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

RECEIVED OCT 04 2023 BY:

PRINTED: 09/27/2023
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
	205185	A. BUILDING 01 B. WING	09/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - BANGOR	44 HOGAN RD BANGOR, ME 04401

(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 Date: 9/25/23 Maine Veterans Home Bangor, 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	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.	
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 09/25/23 Maine Veterans Home Bangor, 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 133 Multiple Occupancies 1) The penetrated Fire Wall was replaced with 5/8ths X gypsum. 2) An audit of rated walls in the facility will be completed to identify other possible penetrations. 3) Maintenance personnel will continue to audit vendors who must penetrate firewalls to ensure penetrations are not left unstopped. 4) The audits will be reviewed by the QAPI committee to evaluate the solutions for effectiveness.	09/28/23 10/31/23 09/28/23 01/31/24
K 133 SS=B	Multiple Occupancies - Construction Type CFR(s): NFPA 101 Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters.	K 133		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 10/04/23

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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K 133	Continued From page 1 18.1.3.5, 19.1.3.5, 8.2.1.3 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the Nursing Facility failed to keep the integrity of the two hour fire wall between two separate occupancies fire stopped. Findings: Based on observation of the surveyor 39983 on 9/25/23, in the presence of the Maintenance Director the following was not met: 1. The 2 hr wall located above the entrance to the E unit and the nursing home had penetrations with no fire stopping material present. This finding was verified by the Director of Maintenance at the time of the observation.	K 133	K 291 Emergency Lighting 1) The Facilities Manager learned that to test the Therapy Wing and exit enclosure leading outside of the therapy wing emergency lights the button must be pushed and release and not pushed and held. Emergency lights then showed to be functioning. Any Batteries indicating need for replacement were replaced. 2) An audit of all facility emergency lights will be completed. 3) Therapy wing emergency lights are now labeled with testing instructions. 4) Will continue monthly testing of emergency lights to ensure proper function. 5) The audits will be reviewed by the QAPI committee to evaluate the actions for effectiveness.	10/04/23 10/20/23 10/04/23 10/04/23 01/31/24
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: The facility failed to ensure Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 Finding: Based on interview and observation on 09/25/23 between hours of 10:30 am and 2:30 pm.	K 291		

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K 291	Continued From page 2 surveyor 47175 accompanied with Director of Facilities did observe the following: 1. Emergency lights were found not functioning when tested in all 3 locations in the therapy wing, as well as in the exit enclosure leading outside from the therapy wing. This finding was verified by the Director of Maintenance at the time of the observation.	K 291	K 321 Multiple Occupancies 6) The penetrated Fire Wall was stopped with 3M System W-L-3195 with CP 25WB+ caulk. 7) An audit of rated walls in the facility will be completed to identify other possible penetrations. 8) Maintenance personnel will continue to audit vendors who must penetrate firewalls to ensure penetrations are not left unstopped. 9) The audits will be reviewed by the QAPI committee to evaluate the solutions for effectiveness.	10/04/23 10/31/23 09/28/23 01/31/23
K 321 SS=B	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 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)	K 321		

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K 321	Continued From page 3 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: The facility failed to protect hazardous area fire barrier walls and ceiling, having 1-hour fire resistance rating in accordance with NFPA 101 Section 19.3.5.9 Finding: Based on interview and observation on 09/25/23 between hours of 10:30 am and 2:30 pm. surveyor 39983 accompanied with Director of Facilities did observe the following: 1. Penetrations in 1-hour rated fire wall in electric room located in the Therapy janitors closet. This finding was verified by the Director of Maintenance at the time of the observation.	K 321		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 205185	MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	DATE SURVEY COMPLETE: 9/25/2023

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K 223	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: The facility failed to ensure the functionality of self closing doors protecting hazardous area enclosures in accordance with NFPA 101 2012 edition. Finding: Based on interview and observation on 09/25/23 between hours of 10:30 am and 2:30 pm. surveyor 47175 accompanied with Director of Facilities did observe the following: 1. The Fire door in the laundry room leading into the laundry office along the 1 hour rated wall was prevented from closing by stacked boxes. The boxes were removed during survey. This finding was verified by the Director of Maintenance at the time of the observation.
K 363	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 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

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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 observations and interview, the Nursing Facility failed to ensure the resident room door latches resulting in a smoke resistant seal.

Based on observation of the surveyor 39983 on 9/25/23, in the presence of the Maintenance Director the following was not met:

Findings:

1. The door on resident room #3 is obstructed with a precautions equipment storage system located hanging on the door causing the door not to close and latch that could allow smoke to penetrate the resident room.

2. Resident room B36 door did not latch when closed.

This finding was verified by the Director of Maintenance at the time of the observation.