| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 205031 | A. BUILDING **01**<br>B. WING _____ | **05/21/2024** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ORONO COMMONS** | **117 BENNOCH RD**<br>**ORONO, ME 04473** |

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| K 111 | Continued From page 2<br>of the access panel located near courtyard access.<br><br>.<br><br>These findings were verified by the the Senior Maintenance Director, Maintenance Assistant and, Admissions Director, present at the time of observation. | K 111 | | |
| K 223 SS=D | Doors with Self-Closing Devices<br>CFR(s): NFPA 101<br><br>Doors with Self-Closing Devices<br>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:<br>* Required manual fire alarm system; and<br>* Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and<br>* Automatic sprinkler system, if installed; and<br>* Loss of power.<br>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, the long term care facility failed to ensure that all doors with self-closing devices where self latching per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.2.2.7<br><br>Finding:<br><br>On 05/21/2024, between 9:00 AM and 11:30 AM, surveyors, with the Senior Maintenance Director, | K 223 | | |

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| K 223 | Continued From page 3<br>Maintenance Assistant and the Admissions Director present, observed the following:<br><br>1. The Linen storage room across from resident room 129 had a self-closing device and the door did not latch properly. This was immediately corrected while on site, during the survey.<br><br>The surveyor confirmed this finding with the Senior Maintenance Director, Maintenance Assistant and, Admissions Director present, at the time of the observation. | K 223 | | |
| K 353 SS=C | Sprinkler System - Maintenance and Testing<br>CFR(s): NFPA 101<br><br>Sprinkler System - Maintenance and Testing<br>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.<br>a) Date sprinkler system last checked<br>_____<br>b) Who provided system test<br>_____<br>c) Water system supply source<br>_____<br>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br>This REQUIREMENT is not met as evidenced by: | K 353 | | |

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| K 353 | Continued From page 4<br>Based on observations, the Long term care facility failed to ensure that the Sprinkler System was inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 edition, Chapter 5, section 5.2.1.1.6. This deficient practice could affect the entire facility, patients/residents, visitors, and members of facility staff in this location(S).<br><br>Findings:<br><br>Based on observation on 05/21/2024 between hours of 9:00 AM and 11:30 AM, surveyors accompanied by Senior Maintenance Director, Maintenance Assistant, and Admissions Director did observe the following:<br><br>1. One sprinkler head located in the walk in cooler unit had a missing from the sprinkler head; escutcheon plates are required for the proper operation of the sprinkler system.<br>The deficiency was corrected before survey was concluded.<br><br>These findings were verified by the Senior Maintenance Director, Maintenance Assistant, and Admissions Director at the time of observations and document review. | K 353 | | |
| K 362<br>SS=D | Corridors - Construction of Walls<br>CFR(s): NFPA 101<br><br>Corridors - Construction of Walls<br>2012 EXISTING<br>Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, | K 362 | | |

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| K 362 | Continued From page 5<br>partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code.<br>Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames.<br>If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area.<br>19.3.6.2, 19.3.6.2.7<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation with the Senior Maintenance Director, Maintenance Assistant and, Admissions Director present, the facility failed to meet the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition for corridors - construction of walls, in accordance with 19.3.6.2, 193.6.2.7.<br><br>Findings include:<br>Observations and Interviews, found the the smoke barrier wall had penetrations in it, therefore not maintaining a smoke tight resistive rating during a facility tour on 5/21/24 between 9:00 AM and 11:30 AM with the with the Senior Maintenance Director, Maintenance Assistant and, Admissions Director present.<br><br>1. 2 penetrations in wall located in a Utility Closet next to resident room 136. | K 362 | | |

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| K 362 | Continued From page 6<br><br>These findings were verified with the Senior Maintenance Director, Maintenance Assistant and, Admissions Director, present at the time of observation. | K 362 | | |

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| E 000 | Initial Comments<br><br>Federal Recertification Survey<br>Date 5/21/24<br><br>Orono Commons, 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 | | |
| K 000 | INITIAL COMMENTS<br><br>Federal Recertification Survey:<br>Date: 5/21/2024<br><br>Orono Commons, 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 111<br>SS=E | Building Rehabilitation<br>CFR(s): NFPA 101<br><br>Building Rehabilitation<br>Repair, Renovation, Modification, or Reconstruction<br>Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following:<br>* Requirements of Chapter 18 and 19<br>* Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6<br>18.1.1.4.3, 19.1.1.4.3, 43.1.2.1<br>Change of Use or Change of Occupancy<br>Any building undergoing change of use or change of occupancy classification complies with the requirements of Section 43.7, unless permitted by 18.1.1.4.2 or 19.1.1.4.2<br>18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.7 and 4.6.11), 43.1.2.2 (43.7) | K 111 | | |

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 111 | Continued From page 1<br>Additions<br>Any building undergoing an addition shall comply with the requirements of Section 43.8. If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a 2-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors with at least a 1-1/2-hour fire resistance rating. Additions comply with the requirements of Section 43.8.<br>18.1.1.4.1 (4.6.7 and 4.6.11), 18.1.1.4.1.1 (8.3), 18.1.1.4.1.2, 18.1.1.4.1.3, 19.1.1.4.1 (4.6.7 and 4.6.11), 19.1.1.4.1.1 (8.3), 19.1.1.4.1.2, 19.1.1.4.1.3, 43.1.2.3(43.8)<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation with the Senior Maintenance Director and Maintenance Assistant present, the facility failed to meet the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition for construction type and supporting construction for health care and/or other building occupancies. A building undergoing repair, renovation, modification, or reconstruction must comply with 19.1.1.4<br><br>Findings:<br><br>Observations during a facility tour on 5/21/24 between 9:00 AM and 11:30 AM with the Senior Maintenance Director, Maintenance Assistant and, Admissions Director.<br><br>1. Two wall penetrations observed in the Two-hour fire barrier wall at the attic space level. One next to left of the access panel and one at the top | K 111 | | |