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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205095	A. BUILDING 01 B. WING	10/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENNEBUNK CENTER FOR HEALTH & REHABILITATION, LLC	158 ROSS RD KENNEBUNK, ME 04043

(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: 10-17-23 Kennebunk Center for Health & Rehab, a long term care facility, is not in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for Emergency Preparedness.	E 000		
E 015 SS=C	Subsistence Needs for Staff and Patients CFR(s): 483.73(b)(1) §403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting.	E 015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Beth C. Kelly — TITLE: Administrator — (X6) DATE: 10/26/23

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.

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E 015	Continued From page 1 (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, this facility failed to provide documentation to confirm the provision of subsistence needs for staff and patients whether they evacuate or shelter in place in the Emergency Preparedness Plan. On October 17, 2023, between 9:00 am and 11:15 am, a surveyor, with the Maintenance Director and Administrator present, observed the following:	E 015	1. No residents impacted. Pharmaceutical and Medical Supply contracts for emergency services added to Safety/Emergency Preparedness Manual. 2. Policies in place provided coverage to all residents through chain distribution system. SEPM contract updates in 1 will be carried forwarded to future and all updates to ensure no potential impact to residents. 3. Center will review Pharmaceutical and Medical documents/workflow in next October, November and December 2023 QAPI meetings to reinforce emergency services supply chain. 4. Corrective action will be completed no later than 11/16/2023.	11/16/23

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E 015	Continued From page 2 Findings: 1. Documentation could not be provided to indicate there is a contract to provide emergency pharmaceutical supplies. 2. Documentation could not be provided to indicate there is a contract to provide emergency medical supplies. The surveyor confirmed these findings with the Maintenance Director and Administrator at the time of record review.	E 015		
K 000	INITIAL COMMENTS Federal Recertification Survey: Survey Date: 10-1-23 Kennebunk Center For Health & Rehabilitation, 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 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked	K 353	1. No residents impacted. 2. Routine audits throughout facility to inspect 18" Sprinkler Theshold Clearance rule to ensure no residents impacted. 18" yellow identification lines will be added 3. Center will audit the 18" Sprinkler Threshold Clearance criteria for all sprinkler heads in the building once a week for 3 weeks, once a month for three months and follow up with paperwork results in subsequent	11/16/23

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K 353	Continued From page 3 b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to maintain 2 sprinkler heads free of obstructions per NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.1.1.1 and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.5.1. and 9.7.6. Findings: On October 17, 2023, between 9:00 am and 11:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. Fire sprinkler head in the left freezer of the kitchen found obstructed with storage. Maintain 18" of clearance. 2. Fire sprinkler head in the Activities Office closet found obstructed with storage. Maintain 18" of clearance. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 353	subsequent monthly QAPI meetings. 4. Corrective Action will be completed no later than 11/16/2023. Note: Obstructions noted during on-site Survey were removed 10/17/2023 allowing for 18" clearance.	
K 761 SS=D	Maintenance, Inspection & Testing - Doors	K 761		

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K 761	Continued From page 4 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 and interview, the facility failed to inspect and test fire door assemblies in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 edition, Section 5.2.2, 5.2.3.1, 5.2.3.5.2(1), and NFPA 101, Life Safety Code, 2021 edition, sections 19.7.6, 4.6.12, 8.3.3.1, and 8.3.3.2.3 Findings: On 10/17/2023, between 09:00 AM and 11:15 AM, a surveyor, with the Maintenance Director, present, observed the following: 1. A record of all inspections and testing shall be signed by the inspector and kept for inspection and review. There were no records of an annual fire door inspection conducted at the facility by a qualified person.	K 761	1. No impact to residents. 2. Maintenance Director was certified. 3. Maintenance Director will continue to maintain annual certification and place certificate in designated tab in the Fire Door Inspection Log Book. 4. Corrective Action to be completed no later than 11/16/2023. Note: Maintenance Director was certified, however, forgot that he had taken the required coursework earlier in the year. Attached: Related annual certificate has been attached to the POC.	11/16/23

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K 761	Continued From page 5 2. Testing of fire door and window assemblies shall be performed by a qualified person with knowledge and understanding of the operating components of the type of assembly being subject to testing. No staff member at the facility has the required NFPA 80 certification, and no verification of inspection by an outside agency could be produced. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 761		

Fire and Smoke Door Inspections Qualified Training

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Smoke and Fire Door Inspection Quiz

Competency quiz for annual door inspections

* This form will record your name, please fill your name.

Jeff Cull

1. Inspection of fire rated door assemblies should include: (10 Points)

- ◯ Door clearances.
- ◯ Self closing devices.
- ◯ Latching hardware.
- ● All of the above.

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