STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205091	A. BUILDING 01 B. WING	01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE CENTER	27 COOL ST WATERVILLE, ME 04901

(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: 01/30/2024 Oak Grove Center, a long-term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for 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 Survey Date: 01/30/2024 Oak Grove Center, a long term care facility, was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment and is not in substantial compliance.	K 000		
K 321 SS=C	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9	K 321		

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

Clinton Lafayette | Administrator | 2/7/2024

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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K 321	Continued From page 1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure that the Hazard areas are equipped with self-closing doors. NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.2.1.3. Finding: On 01/30/2024 between 09:00 AM and 12:00 PM, a surveyor, with the Regional Administrator, Senior Maintenance Director, and the Maintenance Assistant present, observed the following: 1. The two 1-hour rated doors to the laundry room did not self close and latch. The surveyor confirmed this finding with the Regional Administrator, Senior Maintenance Director, and the Maintenance Assistant at the time of the observation.	K 321	The two 1 hour fire rated laundry doors will be adjusted to enable the door to close to the fully latched position. Maintenance staff will be in-serviced on NFPA 101, 2012 edition, hazardous areas-enclosures, sections 19.3.2.1.3. A quarterly task will be added to TELS to inspect doors to hazardous areas. The two 1 hour fire rated doors to the laundry will be inspected monthly for the next three months. The findings will be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) Committee meeting. Administrator/Designee will monitor.	2/16/24
K 761 SS=C	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101	K 761		

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	205091	A. BUILDING 01 B. WING	01/30/2024

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K 761	Continued From page 2 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to inspect and test fire door assemblies in accordance with NFPA 101, Life Safety Code, 2012 edition sections, 18.7.6, 4.6.12 and 7.2.1.15 NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition, Sections 5.2.1 and 5.2.3.1. Finding: On 01/30/2024, between 09:00 AM and 12:00 PM, a surveyor, with the Regional Administrator, Senior Maintenance Director, and Maintenance Assistant present, observed the following: 1. Functional testing of fire door and window assemblies shall be performed by individuals with knowledge and understanding of the operating components of the type of door being subject to testing. The fire doors were tested by Robert Williams on 01/28/2024, but no documentation of	K 761	The individual performing the door inspections and testing has participated in training per NFPA 80 standards. He has proven he is knowledgeable and has demonstrated his ability to perform the door inspections and testing. Maintenance staff will be in-serviced on NFPA 101, 2012 edition, Standard for Fire Doors and Other Opening Protectives, sections 18.7.6, 4.6.12, 7.1.1.15, and NFPA 80 sections 5.2.1, 5.2.3.1. Fire doors will be re-inspected and findings will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee will monitor.	2/16/24

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	205091	A. BUILDING 01 RECEIVED FEB 07 2024 B. WING	01/30/2024

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K 761	Continued From page 3 the knowledge could be provided at the time of the inspection. The surveyor confirmed this finding with the Regional Administrator and the Senior Maintenance Director at the time of the observation.	K 761		
K 911 SS=C	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on documentation review, and interview, the long-term care facility failed to maintain battery system requirements per NFPA 99, Health Care Facilities Code, 2012 edition, Section 6.4.1.2. NFPA 70 National Electrical Code Article 700.3 Finding: On 01/30/2024, between 09:00 AM and 12:00 PM, a surveyor, with the Regional Administrator and the Senior Maintenance Director present, observed the following: 1. The generator battery has not had voltage testing performed or recorded as required during monthly generator testing.	K 911	Generator battery will be inspected according to NFPA 99 Health Care Facilities Code, 2012 edition, sections 6.4.1.2. Maintenance staff will be in-serviced on NFPA 99, Health Care Facilities Code, 2012 edition, sections 6.4.1.2. NFPA 70 National Electrical Code Article 700.3. The findings will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee will monitor.	2/16/24

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RECEIVED
FEB 07 2024
BY:

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K 911	Continued From page 4 The surveyor confirmed this finding with the Regional Administrator and the Senior Maintenance Director at the time of the observation.	K 911		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 205091	MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	DATE SURVEY COMPLETE: 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE CENTER	27 COOL ST WATERVILLE, ME

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 355	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure that the portable fire extinguishers are maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition, Section 7.3.1.1.1., and NFPA 101, Life Safety Code, 2012 edition, Sections 19.3.5.12, 9.7.4.1 Finding: On 01/30/2024, between 09:00 AM and 12:00 PM, a surveyor, with the Regional Administrator, Senior Maintenance Director, and Maintenance Assistant present, observed the following: 1. Portable Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year. The laundry room ABC fire extinguisher was last maintained in October of 2022. The surveyor confirmed this finding with the Regional Administrator, Senior Maintenance Director, and Maintenance Assistant at the time of the observation.

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The above isolated deficiencies pose no actual harm to the residents