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

FORM APPROVED
OMB NO. 0938-0391

RECEIVED
JUL 26 2023
BY:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205184	A. BUILDING 01 B. WING	07/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - SO PARIS	477 HIGH ST SOUTH PARIS, ME 04281

(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 Survey Date: 07.18.2023 Maine Veteran's Home in South Paris, 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 Survey Date: 07.18.2023 Maine Veteran's Home in South Paris Long Term Care 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 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

Administrator 7-26-2023

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 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 observation and interview, the long term care facility failed to maintain the 1-hour fire-rated barrier wall per the Life Safety Drawings provided and NFPA 101, Life Safety Code, 2012 Edition, Section 19.1.6.4. Finding: On July 18, 2023, between 10:15 am and 11:45 am, a surveyor, with the Maintenance Director present, observed the following: 1. Cross corridor doors into the C Wing did not	K 161		

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K 161	Continued From page 2 have the floor bolts to latch at the bottom and did not resist the passage of smoke. The Life Safety Drawings indicate that the wall between Administration and C Wing is a 1-hour fire-rated barrier wall. The cross corridor doors are labeled 45-minute fire-rated. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 161		
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 observation and interview, the long term care facility failed to ensure that the corridors were free of obstructions per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.3.4 (5). Finding: On July 18, 2023, between 10:15 am and 11:45 am, a surveyor, with the Maintenance Director present, observed the following: 1. 2 tables stored in the exit corridor outside the Activities Room found used for guinea pig cages. These are not considered approved items to be	K 211		

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K 211	Continued From page 3 stored in the corridor per Section 19.2.3.4. The surveyor confirmed this finding with the Maintenance Director at the time of the observation and interview. These guinea pig cages were previously housed inside of the Activities room, but were too noisy during quiet activities.	K 211		
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) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet)	K 321		

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K 321	Continued From page 4 g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure that the doors to hazardous areas self-closed and positively latched per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.2.1.3 and 19.3.2.1.5. Findings: On July 18, 2023, between 10:15 am and 11:45 am, a surveyor, with the Maintenance Director present, observed the following: 1. 45- minute fire-rated door to Kitchen pantry found propped open with condiment box. 2. Clean Utility door in Residential Care wing did not latch when released from 90 degree angle. 3. C Unit Family Room is currently being used for storage. The corridor door to this room shall be equipped with self-closing hardware. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 321		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for	K 363		

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K 363	Continued From page 6 at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure that all corridor doors positively latched per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.6.3.5. Finding:	K 363		

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K 363	Continued From page 6 On July 18, 2023, between 10:15 am and 11:45 am, a surveyor, with the Maintenance Director present, observed the following: 1. Patient room corridor door B15 did not positively latch when pulled shut. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 363		

MAINE VETERANS' HOMES – South Paris
PLAN OF CORRECTION

Maine Veterans' Homes submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services, the State of Maine or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.

		The plans of correction address all bullets required under plan of correction. The only exception is the final bullet pertaining to waiver request. We do not request any waivers.	Date
K 161	Building Construction Type and Height	Cross-corridor doors into the C-Wing affecting C-Wing residents have been corrected with floor bolts installed at their bottom edge to prevent the passage of smoke Audits of other 1hr barrier wall locations affecting any other residents within the facility are completed monthly effective 8/31/2023	8/31/2023 8/31/2023 8/31/2023

		Findings of cross-corridor door audits completed with findings reported to the facility Quality Assurance Improvement Committee (QAPI).	
K 211	Means of Egress (General)	The guinea pig cages stored in the corridor outside of the Activities room have been removed, thus allowing full access to all residents in the corridor. All other facility corridors have been reviewed to ensure they allow residents unimpeded egress. Facility corridors will be audited monthly to ensure they allow for unimpeded egress Findings of the facility corridor egresses will be reported to the facility Quality Assurance Improvement Committee	8/31/2023 8/31/2023 8/31/2023 8/31/2023
K321	Hazardous Areas-Enclosure	Dietary staff received education related to K-321 and the door to the pantry remains closed, the clean utility door was serviced in the residential care wing and latches when released from a 90-degree angle and the items in the C-Unit family room have been relocated returning it to its intended purpose. All areas affected comply with the requirements of K321. Doors to hazardous areas, all doors that latch and all facility family rooms have	8/31/2023 8/31/2023

		been reviewed and assessed to ensure they are in compliance with K321 Audits of facility doors to hazardous areas, doors that latch and to rooms off corridors have been added to monthly environmental rounds and findings will be reported to the facility Quality Assurance Performance Improvement Committee.	8/31/2023
K363	Corridor Doors	The affect resident room of B-15 has been addressed and positively latches when pulled shut. Audit of all resident doors that enter a corridor are conducted monthly to ensure all doors positively latch. Findings of the monthly audits will be brought forward for review at the facility Quality Assurance Performance Improvement committee.	8/31/2023 8/31/2023 8/31/2023