STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205063	A. BUILDING **01** B. WING _____	**02/06/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOVER HEALTH CARE	**440 MINOT AVE** **AUBURN, ME 04210**

(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 Recertification for Federal Survey Survey Date: 02.06.2024 Clover Healthcare, 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		
K 000	INITIAL COMMENTS Recertification For Federal Survey: Survey Date: 02.06.2024 Clover Healthcare, a Long Term Care Facility, was surveyed to the National Fire Protection Association 101 Life Safety Code 2012 Edition as reference on 42 CFR 483.90 (a-d) physical environment and is not in substantial compliance.	K 000		
K 321 SS=D	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

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, the long-term care facility failed to maintain protection of Hazardous Areas - enclosure area per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.2.1, 19.3.5.9 On February 06, 2024, between 9:15 AM and 11:30 AM, a surveyor, with the Director Maintenance present, observed the following: Finding: 1. Clare Wing, the soiled linen closet does not have a rated door and does not self-close and positive latch. The surveyor confirmed this finding with the Director Maintenance at the time of the observation.	K 321		
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm	K 712		

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K 712	Continued From page 2 signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the long term care facility failed to conduct fire drills every shift for each quarter per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.6. Findings: On February 6, 2024, between 9:15 AM and 11:30 AM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. Fire drill documentation did not include the drill conducted during the 1st quarter of 2023 on the 2nd shift. 2. Fire drill documentation did not include the drills conducted during the 2nd quarter of 2023 on the 1st or 2nd shifts. 3. Fire drill documentation did not include the drill conducted during the 3rd quarter of 2023 on the 3rd shift. 4. Fire drill documentation did not include the drills conducted during the 4th quarter of 2023 on	K 712		

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K 712	Continued From page 3 the 1st or 2nd shifts. The surveyor confirmed these findings with the Maintenance Director and Administrator at the time of the record review.	K 712		
K 754 SS=D	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to maintain protection of soiled linen carts area per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.5.7.1 (3) On February 06, 2024, between 9:15 AM and 11:30 AM, a surveyor, with the Director Maintenance present, observed the following: Findings:	K 754		

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K 754	Continued From page 4 1. Galway Wing, (2) 32-gallon Soiled linen cart stored in corridor outside Room 53. 2. Galway Wing, (2) 32-gallon Soiled linen cart stored in corridor outside Room 47. The surveyor confirmed these findings with the Director Maintenance at the time of the observation.	K 754		
K 761 SS=E	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 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, the long-term care facility failed to maintain maintenance, inspection & testing fire rated doors per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.6, 8.3.3.1 and NFPA 80 Standard for Fire Doors and Other Protective Openings, 2010 Edition, 5.2, 5.2.3 Findings:	K 761		

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K 761	Continued From page 5 On February 6, 2024, between 9:15 AM and 11:30 AM, a surveyor, with the Director Maintenance present, observed the following: 1. No annual fire door inspection performed for year 2023. 2. Numerous fire-rated doors throughout the facility have the rating labels painted over and are not legible. The surveyor confirmed these findings with the Director Maintenance at the time of the observation.	K 761		