

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

PRINTED: 07/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205068	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER SPRINGBROOK CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 SPRING ST WESTBROOK, ME 04092		
(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: 7/16/24 Springbrook 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			
K 000	INITIAL COMMENTS Federal Recertification Survey: Survey Date: 7/16/24 Springbrook Center, 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 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 and interview during the facility tour, the long-term care facility failed to maintain the exit discharges to continuously maintained free of all obstacles or impediments. No furnishings, decorations, or other objects shall obstruct exits or their access thereto, egress	K 211			

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 211	Continued From page 1 therefrom, or visibility thereof. Ref: NFPA 101, Life Safety Code, 2012 Edition, Sections 7.1.10.1-2, 7.1.6.4, and 19.2.3.4. Findings: On July 16, 2024, between 9:00 AM and 12:00 PM, a surveyor, with the Administrator and Maintenance Supervisor present, observed the following: 1. Sacc wing has 32 gallon soiled linen container, trash can and automatic blood pressure machine plugged in stored in corridor. 2. Irish Hill wing has 32 gallon soiled linen container and a trash can stored in corridor. 3. Lincoln Wing has 32 gallon soiled linen container and a trash can stored in corridor. 4. King House wing has 32 gallon soiled linen container, trash can and automatic blood pressure machine plugged in stored in corridor. 5. Vallee Square wing has 32 gallon soiled linen container and a trash can stored in corridor. The surveyor confirmed these findings with the Administrator and Maintenance Supervisor at the time of the observation.	K 211			
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors	K 363			

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K 363	Continued From page 2 to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to maintain two corridor door from positively latching per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.6.3. Findings: On July 16th, 2024 between 09:00 AM and 12:00 PM, a surveyor, with the Maintenance Manager and Administrator present, observed the	K 363			

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K 363	Continued From page 3 following: 1. Resident room 5 in the Saccharappa wing did not latch. The latching mechanism did not line up with the striker plate on the door frame. 2. Resident room 2 in the Lincoln wing did not latch. The latching mechanism did not line up with the striker plate on the door frame. The surveyor confirmed these findings with the Maintenance Supervisor and Administrator at the time of the observation.	K 363		
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a	K 918		

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K 918	Continued From page 4 program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and weekly generator inspection documentation review during the facility tour, the long-term care facility failed to maintain the Essential Electric System Generator batteries per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, section 8.3.7., and NFPA 99, Healthcare Facilities Code, 2012 edition, section 6.4.4.1.1.3. Finding: On July 16th, 2024, between 9:00 AM and 12:00 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. The weekly generator inspection reports do not show a voltage conductance test for sealed batteries or an electrolyte specific gravity reading for unsealed automotive batteries. The surveyor confirmed this finding with the Maintenance Supervisor and Administrator at the time of the observation.			K 918			