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| | 205136 | A. BUILDING 01<br>B. WING _____ | 06/25/2024 |

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| SOUTHRIDGE REHAB & LIVING CTR | 10 MAY ST<br>BIDDEFORD, ME 04005 |

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| E 000 | Initial Comments<br><br>Federal Recertification Survey:<br>Survey Date: 06.25.2024<br><br>Southridge Rehab & Living Center, a long-term care facility, was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment and is in substantial compliance. | E 000 | | |
| K 000 | INITIAL COMMENTS<br><br>Federal Recertification Survey:<br>Survey Date: 06.25.2024<br><br>Southridge Rehab & Living 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 222 SS=D | Egress Doors<br>CFR(s): NFPA 101<br><br>Egress Doors<br>Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:<br>CLINICAL NEEDS OR SECURITY THREAT LOCKING<br>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at | K 222 | | |

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 222 | Continued From page 1<br>all times; or other such reliable means available to the staff at all times.<br>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6<br>SPECIAL NEEDS LOCKING ARRANGEMENTS<br>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.<br>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4<br>DELAYED-EGRESS LOCKING ARRANGEMENTS<br>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.<br>18.2.2.2.4, 19.2.2.2.4<br>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS<br>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.<br>18.2.2.2.4, 19.2.2.2.4<br>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS<br>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on | K 222 | | |

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| K 222 | Continued From page 2<br>door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.<br>18.2.2.2.4, 19.2.2.2.4<br>This REQUIREMENT is not met as evidenced by:<br>Based on Observation and Interview, the facility failed to provide exit access serving the Somerset Wing and Webster courtyard that were readily accessible at all times by having special locking arrangements (coded key exit egress) with staff being the only people with access to exits regardless of resident independent cognitive ability which is not in accordance with LSC Section 19.2.2.2.4, 19.2.2.2.5, 19.2.2.2.5.2 and 7.2.1.6. This deficient practice could affect exiting from all facility designated exits, as well as an indeterminable number of residents, staff and visitors.<br><br>Findings Include:<br><br>Observation on 06.25.2024 at approximately 9:00 AM to 12:45 PM during the facility tour identified the facility designated exits at a A2/B2 exits had a coded exit by key code controlled by staff without any means to provide visitors or oriented residents access to the means of exit. Interview on 06.25.2024 at approximately 9:00 AM to 12:45 PM during the facility tour with the Administrator and the Maintenance Director stated the doors were all key code controlled, and residents did not have the codes. Observation and Interview with the Administrator and the Maintenance Director at the time of observation confirmed the exit doors had key code that could only be accessed by staff. The facility failed to provide exit access that was readily accessible at all | K 222 | | |

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| K 222 | Continued From page 3<br>times by having special locking arrangements in accordance with LSC Section 19.2.2.2.4, 19.2.2.2.5, 19.2.2.2.5.2 and 7.2.1.6.<br><br>This surveyor confirmed this finding with the Administrator and the Maintenance Director the time of the observation and review. | K 222 | | |
| K 321 SS=D | Hazardous Areas - Enclosure<br>CFR(s): NFPA 101<br><br>Hazardous Areas - Enclosure<br>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.<br>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.<br>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.<br>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.<br>19.3.2.1, 19.3.5.9<br><br>Area Automatic Sprinkler<br>Separation N/A<br>a. Boiler and Fuel-Fired Heater Rooms<br>b. Laundries (larger than 100 square feet)<br>c. Repair, Maintenance, and Paint Shops<br>d. Soiled Linen Rooms (exceeding 64 gallons)<br>e. Trash Collection Rooms<br>(exceeding 64 gallons)<br>f. Combustible Storage Rooms/Spaces<br>(over 50 square feet)<br>g. Laboratories (if classified as Severe | K 321 | | |

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| K 321 | Continued From page 4<br>Hazard - see K322)<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, during the facility tour, the long-term care facility failed to maintain the hazard area doors ability to self-close and latch per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.2.1.3.<br><br>Findings:<br><br>On June 25th, 2024, between 9:00 AM and 12:45 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following:<br><br>1. The A-1 Laundry room door did not self-close and latch due to the fan inside the room. When the fan was turned off, the door was able to operate properly.<br>2. The metal door in the kitchen storage room hits on the frame, not allowing it to fully close.<br><br>The surveyor confirmed these findings with the Maintenance Director and Administrator at the time of the observation. | K 321 | | |
| K 324 SS=D | Cooking Facilities<br>CFR(s): NFPA 101<br><br>Cooking Facilities<br>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:<br>* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 | K 324 | | |

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| K 324 | Continued From page 5<br>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or<br>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.<br>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.<br>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, the long-term care facility failed to properly install and maintain equipment protected by the kitchen hood extinguishing system NFPA Standard: NFPA 101, Life Safety Code (2012) Sections 19.3.2.5.2*, 9.2.3, NFPA Standard: NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011) Sections 12.1.2.2*, 12.1.2.3, 12.1.2.3.1<br><br>Finding:<br><br>On 06.25.2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following:<br><br>1. The wheeled, gas-fired 9 burner stove/griddle on the cooking line in the kitchen was not provided with an approved method that would ensure that the appliances were returned to an | K 324 | | |

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| K 324 | Continued From page 6<br>approved design location after they had been moved for maintenance and cleaning.<br><br>This surveyor confirmed this finding with the Administrator and the Maintenance Director at the time of the observation. | K 324 | | |
| K 712 SS=F | Fire Drills<br>CFR(s): NFPA 101<br><br>Fire Drills<br>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.<br>19.7.1.4 through 19.7.1.7<br>This REQUIREMENT is not met as evidenced by:<br>Based on interview, and monthly fire drill documentation review during the facility tour, the long-term care facility failed to conduct quarterly fire drills on each shift and use a coded announcement only between 9:00 PM and 6:00 AM per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.1.6, and 19.7.1.7.<br><br>Findings:<br><br>On June 25th, 2024, between 9:00 AM and 12:45 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: | K 712 | | |

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| K 712 | Continued From page 7<br>1. There was no 2nd shift fire drill in the 2nd quarter of 2023.<br>2. There was no 1st shift fire drill in the 3rd quarter of 2023.<br>3. There was no 3rd shift fire drill in the 4th quarter of 2024.<br>4. A coded announcement was used on 02/29/2024 at 06:20.<br>5. A coded announcement was used on 05/29/2024 at 06:30.<br>6. A coded announcement was used on 10/16/2023 at 19:30.<br><br>The surveyor confirmed these findings with the Maintenance Director and Administrator at the time of the observation. | K 712 | | |
| K 761 SS=D | Maintenance, Inspection & Testing - Doors<br>CFR(s): NFPA 101<br><br>Maintenance, Inspection & Testing - Doors<br>Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives.<br>Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program.<br>Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability.<br>Written records of inspection and testing are maintained and are available for review.<br>19.7.6, 8.3.3.1 (LSC)<br>5.2, 5.2.3 (2010 NFPA 80)<br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the long-term care facility failed to conduct an annual | K 761 | | |

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| K 761 | Continued From page 8<br>fire door inspections program that ensure they are inspected, tested, and maintained in accordance with NFPA 80, Standard for Fire Door and Other Opening Protectives, 2010 edition Section 5.2 in accordance with NFPA 101 Life Safety Code , 2012 edition, sections 19.2.2.2.1, 19.7.6, 4.6.12, and 8.3.3.1.<br><br>Finding:<br><br>On 06.25.2024, between 09:00 AM and 12:45 PM, this surveyor observed the following findings with the Administrator and Maintenance Director present.<br><br>1. The facility failed to provide documentation to verify completion of the annual assessment of all fire doors in the facility. Fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection. The facility had no documentation that the doors had been inspected by a trained employee or an outside qualified vendor within the last year.<br><br>This surveyor confirmed this finding with the Administrator and the Maintenance Director the time of the observation and review. | K 761 | | |
| K 918 SS=F | Electrical Systems - Essential Electric Syste<br>CFR(s): NFPA 101<br><br>Electrical Systems - Essential Electric System Maintenance and Testing<br>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 | K 918 | | |

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| K 918 | Continued From page 9<br>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.<br>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 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.<br>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and weekly 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, sections 6.4.4.1.1.3. | K 918 | | |

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| K 918 | Continued From page 10<br>Finding:<br><br>On June 25th, 2024, between 9:00 AM and 12:45 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following:<br><br>1. The generator inspection reports do not show a voltage conductance test for sealed batteries or an electrolyte specific gravity reading for unsealed automotive batteries.<br><br>The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation. | K 918 | | |