STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205031	A. BUILDING 01 B. WING	05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORONO COMMONS	117 BENNOCH RD ORONO, ME 04473

(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
E 000	Initial Comments Federal Recertification Survey Survey Date: 05/06/25 An annual federal survey was conducted on 05/06/25, in accordance with 42 Code of Federal Regulations, Part 483.73, Requirements for Long Term Care Facilities. During this annual federal Recertification survey, Orono Commons was found to be in substantial compliance with the requirements in Medicare and Medicaid with Emergency Preparedness.	E 000	Please note that the filing of this Plan of Correction does not constitute any admission as to the alleged violation set forth in this statement of deficiencies. This Plan of Correction is being filed as evidence of the facility's continued compliance with an applicable law.	
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 05/06/2025 An annual federal survey was conducted on 05/06/25, in accordance with 42 Code of Federal Regulations, Part 483.90 (a-d), Requirements for Long Term Care Facilities. During this annual federal Recertification survey, Orono Commons was found not to be in substantial compliance with the requirements in Medicare and Medicaid with physical environment.	K 000		
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of	K 161		

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

NHA | 5/13/25

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205031	A. BUILDING 01 B. WING	05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORONO COMMONS	117 BENNOCH RD ORONO, ME 04473

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K 161	Continued From page 1 stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observations, the Nursing Facility failed to ensure that the building construction type meets the requirements of 19.1.6.1 of NFPA 101, Life Safety Code, 2012 edition, minimum construction type requirement for a two story health care.	K 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205031	A. BUILDING 01 B. WING _____	05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORONO COMMONS	117 BENNOCH RD ORONO, ME 04473

(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
K 161	Continued From page 2 Findings: Based on observation, on 05/06/2025 between 9:00 AM and 1:00 PM, Surveyor 39983, in the presence of the Administrator, Sr. Maintenance Director, and Maintenance Assistant, the following was not met: 1. Upon further inspection of the building framing, it was found by the same parties that the wall, floor/ceiling and roof framing is unprotected wood. Although the building has a full sprinkler system meeting NFPA 13, a two story building of Type V (000) construction is not permitted. There is no rated separation between the lower level and main level of the building and therefore the lower level would be considered part of the main building occupancy under Chapter 19 Existing Healthcare. By definition of Level of Exit Discharge, 3.3.83.1, the lower level would be considered the Level of Exit Discharge. This finding was verified by the Administrator, Sr. Maintenance Director, and Maintenance Assistant at the time of the observation.	K 161	The FSES (Fire Safety Evaluation System) will be reviewed and evaluated by the assigning Architects. Maintenance staff will be in-serviced on NFPA 101, Life Safety Code, 2012 Edition, Section 19.1.6.1 The FSES will be reviewed by the facility and architects annually. The findings will be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) Committee Meeting. Administrator/Designee will Monitor.	5/28/25
K 371 SS=D	Subdivision of Building Spaces - Smoke Compar CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier.	K 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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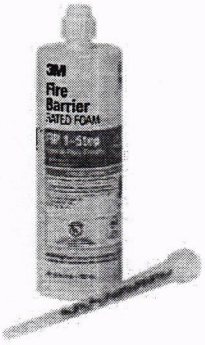
K 371	Continued From page 3 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors. This REQUIREMENT is not met as evidenced by: Based on observations, the Nursing Facility failed to ensure the smoke barrier per NFPA 101, Life Safety Code, 2012 edition 8.5.1, Where required by Chapters 11 through 43, smoke barriers shall be provided to subdivide building spaces for the purpose of restricting the movement of smoke. Findings: Based on observation, on 05/06/2025 between 9:00 AM and 1:00 PM, Surveyor 39983 in the presence of the Sr. Maintenance Director, the following was not met: 1. The one hour smoke barrier above the ceiling in the attic space located between the Riverview Unit and Homestead Unit has a penetration with a 3" sprinkler pipe with approximately a 4" diameter penetration that has not been fire stopped. Smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier, or by use of a combination thereof. This finding was verified by the Sr. Maintenance Director at the time of the observation.	K 371	The smoke barrier(s) were inspected and penetrations will be sealed with 3M FIP 1 step. Maintenance staff will be in-serviced on NFPA 101, Life Safety Code, 2012 Edition, Section 8.5.1 Smoke barriers will be inspected monthly for the next three months. The findings will be reviewed at the monthly QAPI Committee Meeting. Administrator/Designee will Monitor.	5/28/25

3M™ Fire Barrier Rated Foam FIP 1-Step

Product Data Sheet

1. Product Description

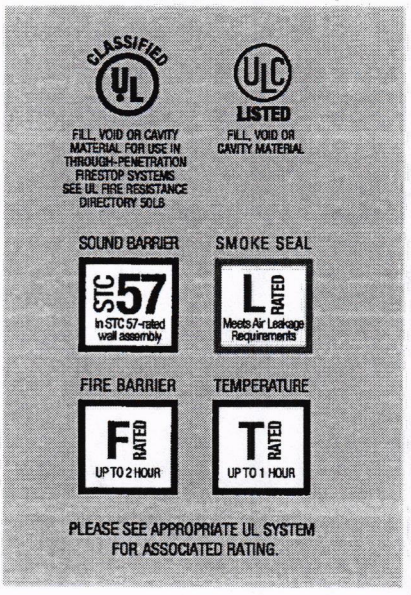
3M™ Fire Barrier Rated Foam FIP 1-Step is a smoke, sound and firestopping foam for wall and floor penetrations. Premium two-part, easy-to-handle formulation. Expands up to five times during installation and bonds to most construction substrates including, but not limited to, concrete, metal, wood, plastic and cable jacketing. Dries to a flexible solid. During a fire, product maintains a tight firestop against smoke and flame.



- Re-enterable/repairable
- Sag-resistant formulation
- Excellent adhesion
- Paintable with primer
- Quick cure and eliminates the need for mineral wool and caulk

ATTENTION: CODE OFFICIALS
FIP 1-Step

- ✔ Is a Rated Firestop Foam
- ✔ Is UL Listed
- ✔ Meets ASTM E 814
- ✔ Meets the International Building Code for passive fire protection



2. Applications

Typical applications include: blank openings, metal pipe, cables, cable tray, insulated pipe, combination penetrations through concrete floor/wall and gypsum wall board assemblies.

3. Specifications

FIP 1-Step shall be a two-component, ready-to-use, gun-grade, firestopping foam. FIP 1-Step shall be tested to the criteria of ASTM E 814/UL 1479 Standard Test Method for Fire Tests of Penetration Firestop Systems, ASTM E 84/UL 723 Standard Test Method for Surface Burning Characteristics of Building Materials, ASTM E 90 Standard Test Method for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions and Elements, and ASTM E 413 Classification for Rating Sound Insulation. FIP 1-Step shall meet the requirements of the IBC, IRC, IFC, IPC, IMC, NFPA 5000, NEC (NFPA 70), NFPA 101 and NBCC.

Typically Specified Divisions
Division 7
Section 07 84 00 – Firestopping
Section 07 27 00 – Air Barriers

Related Sections
Section 07 86 00 – Smoke Seals
Section 07 87 00 – Smoke Containment Barriers
Section 21 00 00 – Fire Suppression
Section 22 00 00 – Plumbing
Section 26 00 00 – Electrical

4. Storage and Shelf Life

Storage: FIP 1-Step should be stored indoors in dry conditions between 40°F and 85°F (5°C and 30°C). Avoid freeze/thaw exposures of the FIP 1-Step while still in the packaging. If product freezes, then product must be fully thawed and brought to ideal application temperature prior to use (See Section 5).

Shelf Life: FIP 1-Step shelf life is 16 months in original unopened containers from date of packaging when stored above 68°F (20°C) and below 90°F (32.2°C).

Lot numbering: First to fourth digit = Date of Production (YYMM); Fifth digit = 4 (Production Code); Sixth and Seventh digit = (Batch #); (Note: Expiration Date marked on cartridge)

5. Performance and Typical Physical Properties

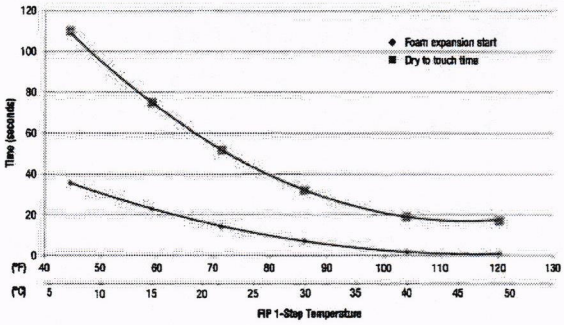
Colors Available:	Maroon
Application Temperature Range:	50° to 120°F (10° to 49°C)
Surface Burning (ASTM E 84):	Flame Spread 10, Smoke Development 50
STC Acoustic Barrier (ASTM E 90 and ASTM E 413):	57 when tested in STC 57 rated wall assembly
Unit Volume:	12.85 fl. oz. Cartridge (380mL)
VOC Less H_2O and Exempt Solvents:	<250g/L

Cure: Foam becomes tack-free in about one minute. Full cure depends upon ambient conditions and volume of foam. Typical cure at 75°F (24°C) is approximately 2 minutes.

Air Leakage (UL 1479 Section 6):	<1 CFM/Sq Ft
Yield:	Up to 116 cubic inches

Leed: Meets the intent of LEED® VOC regulations. <250g/L VOC contents (less H_2O and exempt solvents).

Foam Expansion Start Time/Dry to Touch Time at various FIP 1-Step temperatures



Note: Expansion Start Time and Dry to Touch Times are NOT dependent on ambient air temperature. Expansion Start Time and Dry to Touch Times are dependent on FIP 1-Step temperature.

6. Installation Techniques

Consult a 3M Authorized Fire Protection Products Distributor or Sales Representative for Applicable drawings and details.

Preparatory Work: The surface of the opening and any penetrating items should be cleaned to allow for the proper adhesion of the 3M™ Fire Barrier Rated Foam FIP 1-Step. Ensure that the surface of the substrates are not wet and are free from dust, debris and frost. Foam can be installed with either the manual or battery powered dispenser.

Installation Details: Install the applicable depth of the FIP 1-Step as detailed within the applicable 3M UL listed system. Please reference FIP 1-Step Installation Guide for further installation details. The FIP 1-Step may be trimmed after installation to be flush with the surface of the substrate. Clean all tools immediately after use with water if needed.

Limitations: Do not apply FIP 1-Step when the cartridge temperature is less than 50°F (10°C), damage may occur to cartridge or dispensing equipment. Do not apply FIP 1-Step to building materials that bleed oil, plasticizers or solvent (e.g. impregnated wood, oil-based sealants, or green or partially-vulcanized rubber). Do not apply FIP 1-Step to wet or frost-coated surfaces or areas that are continuously damp or immersed in water. This product is not acceptable for use with chlorinated polyvinylchloride (CPVC) pipes.

7. Maintenance

No maintenance is expected when installed in accordance with manufacturer's installation guidelines. Once installed, if any section of the FIP 1-Step is damaged, the following procedure will apply: remove and reinstall the damaged section in accordance with the applicable FIP 1-Step UL Listed system.

8. Availability

FIP 1-Step is available in 12.85 fl. oz. cartridges. For additional technical and purchasing information regarding this and other 3M™ Fire Protection Products, please call: 1-800-328-1687 or visit www.3M.com/firestop.

9. Safe Handling Information

Consult product Material Safety Data Sheet (MSDS) prior to handling and disposal.

3M

3M Industrial Adhesives and Tapes Division
3M Center, Building 225-3S-06
St. Paul, MN 55144-1000 USA
1-800-328-1687
www.3M.com/firestop

Day, Gregory J

From: Richard Borrelli (WBRC Inc) <richard.borrelli@wbrcinc.com>
Sent: Friday, May 16, 2025 9:33 AM
To: Day, Gregory J
Cc: Smith, Kyle; Chelsea Pazera
Subject: Genesis Orono Commons FSES
Attachments: Orono Commons FSES Annual Visit SFMO Reply Letter 15May2025.pdf; 25 MSFM Orono Commons SOD.pdf

Good morning, Greg,

Please find attached WBRC's response to the recent Life Safety Code and Emergency Preparedness survey recently conducted at Genesis Orono Commons, 117 Bennoch Road, Orono, ME.

Please contact me with any questions you may have.

Regards,

wbrc
wbrcinc.com

Richard Borrelli AIA, NCARB
Architect, Portland Region Director, Healthcare Studio Senior Principal
Maine Licensed Architect; also licensed in CT, MI, NH, NJ, RI and TX

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wbrcinc.com

RECEIVED
MAY 16 2025
BY:

May 15, 2025

Gregory J. Day
Assistant State Fire Marshal
Prevention Division – Inspections
State of Maine Department of Public Safety
Office of Fire Marshal
45 Commerce Drive, Suite 1
Augusta, ME 04330

Re: Annual Inspection of Genisis HealthCare Orono Commons
17 Bennoch Road, Orono, ME 04473-3620
Provider ID: 205031
Facility ID: 1910
Event ID: 0OU221

Dear Mr. Day:

To update the FSES (Fire Safety Evaluation System) completed on 05/17/2017, by WBRC Inc., and per the annual inspection of Genesis HealthCare Orono Commons, Orono, ME, by your office on 05/06/2025, WBRC hereby provides an annual compliance review statement.

Based upon an inspection on 5/13/2025 by Richard Borrelli, AIA, NCARB, the FSES complies as outlined in the attached Statement of Deficiencies / Providers Plan of Correction, dated 05/08/2025, completed by Genesis Orono Commons. This includes Proposed Upgrades listed in the Original FSES Document dated 05/17/2017 as well as responses to Tagged Items in the Summary Statement of Deficiencies dated 05/06/2025.

Please let me know if you have further questions.

Sincerely,

Richard B. Borrelli AIA

Richard Borrelli, AIA, NCARB
WBRC Inc. Portland Region Director / Senior Healthcare Studio Principal

Attachments: Statement of Deficiencies / Providers Plan of Correction
CC: Chelsea Pazera, Administrator
Kyle Smith, Sr. Maintenance Director