STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205132	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**12/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURGIN PINES	**9 LEWIS RD** **KITTERY, ME 03904**

(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
K 000	INITIAL COMMENTS INITIAL COMMENTS Federal Recertification Survey Survey Dates: 12/19/2023 Life Safety Code Statement Durgin Pines, a long-term care facility, is not in substantial compliance with the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment.	K 000		
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 Automatic Sprinkler Separation N/A 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)	K 321		

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 321	Continued From page 1 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 long-term care facility failed to maintain hazardous areas per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.2.1.3. Finding: On December 19, 2023, between 9:30 AM and 12:00 PM, a surveyor, with the Director of Environmental Services present. 1. Multipurpose Room on Gillis wing being used for a storage room. The door to the corridor is required to be self-closing and positive latching. The surveyor confirmed this finding with the Director of Environmental Services at the time of the observation.	K 321		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing 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.	K 353		

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K 353	Continued From page 2 a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and record review, the long-term care facility failed to ensure that 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, 2011 Edition, Sections 7.3.1 and 14.2.1.1 Findings: On 12/19/2023, between 09:30 AM and 12:00 PM, this surveyor, observed the following findings with the Director of Environmental Services and the Administrator. 1. The facility failed to complete the assessment of the internal condition of piping during the required 5 year time interval. The system was due for an sprinkler internal examination on June, 28, 2023 2. The facility failed to completed the hydrostatic flow testing of the piping of the fire department connection during the required 5 year time interval.	K 353		

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K 353	Continued From page 3 3. The facility failed to complete the 3 year trip test on the dry sprinkler system in the attic. 4. The facility failed to replace all sprinkler system gauges on the sprinkler system. This surveyor confirmed these findings with Director of Environmental Services and the Administrator the time of the observation and review.	K 353		
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 interview, the long-term care facility failed to ensure that fire 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 19.7.1.6. Findings: On December 19, 2023, between 9:30 AM and	K 712		

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K 712	Continued From page 4 12:00 PM, a surveyor, with the Director of Environmental Services present. 1. The following fire drills for the facility were not completed or missing: A. Second shift drill during the 4th quarter of 2023 B. Second and third shift drills during the 3rd quarter of 2023 C. 1st shift drill during the 2nd quarter of 2023 The surveyor confirmed these findings with the Director of Environmental Services at the time of the observation and record review.	K 712		
K 754 SS=D	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the	K 754		

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K 754	Continued From page 5 long-term care facility failed to maintain mobile soiled linen collection receptacles in room protected as a hazard area per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.5.7.1. Findings: On December 19, 2023, between 9:30 AM and 12:00 PM, a surveyor, with the Director Environmental Services present, observed the following: 1. Hand Wing two 32 gallon soiled linen carts found stored in exit corridor. 2. Feeney Wing two 32 gallon soiled linen carts found stored in exit corridor 3. Hogan Wing two 32 gallon soiled linen carts found stored in exit corridor The surveyor confirmed these findings with the Director of Environmental Services at the time of the observation.	K 754		
K 761 SS=F	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.	K 761		

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K 761	Continued From page 6 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on observation and 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, 2010 Edition, Sections 5.2 and 5.2.3 and also, in accordance with NFPA 101, Life Safety Code, 2012 Edition, Sections, 19.7.6 and 8.3.3.1. Finding: On 12/19/2023, between 09:30 AM and 12:00 PM, this surveyor, observed the following findings with the Director of Environmental Services 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. This surveyor confirmed this finding with Director of Environmental Services and the Administrator the time of the observation and record review.	K 761		
K 918 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second	K 918		

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K 918	Continued From page 7 criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure that the generator had proper maintenance records and was being exercised in accordance on the auxiliary generator power per NFPA 99, 2012 Edition, Section 6.4.4.1.1.3 and NFPA 110, 2010 Edition, Section 8.4.1. Finding:	K 918		

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K 918	Continued From page 8 On December 19, 2023, between 9:30 AM and 12:00 PM, a surveyor, with the Director of Environmental Services present: 1. No generator records were on file showing the generator was exercised weekly the weeks of 11.06.2023, 08.21.2023, 07.03.2023, 04.17.2023, 03.20.2023, 02.20.2023. The surveyor confirmed this finding with the Director of Environmental Services at the time of the observation and record review.	K 918		
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be	K 923		

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K 923	Continued From page 9 handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to store oxygen cylinders in accordance with NFPA 99, Health Care Facilities Code, 2012 Edition, Sections 11.3.2.3 and 11.6.5.2 Findings: On December 19, 2023, between 9:30 AM and 12:00 PM, a surveyor, with the Director of Environmental Services present. 1. 47 D Oxygen cylinders, containing a total of 658 cubic ft, were found stored in the Service Hall Oxygen/Biohazard Closet. This room does not meet the requirements for a fire-rated room in Section 11.3.2.3. 2.. All oxygen storage closet throughout the facility have no signage designating tanks on whether they are full or empty in Section 11.6.5.2. The surveyor confirmed these findings with the Director of Environmental Services at the time of	K 923		

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K 923	Continued From page 10 the observation.	K 923		