

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER PINNACLE HEALTH & REHAB AT N BERWICK		STREET ADDRESS, CITY, STATE, ZIP 47 ELM ST NORTH BERWICK, ME 03906	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0600 Level of harm - Actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on a review of the Nursing Facility Reportable Incident submitted to the Division of Licensing and Certification on 08/11/2020, the facility's internal investigation, dated 08/10/2020, written statements by staff, facility policy, clinical record review and interviews the facility failed to provide the necessary assistance with a transfer result in a resident (#1) sustaining an avoidable injury, and experiencing increased pain/discomfort for 1 of 3 residents requiring mechanical lift transfers. Finding: A review of the Nursing Facility Reportable Incident form submitted to the Division of Licensing and Certification on 08/11/2020 revealed that Resident #1 sustained an injury of unknown origin when an x-ray revealed that Resident #1 sustained a fracture of her/his left arm. Further, the facility's follow-up report form dated 08/18/2020 revealed that on the evening of 08/07/2020 Certified Nursing Assistant's (CNA's) #1, #2 and #3 transferred (Resident #1) onto a shower chair without the assistance of a Hoyer (mechanical) lift. A review of nursing documentation dated 08/08/2020 noted an x-ray result of two complete [MEDICATION NAME] (extending across) fractures involving the middle third of the humerus (arm) with mild medial angulation and displacement (broken in half). A review of the facility's internal investigation dated 08/10/2020 revealed the following: CNA #1 stated they would try to two (2) assist (Resident #1) onto the shower chair as opposed to utilizing the mechanical lift. In addition, the 08/10/2020 internal investigation noted that CNA's #1 and #3 transferred (Resident #1) and she/he began to fall to the floor. The internal investigation further notes that CNA #2 assisted CNA's #1 and #3 to transfer Resident #1 onto the shower chair by grabbing Resident #1's waist to assist getting Resident #1 off her/his knees while CNA's #1 and #3 had Resident #1 under her/his arms. A review of the facility's ongoing internal investigation notes dated 08/11/2020 revealed that Resident #1 experienced pain after the manual transfer. CNA #3 stated shouldn't we report this to the nurse? CNA #1 stated No her arms hurt all the time and we will get in trouble because we didn't use the Hoyer. A review of the facility's policy Safe Lifting and Movement of Residents, revised July 2017, noted the following: In order to protect safety and well-being of staff and residents, and to promote quality of care, this facility uses appropriate techniques and devices to lift and move residents. A review of the CNA's Care Card (Kardex) reveals Resident #1 to be non-ambulatory, wheelchair dependent and requires the use of a mechanical lift for transfers. A review of the documentation in Resident #1's care plan, page 4, with the focus on impaired mobility included the following intervention: Resident transfers with (2) assist using a mech (mechanical) lift . A review of a written statement signed by CNA #2 dated 08/10/2020 stated the following: CNA's #2 and #3 both assisted Resident #1 and Resident #1 knees almost hit the floor. I then grabbed her/him around her/his waist, and they had her/his arms and she/he got put into the shower chair. A review of a written statement signed by CNA #4 dated 08/10/2020 stated the following: The girls on second shift were getting (Resident #1) onto the shower chair without using the Hoyer lift. In the process of doing so (she/he) fell on to the floor. They quickly got (her/him) back up onto the chair without getting the nurse. On 8/20/20 at 11:00 a.m., the surveyor confirmed in an interview with the Director of Nursing, that the facility had neglected Resident #1 by failing to provide the necessary assistance with a transfer resulting in Resident #1 sustaining an avoidable injury, and experiencing increase pain/discomfort. As a result of the facility's investigation, the following corrective action was initiated: -A mandatory education for all direct care staff in the use of Hoyer and Sit to Stand Lift in-service. - All hoyer transfers will be monitored with a nurse present until further notice. -Employee Disciplinary Action which resulted in CNA #1's termination of employment effective 08/13/2020, CNA #2's immediate resignation with effective date 08/13/2020. CNA #3 and CNA #4 received written counseling with effective date 08/10/2020.</p>		
F 0689 Level of harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on a review of the Nursing Facility Reportable Incident Form submitted to the Division of Licensing and Certification on 08/11/2020, the facility's internal investigation, dated 08/10/2020, written statements by staff, facility policy, clinical record review, and interviews, the facility failed to provide the necessary assistive device with a transfer, resulting in a resident (#1) sustaining an avoidable injury, and experiencing increased pain/discomfort for 1 of 3 residents requiring mechanical lift transfers. Finding: A review of the Nursing Facility Reportable Incident form submitted to the Division of Licensing and Certification on 08/11/2020 revealed that Resident #1 sustained an injury of unknown origin when an x-ray revealed that Resident #1 sustained a fracture of her/his left arm. Further, the facility's follow-up report form dated 08/18/2020 revealed that on the evening of 08/07/2020 Certified Nursing Assistant's (CNA's) #1, #2 and #3 transferred the resident (#1) onto a shower chair without the assistance of a Hoyer (mechanical) lift. A review of the facility's internal investigation dated 08/10/2020 revealed the following: CNA #1 stated they would try to two assist Resident (#1) onto the shower chair as opposed to utilizing the mechanical lift. In addition, the 08/10/2020 internal investigation noted that CNA's #1 and #3 transferred resident (#1) and she/he began to fall to the floor. The internal investigation further notes that CNA #2 assisted CNA's #1 and #3 to transfer Resident #1 onto the shower chair by grabbing Resident #1's waist to assist getting Resident #1 off her/his knees while CNA's #1 and #3 had Resident #1 under her/his arms. A review of the facility's ongoing internal investigation notes dated 08/11/2020 revealed that Resident #1 experienced pain after the manual transfer. CNA #3 stated shouldn't we report this to the nurse? CNA #1 stated No her arms hurt all the time and we will get in trouble because we didn't use the Hoyer. A review of nursing documentation dated 08/08/2020 noted an x-ray result of two complete [MEDICATION NAME] (extending across) fractures involving the middle third of the humerus (arm) with mild medial angulation and displacement (broken in half). A review of the CNA's Care Card (Kardex) reveals Resident #1 to be non-ambulatory, wheelchair dependent and requires the use of a mechanical lift for transfers. A review of the documentation in Resident #1's care plan, page 4, with the focus on impaired mobility included the following intervention: Resident transfers with (2) assist using a mech (mechanical) lift . A review of a written statement signed by CNA #2 dated 08/10/2020 noted the following: CNA's #2 and #3 two assisted Resident #1 and Resident #1 knees almost hit the floor. I then grabbed her/him around her/his waist, and they had her/his arms and she/he got put into the shower chair. A review of a written statement signed by CNA #4 dated 08/10/2020 noted the following: The girls on second shift were getting Resident #1 onto the shower chair without using the Hoyer lift. In the process of doing so she/he fell on to the floor. They quickly got her/him back up onto the chair without getting the nurse. A review of the facility's policy Safe Lifting and Movement of Residents, revised July 2017, noted the following: In order to protect safety and well-being of staff and residents, and to promote quality of care, this facility uses appropriate techniques and</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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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<p>F 0689</p> <p>Level of harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>devices to lift and move residents. On 8/20/20 at 11:00 a.m., the surveyor confirmed in an interview with the Director of Nursing, the facility's failure to provide the necessary assistive device (mechanical lift) with a transfer resulting in Resident #1 sustaining an avoidable injury and experiencing increased pain/discomfort. As a result of the facility's investigation, the following corrective action was initiated: -A mandatory education for all direct care staff in the use of Hoyer and Sit to Stand Lift in-service. -All hoyer transfers will be monitored with a nurse present until further notice. -Employee Disciplinary Action which resulted in CNA #1's termination of employment effective 08/13/2020, CNA #2's immediate resignation with effective date 08/13/2020. CNA #3 and CNA #4 received written counseling with effective date 08/10/2020.</p>		