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
	205114	A. BUILDING 01 BY:_____ B. WING _____	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH VIEW MANOR	517 RIVERVIEW ST MADAWASKA, ME 04756

(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 Fderal Recertification Survey Survey Date: 04/30/24 High View Manor, a long-term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 04/30/24 High View Manor , a skilled nursing 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 not in substantial compliance.	K 000		
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills 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. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observation and document review, the long-term care facility failed to ensure that fire	K 712		

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

Nancy Cote-Daigle | Administrator | 5/15/24

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 712	Continued From page 1 drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.4 through 19.7.1.7 Findings: On 04/30/2024, between 9:00 AM and 11:30 PM, The surveyor, with Maintenance present, During document review observed the following: 1. The facility failed to conduct the proper number of fire drills during the previous 12 months. The following fire drills for the facility were not completed or missing: A. Missing the second quarter third shift The surveyor confirmed this finding with the Maintenance at the time of the document review.	K 712		
K 761 SS=E	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80)	K 761		

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K 761	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation and document record review, the long-term care facility failed to conduct 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 in accordance with NFPA 101 18.7.6, 19.7.6, 8.3.3.1, NFPA 80 5.2, 5.2.3. Findings: On 4/30/2024, between 09:00 AM and 11:30 AM, this surveyor, observed the following findings with Maintance and the Administrator. 1. The facility failed to complete the assessment of all fire doors in the facility. The facility had no documentation that the doors had been inspected by a trained employee or a outside qualified vendor for year 2023 and 2024. This surveyor confirmed this finding with Maintance and the Administrator the time of the observation and document review.	K 761		
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced	K 919		

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K 919	Continued From page 3	K 919		

by:
Based on observation, the long term care facility failed to comply with NFPA 99, Healthcare Facilities Code, 2012 sections 10.1.1, & NFPA 101, Life Safety Code, 2012 Edition.

Finding:

On 04/30/2024, between 09:00 AM and 11:30 AM, a surveyor, with the Maintance present, observed the following:

1. In the dining room area West wall second floor area there is a 220 outlet and the outlet cover is over sized for the electrical box. The over sized protective cover allows access to the inside of the outlet box without the removal of the protective cover.

The surveyor confirmed this finding with the maintance present at the time of the observation.

K712

The facility failed to perform fire drills on a quarterly basis for all three shifts.

a. No one has been affected by this deficiency.
b. We will schedule quarterly fire drills for each shift i.e., days, evenings and nights.
c. The facility will perform a night shift Fire Drill on 05/15/24.
d. We will monitor this throughout quarterly QA Meetings.
e. Completion date: 05/15/24.

K761

The facility failed to conduct the 2023 annual fire door inspections program to ensure they are inspected, tested, and maintained in accordance with NFPA80.

a. No one has been affected by this deficiency.

b. The annual fire door inspections process has begun.

c. We will monitor this on an annual basis through our QA Meetings.

d. Completion date: 05/17/24.

K919

The facility failed to comply with NFPA 99 with an undersized outlet cover to a 220 outlet.

a. No one has been affected by this deficiency.

b. The outlet has been changed to a compliant correct sized outlet cover.

c. We will monitor all outlets through our quarterly QA Meetings.

d. Completion date: 05/07/24.