			
Wheelchairs are clean, over the bed tables clean and no peeling or cracking noted			
Med carts are locked			
Check at nurses' station before entering room signs in use where appropriate?			
No extension cords in use			
Chemicals locked up/put away			
Resident privacy maintained during care i.e. curtain pulled/door shut			
No food or drink in work area or nurses station			
Any rips or tears noted in shower chair seat			
Any rips tears noted in g-chair arms			
Resident rooms clean and neat			
Call bell or hand bell within reach and answered timely?			
Floor mats in good repair			
18 in. clearance from ceiling			
Commodes and catheter bags covered, catheter tubing not touching floor			
Bedpans and urinals are labeled with resident's name?			
Bedpans and urinals are stored in a contained area out of sight?			
Clean linen is carried away from the body when being delivered to resident rooms?			
Dirty linen is bagged in the resident's room or other area and placed in the dirty linen receptacle?			
Soiled linen is bagged in the resident's room or other area and brought to the dirty utility room and rinsed out by nursing prior to placing in the dirty linen receptacle? No lingering odors noted?			
Clean and dirty utility room doors are closed and locked?			

Comments/Recommendations

_____

_____

Unit _____ **Date Completed** _____

Completed By: _____

Maintenance Unit Compliance Walk Through

Instructions: Place a √ in the space provided after each question. Please provide comments/recommendations in the space provided. To be completed monthly and as needed.

CRITERIA	YES	NO	COMMENTS
Hallways/Common Areas (including basement and dining rooms)			
Items stored in basement hallway not blocking access to any other area			
Lock out tag out device in the dish room for the garbage disposal intact			
Electrical panels in the kitchen and on the units not obstructed			
Eyewash stations not obstructed (laundry room and dirty utility rooms)			
Fire extinguishers not obstructed			
All sprinkler heads have escutcheon cap as required, and are not obstructed in any way			
Hallways clear of obstacles			
Ceiling tiles in place and free of stains, holes, cracks etc..			
Equipment in good repair, no broken parts, missing labels or ground pins			
Power strips secured and properly in use			
PPE equipment available in designated areas			
All lights are covered to prevent damage due to accidental contact			
Walls not in need of patching/painting			
Wet floor signs are in appropriate position			
Wheelchairs are clean, over the bed tables clean and no peeling or cracking noted			
Housekeeping carts are locked			
Handrails are in good repair			
Doors/Door jams are in good repair			
Furniture is not damaged/in need of stain, and is secured to the wall in all corridors			
Picture frames are free from dust			
Carpet on walls/doors clean and in good repair			
Radiators at end of hallways and in dining rooms in good repair			
Sharps containers in the dirty utility room and shower room <3/4 full			
Floors in good repair, no separation or cracked/damaged tiles noted, no dirt build up noted			
Crash bars on doors not loose			

Comments/Recommendations

_____

_____

_____

_____

_____

_____

_____

Unit _____

Completed By: _____ Date: _____

Refrigerator Temp log

	Month		Year			
Date	Shift	Food in Fridge Yes or No	Med Fridge 36-46 Degrees Check if OK	Vaccine Fridge 36-46 degrees Check if OK	Nursing Signature	If Temp is above or below 36-46 degrees - NOTIFY Maintenance Supv. Discrepancy reported to:
1	7a-3p					
1	3p-11p					
2	7a-3p					
2	3p-11p					
3	7a-3p					
3	3p-11p					
4	7a-3p					
4	3p-11p					
5	7a-3p					
5	3p-11p					
6	7a-3p					
6	3p-11p					
7	7a-3p					
7	3p-11p					
8	7a-3p					
8	3p-11p					
9	7a-3p					
9	3p-11p					
10	7a-3p					
10	3p-11p					
11	7a-3p					
11	3p-11p					
12	7a-3p					
12	3p-11p					
13	7a-3p					
13	3p-11p					
14	7a-3p					
14	3p-11p					
15	7a-3p					
15	3p-11p					

	Month		Year			
Date	Shift	Food in Fridge Yes or No	Med Fridge 36-46 Degrees Check if OK	Vaccine Fridge 36-46 degrees Check if OK	Nursing Signature	If Temp is above or below 36-46 degrees - NOTIFY Maintenance Supv. Discrepancy reported to:
16	7a-3p					
16	3p-11p					
17	7a-3p					
17	3p-11p					
18	7a-3p					
18	3p-11p					
19	7a-3p					
19	3p-11p					
20	7a-3p					
20	3p-11p					
21	7a-3p					
21	3p-11p					
22	7a-3p					
22	3p-11p					
23	7a-3p					
23	3p-11p					
24	7a-3p					
24	3p-11p					
25	7a-3p					
25	3p-11p					
26	7a-3p					
26	3p-11p					
27	7a-3p					
27	3p-11p					
28	7a-3p					
28	3p-11p					
29	7a-3p					
29	3p-11p					
30	7a-3p					
30	3p-11p					
31	7a-3p					
31	3p-11p					

Policy/Procedure
Pinnacle Health & Rehab at Sanford

Subject/Title: Immunization Vaccine Storage and Handling
Department: Pharmacy
Effective Date: 3/15/02

Policy Statement

It is the policy of Pinnacle Health & Rehab at Sanford to properly handle and store immunization vaccines, according to the guidelines and recommendations issued by the Center for Disease Control and provided by the Maine Immunization Program, to assure a safe and effective product.

Procedure

1. The Infection Preventionist is responsible for the storage and handling of immunization vaccines administered at the facility. S/he will also be responsible for administering the vaccine to all residents who desire and have a doctor's order for the immunization. The DNS will serve as the secondary person ensuring the vaccine handling/ storage procedure and will administer the vaccine to all staff and volunteers who sign an informed consent.

2. The Infection Preventionist or his/her designee is responsible for ordering the necessary vaccines and will track the shipment and delivery dates to assure s/he is present at the time of delivery to check the actual vaccine shipment received against the packing slip.

3. The Infection Preventionist is responsible for the immediate unpackaging and storage of the vaccines.

4. The vaccines will be stored in a separate refrigerator in the first-floor medication room.

5. The charge nurses are responsible for assuring doors to the medication refrigerators are closed tightly after each use.

6. Refrigerator/freezer temperatures are checked at least twice a day by a licensed nurse. Temperatures must be within the range of 36 to 46 degrees Fahrenheit. Any discrepancies noted in the temperature should be reported to the maintenance worker on duty or on call.

7. The nurses will check vaccine expiration dates prior to using any vaccine. Expired vaccines will be discarded or returned if indicated.

10. The Director of Nursing (DNS) is responsible for the oversight of the entire in-house immunization program. In the event of staff turnover, the DNS will assume the above duties or appoint a designee to do so, until the Infection Preventionist position is filled.

11. Licensed nurses and maintenance personnel will be oriented to vaccination storage and handling as part of their orientation.

Date Reviewed/Revised: 11/23

Approved By: Anne Ambler-Cote

s/policy/pharmacy/vaccine handling

Insulin and Refrigerator Temperature Log Audit

Resident Name	Type of Insulin	Date Opened	Date Expires

Glucose/Glucagon House Stock

CART I	In Stock? Yes/No	Expiration Date	Comment
Glucose			
Glucagon (Emergency Use Only)			

CART II	Yes/No	Expiration Date	Comment
Glucose			

Refrigerator Temperature Log

1st Floor Medication Refrigerator

2nd Floor Medication Refrigerator

1st Floor Vaccine Refrigerator

Any holes or temperature discrepancies noted should be reported to the appropriate nurse manager or shift supervisor as well as the DNS

Instructions remain in med room for staff to verify process of counting insulin expiration dates when opening a new pen

There are no missed shifts noted in the refrigerator temperature log

Signature of person performing audit/date: