RECEIVED
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BY:

PRINTED: 08/08/2024
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
	205054	A. BUILDING 01 B. WING	08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINEGENERAL REHAB & LONG TERM CARE - GRAY BIRCH	37 GRAY BIRCH DRIVE AUGUSTA, ME 04330

(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 of Survey: 08/05/2024 MaineGeneral Gray Birch Nursing Home 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 Federal Recertification Survey: Date of Survey: 08/05/2024 MaineGeneral Rehabilitation and Living Center at Gray Birch, 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 observations, the long-term care facility failed to maintain all exterior exit discharge paths to the public way clear of obstructions and an adequate walking surface in 2 of the 6 smoke compartments per NFPA 101, Life Safety Code,	K 211	See attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Martin MLA — TITLE: Administrator — (X6) DATE: 8/16/24

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 2012 Edition, Sections 7.1.6 Findings: On August 5, 2024, between 11:30 AM and 2:30 PM, a surveyor, with the Administrator, administrator in training, manager of plant operations, plant operations supervisor, environmental services manager and project coordinator present, observed the following: 1. The exterior exit discharge paths did not terminate at the public way. a. Birches Wing b. Physical Therapy c. Dining room The surveyor confirmed these findings with the Administrator, administrator in training, manager of plant operations, plant operations supervisor, environmental services manager and project coordinator at the time of the observation.	K 211		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors 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: CLINICAL NEEDS OR SECURITY THREAT LOCKING 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	See attached	

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K 222	Continued From page 2 all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS 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. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS 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. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS 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 3 door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on Observation and Interview, the facility failed to provide exit access serving the Birches wing, dining room and stairwell serving the res care section in 2 of the 6 smoke compartments 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. Findings Include: Observation on August 5, 2024, at approximately 11:30AM to 2:30PM during the facility tour identified the facility designated exits at all 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 August 5, 2024, at approximately 11:30AM to 2:30PM during the facility tour with the Administrator, administrator in training, manager of plant operations, plant operations supervisor, environmental services manager and project coordinator stated the doors were all key code controlled, and residents did not have the codes. Observation and Interview with the Administrator,	K 222		

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K 222	Continued From page 4 administrator in training, manager of plant operations, plant operations supervisor, environmental services manager and project coordinator 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 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. The finding was verified by the Administrator, administrator in training, manager of plant operations, plant operations supervisor, environmental services manager and project coordinator at the time of observation.	K 222		
K 321 SS=D	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 Separation N/A Automatic Sprinkler	K 321	See attached	

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K 321	Continued From page 5 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) 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: Based on observation and interview during the facility tour, the long-term care facility failed to maintain the smoke and fire resistance in 1 hazardous area in 1 of 6 smoke compartments per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.2.1., and 7.2.1.8. Finding: On 08/05/2024, between 11:30 AM and 2:30 PM, a surveyor, with the administrator, administrator in training, manager of plant operations, plant operations supervisor, environmental services manager and project coordinatorpresent, observed the following: 1. The storage room door to the food storage room in the kitchen area did not fully close. The door is rubbing on the frame preventing it from self-closing and positively latching. The surveyor confirmed this finding with the administrator, administrator in training, manager of plant operations, plant operations supervisor, environmental services manager and project coordinator at the time of the observation.	K 321		

Mainegeneral Rehab and Long Term Care - Gray Birch

PLAN OF CORRECTION

K 211: Means of Egress – General

The Nursing Facility failed to maintain all exterior exit discharge paths to the public way clear of obstructions and an adequate walking surface in 2 of 6 smoke compartments.

- A path will be constructed from the exterior exit discharge paths to the public way in the identified areas. A contract for the path construction was obtained on 8/15/24, with a completion date of no later than 30 days from contract date.
- The Maintenance supervisor, or designee, will complete random audits to ensure the paths are maintained.
- The results of the audits will be shared with the QAPI Committee for 3 months (October, November, December). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 09/13/2024

K 222: Egress Doors

The Nursing Facility failed to provide exit access serving the Birches wing, the dining room and stairwell serving the Birches wing, dining room and stairwell serving the res care section in 2 of the 6 smoke compartments 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, 19.2.2.5.2 and 7.2.1.6.

- The maintenance supervisor and maintenance tech placed codes on the doors.
- The maintenance supervisor, or designee, will complete random audits to ensure codes are maintained on doors.
- The results of the audits will be shared with the QAPI Committee for 3 months (October, November, December). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 08/07/2024

K 321: Hazardous Areas - Enclosures

The Nursing Facility failed to maintain the smoke and fire resistance in 1 harzardous area in 1 of 6 smoke compartments per NFPA 101, Life Safety Code. 2012 Edition, sections 19.3.2.1, and 7.2.1.8.

- The maintenance supervisor and maintenance have brought the door into compliance.
- The maintenance supervisor, or designee, will complete random audits to ensure doors meet LSC standards for smoke resistance.
- The results of the audits will be shared with the QAPI Committee for 3 months (October, November, December). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 08/07/2024

Melissa Martin, MHA
8/15/24

8/14/2024

RECEIVED
AUG 15 2024
BY:_____

Bailey's Maintenance LLC
7 Moody St.
Waterville, Me. 04901
207-314-6272

Contract for work to be performed

5' wide sidewalk approx. 485' long with one 22' walk to entrance and one 48' long walk to entrance and shed, dig out lawn 6' wide and put 12" of gravel and pave with 2" of asphalt, taper out lawn 6' on lower side to keep sidewalk level $23,500.00

All work must be finished within 30 days of the contracted date, to comply with Augusta town fire ordinance.

Maine general is responsible for providing all documentation pertaining to the town of Augusta's fire ordinance.

Signed by

Owner and job supervisor of Bailey's Maintenance LLC

Received by and signed by Richard Levesque plant operations director

8.15.24