STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205068	A. BUILDING **01** B. WING _____	R **06/13/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGBROOK CENTER	**300 SPRING ST** **WESTBROOK, ME 04092**

(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 Dates: 04-25-23 Springbrook 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 for Emergency Preparedness.	{E 000}		
{K 000}	INITIAL COMMENTS Federal Recertification Survey Survey Dates: 4-25-23 Springbrook Center, 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 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 maintain the exit corridors free of obstructions per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.1. & 7.1.5.1.	{K 211}		

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 211}	Continued From page 1 Finding: On June 13, 2023, between 8:45 am and 9:30 am, a surveyor, with the Director of Maintenance, observed the following: 1. Door magnets hang down from every door frame for stairwell 1,2&3 measure 6'4" from the bottom of the magnet to floor. The surveyor confirmed these finding with the Director of Maintenance at the time of the observation.	{K 211}		
{K 222} SS=E	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 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	{K 222}		

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{K 222}	Continued From page 2 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 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 long term care facility failed to provide required	{K 222}		

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{K 222}	Continued From page 3 signage for delayed egress doors per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.2.2., 7.2.1.5 Findings: On June 13, 2023, between 8:45 am and 9:30 am, a surveyor, with the Maintenance Director present, observed the following: 1. Egress doors on the second and third floor stairwells require special knowledge to exit the building by having 2 locking devices installed on the doors. One of the locking devices is installed in the vertical position with delayed egress"Push until alarm sounds door can be opened in 30 Secondss" and the other panic hardware bar was installed in the horizontal position to open the door after the delayed egress was unlocked. More than one releasing mechanism on an egress door is not allowed. The surveyor confirmed this findings with the Maintenance Director at the time of the observation.	{K 222}		
{K 311} SS=E	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire	{K 311}		

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{K 311}	Continued From page 4 resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to ensure that vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour per NFPA 101, Life Safety Code, 2012 edition Section 19.3.1.1 Finding: On June 13, 2023, between 8:45 AM and 9:30 AM, a surveyor, with the Maintenance Director present, observed the following: 1. The doors on every floor serving stairwell 1,2 &3 are not equipped with a label that identifies the fire rating of the door. The surveyor was unable to verify the rating of the door assembly. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	{K 311}		