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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205151	A. BUILDING 01 B. WING	12/05/2023

RECEIVED
DEC 14 2023
BY:

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - CARIBOU	163 VAN BUREN RD SUITE 2 CARIBOU, ME 04736

(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 Recertificatiob Survey Survey Date: 12/5/23 Maine Veterans Home Caribou, a long term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities Emergency Preparedness.	E 000	Pursuant to the receipt of the survey results for the December 5, 2023 visit, please find the facility's plan of correction for each noted Life Safety Code deficiency, which serves as our allegation of compliance. A submission of this plan of correction is not an admission that a deficiency exists, did exist, or that one was cited correctly. This plan of correction is submitted to meet the requirements of the Medicare and/or Medicaid program.	
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 12/5/23 Maine Veterans Home Caribou, a long-term care facility, was surveyed pursuant to the National Fire Protection Association, 101 Life Safety Code, 2012 Edition as referenced in Part 483.90(a-d) - Physical Environment is not in substantial compliance.	K 000		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on Observation during facility tour, the facility failed to ensure that aisles,passageways, corridors,exit discharge,exit locations and accesses are in accordance with National Fire Protection Association (NFPA)101 , Life Safety	K 211		

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

Melissa Graham | Administrator | 12-14-2023

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 211	Continued From page 1 Code,2012 edition, Chapter 7 , and that the means of egress is continuously maintained free of all obstructions to full use in case of emergency unless modified by NFPA 101 safety code, 2012 edition, sections 19.2., 19.2.2 through 19.2.11, and 7.1.10.1 Findings: Observations during a facility tour on 12/05/23 between 9:00 AM and 12:30 PM with the Environmental Service Manager and Assistant Director of Facilities, the following was found: 1. Decorations hanging from the ceiling at multiple locations in the exit corridors, were below 6'-8" and causing an obstruction to egress. 2. Horizontal exit located at the entrance to the hospital (2 hr fire wall) does not have an approved special locking arrangement within the egress path. The required exit path to the public way requires exiting through a second set of corridor doors (located in the hospital) to reach the exterior doors and the public way. The second set of double doors has a controlled access device (badge/swipe card access) that is programmed to lock on egress side at 3pm daily and does not allow for visitors or individuals without badge/swipe cards to exit, unless staff member lets them out. These findings were verified by the Environmental Service Manager, Assistant Director of Facilities facility administrator at the time of observations and exit interview on 12/05/23.	K 211	K211 1. **Decorations that hang from the ceiling in the exit corridors are removed allowing for an unobstructed egress. **Decorations will not be hung from the ceiling at or below 6'8" to allow for an unobstructed egress. **Facility audit of corridors for obstructions will be added to the TELS preventative maintenance system. Audit results will be reported to the Quality Assurance Performance Improvement (QAPI) Committee quarterly for one year. 2. **Horizontal exit will have delayed egress mag lock applied, as well as instructions, to allow individuals to exit without assistance. **Horizontal exit will have delayed egress mag lock applied, as well as instructions, to allow individuals to exit without assistance. This horizontal exit (Cary Day Surgery Egress) will be added to the TELS preventative maintenance system for audit of proper operation. **Door audit results will be reported to the QAPI Committee quarterly for two quarters.	12.15.2023 01.12.2024 01.12.2024

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K 271	Continued From page 2	K 271		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure, exit discharges had unobstructed, level hard-packed all weather surface for evacuation and are in accordance with CMS Survey and Certification Letter 05-38,Isc. 2012 edition 101 Life Safety Code Chapter 19/ 19.2.7, Chapter 7/ 7.7, 7.1.7 This deficient practice could effect safe exiting from the memory care wing as well all residents, staff and visitors in an emergency. Finding: Observation and Interview during facility tour on 12/05/2023 between 9 am to 12:30 pm identified: 1. The facility exit discharges from the memory care wing north corridor. Two exits to pavement that have moved and deteriorated leaving well over a 1/2 inch rise to the concrete pad. These findings were verified by the Environmental Service Manger and the Director of Facility at the time of observations on	K 271 K 271	K271 **Due to cold weather, cold-patch will be applied to the ½-inch rise between pavement and concrete at the exit discharges. **Exit discharges will be resurfaced in their entirety in 2024 (when weather permits). **Exit discharges will be added to the TELS preventative maintenance system to ensure cold-patch remains intact. Audit results will be reported to QAPI Committee quarterly until exit discharges are resurfaced.	01.12.2024 01.12.2024

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K 271	Continued From page 3 12/05/2023	K 271		
K 344 SS=D	Fire Alarm - Control Functions CFR(s): NFPA 101 Fire Alarm - Control Functions The fire alarm automatically activates required control functions and is provided with an alternative power supply in accordance with NFPA 72. 18.3.4.4, 19.3.4.4, 9.6.1, 9.6.5, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure that Fire Alarm System was inspected, tested, and maintained in accordance with National Fire Protection Association (NFPA)101, Life Safety Code 2012, section 19.3.4.4 This deficient practice could affect the entire facility, patients/residents, visitors, and members of facility staff in these location(s). Findings: Observations during a facility tour on 12/05/23 between 9:00 AM and 12:30 PM with the Environmental Service Manager and Assistant Director of Facilities, the following was found: 1. Fire alarm test report from 11/30/23 indicated that the fire alarm pull station located near conference room (LTC) and duct smoke detector near room # 47 (Res. Care) did not function during the test. No documentation could be provided to indicate when the deficient devices would be repaired/replaced.	K 344	K344 **Fire alarm pull station near conference room to be replaced. Duct smoke detector assembly to be replaced. One part for duct smoke detector assembly expected delivery date of **02.20.2024.** See Attached. **Visual check of duct smoke detector area to be completed to ensure duct is within normal parameters. **Visual check to be completed and recorded until assembly is replaced.	01.12.2024 12.18.2023

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K 344	Continued From page 4 These findings were verified by the Environmental Service Manager, Assistant Director of Facilities facility administrator at the time of observations and exit interview on 12/05/23.	K 344	K712 **Fire drills will be conducted on each shift quarterly.	01.12.2024
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm 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 and interview, the long-term care facility failed to conduct the required number of fire drills per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.4 through 19.7.1.7 Finding: On 12/05/2023, between 9:00 AM and 12:30 PM, a surveyor, with the Environmental Service Manager and Director of Facility's present, observed the following: 1. The facility failed to conduct the proper number of fire drills in the past year; fourth quarter, second shift drill was not completed as	K 712	**Fire drills will be added to the TELS preventative maintenance system to ensure quarterly drills are completed. **Fire drill results to be reported to QAPI Committee quarterly for one year.	01.12.2024

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K 712	Continued From page 5 required. There was no fire drill conducted at the facility on the 2nd second shift during 4th Quarter of 2022. This deficient practice could negatively affect the residents, staff and visitors. The surveyor confirmed this finding with the Environmental Service Manager and Director Facility's during document review.	K 712		
K 753 SS=D	Combustible Decorations CFR(s): NFPA 101 Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met: o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. 19.7.5.6 This REQUIREMENT is not met as evidenced by: Based on observations, interview and records review the facility failed to ensure that combustible decorations were in accordance with	K 753	K753 **Combustible decorations to be removed throughout the facility. **Combustible decorations will not be used in the facility unless decoration is flame retardant or treated with an approved fire-retardant coating that is listed and labeled for the product. All treated decorations will be tagged with date/employee initials. **Facility audit of combustible decorations will be added to the TELS preventative maintenance system. Audit results will be reported to QAPI Committee quarterly for one year.	12.29.2023 01.12.2024

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K 753	Continued From page 6 NFPA 101: Life Safety Code, 2012 edition, 19.7.5.6 Findings: Observations during a facility tour on 12/05/23 between 9:00 AM and 12:30 PM with the Environmental Service Manager and Assistant Director of Facilities, the following was found: 1. No documentation could be provided to indicate that combustible decorations throughout the facility were flame retardant from the manufacturer(s) or that they had been treated with an approved flame retardant product. Interview with the Environmental Service Manager revealed that there had been no previous practice of treating and/or documenting for decorations, since he has held the position. These findings were verified by the Environmental Service Manager, Assistant Director of Facilities facility administrator at the time of observations and exit interview on 12/05/23.	K 753		

NOTIFIER®
by Honeywell

Order Acknowledgement 262003419

RECEIVED
DEC 14 2023
BY:

ORIGINAL

Order Date: 12/06/2023
Purchase Order No: 30877 T105761
Purchase Order Date: 12/05/2023

Honeywell Fire Systems US
12 Clintonville Road
Northford CT 06472-1610
United States

Sold to: 335851
Minuteman Security Technologies Inc
1 Connector Rd
Andover MA 01810
United States

Ship to: 335851
Minuteman Security and Life Safety
525 Central Dr.
PRESQUE ISLE ME 04769
United States

Bill to: 335851
Minuteman Security Technologies Inc
1 Connector Rd
Andover MA 01810
United States

Order Information:

Payment Terms:	Payment due 60 days upon billing date
Incoterms:	FOB Origin
Freight Terms:	Prepay and Add

ITEM NO	MATERIAL NO / DESCRIPTION	QTY ORD / QTY DUE	UOM	LEAD TIME DAYS / REQ DEL DATE	UNIT PRICE / EST DEL DATE	EXT. PRICE
000010	DNR System Sensor INTELLIGENT NON-RELAY DUCT DUCT SMOKE DETECTOR, PHOTOELECTRIC, NON-RELAY, REQUIRES HEAD Duty Tariff Code: 9027905910 Country of origin: Mexico GTIN/NSN: 783863034688	1 1	EA	15 Based on Leadtime	[redacted] 12/18/2023	[redacted]
000020	FSP-951R Notifier PHOTO RT NOTIFIER WHITE PHOTO RT NOTIFIER WHITE Duty Tariff Code: 8531100025 Country of origin: Mexico	1 1	EA	15 Based on Leadtime	[redacted] 12/18/2023	[redacted]

Order Comments

If you have any queries, please contact Customer Support at the number(s) listed. Please note that if we receive orders for large quantities which are deemed "Exceptional Demand" we will confirm an availability within 48 hours of order placement. We will continue to try to align our estimated delivery date with your requested delivery date when provided with one. Please check the web or contact a customer care rep for the latest promise date.

Remit to:

By Check:	Honeywell Intl. Fire/Video/Access 98534 Collections Center Drive Chicago IL 60693-8389		By Wire/ ACH:	
Account Name:	Honeywell Intl. Inc - Fire/Video/Access		ACH Bank Key:	[redacted]
Account No:	[redacted]	[redacted]	Wire Bank Key:	[redacted]
Registered No:		TAX Reg. No:	Federal ID #: 22-2640650	Duns #: [redacted]
Registered Address:	Honeywell International, 12 Clintonville Road, Northford, CT, 06472, United States			
Credit Analyst:	Rodrigo Meza		Sales Rep: Ricky Houde 203 484 7161	
Customer Care Rep:	For questions contact Customer Service Fire Sys			

All claims must be made within 10 days from receipt of shipment. Goods not subject to return without authorization. Return material must have transportation charges prepaid and will be accepted for replacement, repair or exchange only. There are no cash discounts allowed on freight or repairs.
Remittance Email: HoneywellAmericasRemits@Honeywell.com

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Honeywell Fire Systems US
12 Clintonville Road
Northford CT 06472-1610
United States

ITEM NO	MATERIAL NO DESCRIPTION	QTY ORD QTY DUE	UOM	LEAD TIME DAYS REQ DEL DATE	UNIT PRICE EST DEL DATE	EXT. PRICE
	GTIN/NSN: 783863050879					
000030	DST3 System Sensor	1	EA	45	[redacted]	[redacted]
	DUCT PIPE 3ft WITH HOLES DUCT SAMPLING TUBE, 3' WITH HOLES Duty Tariff Code: 9033009000 Country of origin: Mexico GTIN/NSN: 783863035067	1		Based on Leadtime	02/20/2024	
000040	RTS151 System Sensor	1	EA	34	[redacted]	[redacted]
	REMOTE TEST STATION REMOTE TEST STATION Duty Tariff Code: 9031808085 Country of origin: Mexico GTIN/NSN: 783863038068	1		Based on Leadtime	12/18/2023	
000050	FRM-1 Notifier	1	EA	15	[redacted]	[redacted]
	MODULE ASIC RELAY NOT SINGLE RELAY MODULE Duty Tariff Code: 8537109160 Country of origin: Mexico GTIN/NSN: 783863011252	1		Based on Leadtime	12/18/2023	
000060	FMM-101 Notifier	2	EA	19	[redacted]	[redacted]
	MODULE SINGLE MINI MONITOR NOT SINGLE MINI MONITOR MODULE Duty Tariff Code: 8531909001 Country of origin: Mexico GTIN/NSN: 783863011269	2		Based on Leadtime	01/15/2024	

Total Charges

Min Order Charge	[redacted]
Total before TAX	[redacted]
Total Amount	[redacted]

Registered No:	TAX Reg. No:	Federal ID #: [redacted]	Duns #: [redacted]
Registered Address:	Honeywell International, 12 Clintonville Road, Northford, CT, 06472, United States		
Credit Analyst:	Rodrigo Meza	Sales Rep: Ricky Houde 203 484 7161	
Customer Care Rep:	For questions contact Customer Service Fire Sys		