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	11/12/2024

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: 11/12/24 Lakewood A Continuing Care Center, 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: 11/12/2024 Lakewood A Continuing Care 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 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered	K 161		

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

Lindsay Woodard | Administrator | 11/22/24

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.

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

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	11/12/2024

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K 161	Continued From page 1 Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observations and interview with the Regional Facilities Director, the facility failed to meet the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition 19.1.6 Minimum Construction Requirements for construction type and supporting construction for health care and/or other building occupancies. Findings include: Observation(s), Interview(s), and review of construction documents during a facility tour on	K 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205138	A. BUILDING 01 NOV 22 2024 B. WING BY:	11/12/2024

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

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K 161	Continued From page 2 November 12, between 9:00 am and 2:00 PM Surveyors with the Facilities Supervisor and Regional Facilities Director, the following was not met: 1. The 2-hour fire barrier wall located in resident room 14 has a hole approximately 4"x 6" in diameter with 1 wire cable penetrating the barrier above the ceiling that is not sealed with a fire stopping rated assembly. Photograph has been provided. These findings were verified by the Facilities Supervisor, Regional Facilities Director, and this Surveyor at the time of observation.	K 161		
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		

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	205138	A. BUILDING 01 B. WING	11/12/2024

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K 321	Continued From page 3 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, the facility failed to ensure that hazardous areas are protected per the requirements of NFPA 101 2012 edition 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. Findings: On 11/12/2024 between hours of 9:00 AM and 2:00 PM. surveyors accompanied by the Facilities Supervisor and Regional Facilities Director did observe the following: Penetration, approximately 2" in diameter in 1-hour rated fire wall with a bundle of communication wires located in the main long term care corridor wall above the drop ceiling tiles separating the corridor from a soiled utility room. Photograph of penetration is provided. The surveyor confirmed this finding with the	K 321		

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	11/12/2024

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NOV 22 2024

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K 321	Continued From page 4 Facilities Supervisor and Regional Facilities Director at the time of the observation.	K 321		
K 914 SS=D	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on document review and interview, the Nursing Facility failed to ensure the receptacles in resident rooms are tested per NFPA, 99, 2012 edition, 6.3.4.1 Maintenance and Testing of Electrical System, 6.3.4.1.3 Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months.	K 914		

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K 914	Continued From page 5	K 914		

Findings:

Based on document review and interview, on 11/12/24 between 9:00 AM and 2:00 PM, in the presence of the Facilities Manager and Regional Facilities Director the following was not met:

1. based on an interview with the Regional Facilities Director, when asked if the facility had done an annual inspection and testing on the receptacles in patient rooms, he stated during the interview "no testing was done because they did not have an electrician to complete it, the facility did fail to document, and test non listed hospital grade receptacles at patient bed locations on an annual basis in the facility".

This finding was verified by the Facilities Manager and Regional Facilities Director at the time of the document review and interview.

11.12.2024 – NORTHERN LIGHT CONTINUING CARE LAKEWOOD – STATE FIRE MARSHAL PLAN OF CORRECTION. C. TEAGUE

K 161 - The facilities team corrected the penetration in room 14 and resealed the 2-hour fire barrier on 11/21/2024. Routine rounding to inspect fire barriers will be completed by the Facilities Director and Facilities Supervisor prompted, by Inspection #90 in the CMMS system.

K 321 - The facilities team corrected the penetration in the hazardous enclosure and resealed the 1-hour fire barrier on 11/21/2024. Routine rounding to inspect hazardous enclosure fire barriers will be completed by the Facilities Director and Facilities Supervisor, prompted by Inspection #90 in the CMMS system.

K 914 – Electrical receptacles at patient care area locations will be tested annually per NFPA 99, 6.3.4. Date of correction for receptacle testing is no later than 12/21/2024. Receptacles will be tested and inspected during room inspection rounds and per Inspection # 364 in the CMMS system.

RECEIVED
NOV 22 2024
BY:

Inspection Work Order

Print Date: 11/21/2024

WO#: 41428 **LAKEWOOD-MONTHLY RESIDENT ROOM OUTLET TESTING**

Safety Incident #:

Account: 1206190 - LAKEWOOD Facilities Manageme **Type:** Inspection **Date Orig:** 11/21/2024

Site: LAKEWOOD **Priority:** ADMINISTRATIVE DEFAULT **Time Orig:** 14:49

Building: LAKEWOOD **Status:** ACTIVE **Date Avail:** 11/20/2024

Location: ENTIRE CAMPUS **Sub-Status:** ISSUED, BEING WORKED ON

ENTIRE CAMPUS - ENTIRE CAMPUS **Skill:** GENERAL MAINTENANCE

Req Name: **Req Phone:** **Req Pager:**

Req Remarks:

Tension Puller and Circuit Tested are kept in the facilities office.

Assignments

Resource #	Resource Name	Resource Phone
INJWB1	BLANCHARD , JASON	207-861-3295
INRJV1	VIGUE, RODNEY	207-859-2818

User-Defined Fields

UDF 1 :
UDF 2 :
UDF 3 :
UDF 4 :
UDF 5 :
UDF 6 :
UDF 7 :
UDF 8 :
UDF 9 :
UDF 10 : 1

Procedures

Proc #: 17627 **Desc:** Receptacle Testing in Patient Care Areas

Skill: ELECTRICAL **Shut Down Required:** No **Est Time:** 0 False

Instructions

Receptacle Testing in Patient Care Areas
Reference: NFPA 99 2021 6.3.3.2
Frequency:
Non Hospital Grade -every 12 Months
Hospital Grade - testing of receptacles in patient care spaces shall be performed at intervals defined by documented performance data.

[ ] The physical integrity of each receptacle shall be confirmed by visual inspection.
[ ] The continuity of the grounding circuit in each electrical receptacle shall be verified.
[ ] Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed.
[ ] The retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 g (4 oz).

RECEIVED

NOV 22 2024

BY:

Inspection Work Order

Print Date: 11/21/2024

WO#:	41428	LAKEWOOD-MONTHLY RESIDENT ROOM OUTLET TESTING

Problem Code:

Action Code:

Cause Code:

Item Code:

Completed By: _____ **Date:** _____

Comments:

Total Time: 0.00000000
Labor Cost: $0.00
Material Cost: $0.00
WO Taxes:
Total WO Cost: $0.00
Labor Credit: - $0.00
Material Credit: - $0.00
Total Billable: $0.00

RECEIVED

Planned Event Work Order Work Order

Print Date: 11/22/2024

BY:

WO#:	41001	LAKEWOOD - MONTHLY GFCI RECEPTACLE TESTING

PE Number: 196 **Safety Incident #:**

Account: 1206190 - LAKEWOOD Facilities Manageme **Type:** Planned Event Work Order **Date Orig:** 10/27/2024

Site: LAKEWOOD **Priority:** ADMINISTRATIVE DEFAULT **Time Orig:** 5:06

Building: LAKEWOOD **Status:** ACTIVE **Date Avail:** 11/1/2024

Location: ENTIRE CAMPUS **Sub-Status:** ISSUED, BEING WORKED ON

ENTIRE CAMPUS - ENTIRE CAMPUS **Skill:** ELECTRICAL

Req Name: **Req Phone:** **Req Pager:**

Req Remarks:

Complete monthly inspections / testing of GFCI receptacles - Create a schedule to get all GFCIs tested within the calendar year. Testing to be performed per NFPA 99, 2012 requirements. The form for recording findings is attached to this work order. Test / Inspect for:

6.3.3.2.1 - The physical integrity of each receptacle shall be confirmed by visual inspaction.
6.3.3.2.2 - The continuity of the grounding circuit in each electrical receptacle shall be verified.
6.3.3.2.3 - The correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed.
6.3.3.2.4 - The retention force of the grounding blade of each electrical receptacle shall be not less that 115 g (4.oz).

Assignments

Resource #	Resource Name	Resource Phone
INCNT2	TEAGUE, COLE	207-861-3346
INJWB1	BLANCHARD , JASON	207-861-3295
INRJV1	VIGUE, RODNEY	207-859-2818

User-Defined Fields

UDF 1 :
UDF 2 :
UDF 3 :
UDF 4 :
UDF 5 :
UDF 6 :
UDF 7 :
UDF 8 :
UDF 9 :
UDF 10 : 1

Problem Code:
Action Code:
Cause Code:
Item Code:

Total Time: 0.00000000
Labor Cost: $0.00
Material Cost: $0.00
WO Taxes:
Total WO Cost: $0.00
Labor Credit: - $0.00
Material Credit: - $0.00
Total Billable: $0.00

Completed By: **Date:**

Comments:

Inspection Schedule Detail

Print Date: 11/21/2024 10:40:17 AM

PM #:	90	Inspect all 2 hour fire doors/barriers

Account: LAKEWOOD Facilities Management–LTC-[illegible]
Type: Active
Skill: FIRE AND LIFE SAFETY
Priority: ADMINISTRATIVE DEFAULT
Frequency: Semi-Annual
Shop:
Instructions:

Last Complete Date: 10/29/2024
Last Generated Date: 10/1/2024
Next Due Date: 4/1/2025
Allow Repeats? True
WO Status: ACTIVE
WO Sub-Stat: ISSUED, BEING WORKED ON

Assignments

Resource #	Resource Name	Resource Phone
INJWB1	BLANCHARD , JASON	207-861-3295
INCNT2	TEAGUE, COLE	207-861-3346

Procedures