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

RECEIVED
SEP 07 2023
BY:

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
	205138	A. BUILDING 01 _____ B. WING _____	08/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD A CONTINUING CARE CENTER	220 KENNEDY MEMORIAL DR WATERVILLE, ME 04901

(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: 8/29/2023 Lakewood A Continuing Care, a long term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73- Emergency Preparedness Requirement for Long Term Care Facilities.	E 000		
K 000	INITIAL COMMENTS Federal Recertification survey Date: 8/29/2023 Lakewood A Continuing Care 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 not in substantial compliance.	K 000		
K 324 SS=C	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * 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 * 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 * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under	K 324		

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

Tricia Costigan | Interim Administrator | 9/7/23

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 324	Continued From page 1 18.3.2.5.4, 19.3.2.5.4. 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. 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 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the Nursing Facility failed to ensure the residential hood suppression systems in 3 patient areas are annually inspected. Findings; Based on observation of the surveyor 39983 on 8/29/23, in the presence of the Administrator and Facility Director, the following was not met: 1. There are three Denlar suppression hood systems located in three separate dining rooms areas that have not had annual fire supression inspections.. This finding was verified by the Administrator and Facility Director at the time of the observation.	K 324	The three Denlar suppression hoods are scheduled to be inspected and certified by Interstate Fire Protection, Garnder, ME on 9/12/2023. There is one other hood it the facility which was inspected and compliant. Northern Light Continuing Care Lakewood will continue with semi-annual inspection of all hoods or more often as needed based on routine rounding by Director of Facilities Date of Correction: 9/12/2023	
K 363 SS=C	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	K 363		

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K 363	Continued From page 2 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 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, 462, 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 the corridor door from positively latching per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.6.3.	K 363		

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K 363	Continued From page 3 Findings: On August 29, 2023, between 9:00 am and 12:00 pm, In the accompany of Facility Administrator and the Administrator Director, did observe the following: 1. Two of the 2 hr fire doors in the corridors have upper and lower latching devices that are not positively latching . The findings were confirmed with the Facility Administrator and the Administrator Director at the time of the observation.	K 363	Northern Light Continuing Care Lakewood has contracted with the Door Division of National Firestopping Sdlutions for repair of the two 2-hr fired doors identified in the survey. Evaluation and estimate of repair was completed on 9/6/23. 2-hr fired doors will be routinely inspected by Director of Facilities, and the Door Division of National Firestopping Solutions, as needed. Date of Completion: October 10, 2023	
K 920 SS=B	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for	K 920		

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K 920	Continued From page 4 which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the Nursing Facility failed to ensure appliances were properly plugged directly into wall outlets in two areas located in the facility. Findings; Based on observation of the surveyor 39983 on 8/29/23, between 9:00 AM and 12:00 PM in the presence of the Administrator, Facility Director and Maintenance worker, the following was not met: 1. The refrigerator located in the memory care med room is plugged in using an extension cord. 2. The copier located in the long term unit nurses station is plugged in using a multi outlet power strip extending under a door into the med room. This finding was verified by the Administrator, Facility Director, and Maintenance at the time of the observation. Based on observation and interview, the long term care facility failed to comply with NFPA 99, Healthcare Facilities Code, 2012 sections 10.5.2.7, 10.5.3.1, & NFPA 101, Life Safety Code, 2012 Edition. Finding: On 08/29/2023, between 09:00 am and 12:00 pm did observe with the Facility Administrator and Administrator Director present:	K 920	RECEIVED SEP 07 2023 BY: Northern Light Continuing Care Lakewood contracted with E.S. Boulos to install outlets for refrigerator in Memory Care med room and copier at the long term unit nurses station. This work was completed on 9/1/23. (Photos of new outlets attached) Surge protectors were removed and air conditioners in the Director of Nursing, Director of Environmental Services, and the Accounts Receivable offices were plugged directly into electrical outlets on 8/29/2023. On 9/5/23 the facilities team rounded throughout the entire building to confirm all equipment is in a compliant state. Routine rounding by facilities team will ensure that high electrical use equipment is plugged firectly into an electrical outlet. Date of correction: 9/1/23	

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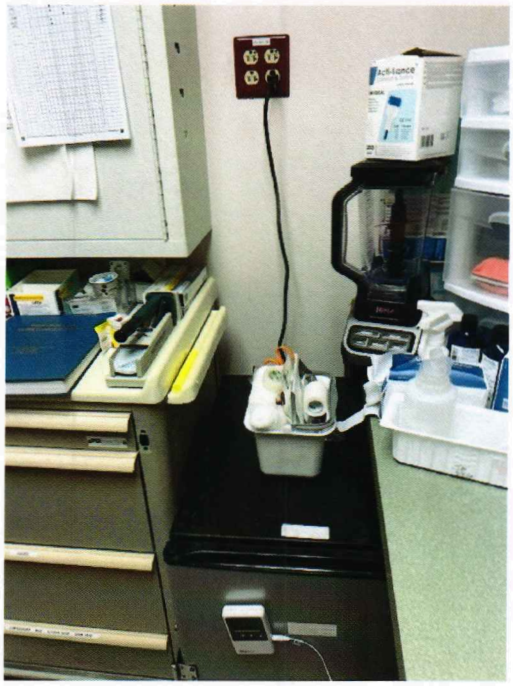
K 920	Continued From page 5 1. In the Director Of Nursing office, an air conditioner was plugged into a surge protector 2 In the Director of Environmental, an air conditioner was plugged into a surge protector. 3. In the Accounts Receivable office, an air conditioner was plugged into a surge protector. These findings were confirmed with the Facility Administrator and Administrator Director .	K 920	RECEIVED SEP 07 2023 BY:_____	

Lakewood K920

Newly installed outlet – Memory Care med room



Newly installed outlet Long Term Care Nurses station copier