STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING **01** B. WING _____	C **11/14/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	**20 WEST MAIN STREET** **YARMOUTH, ME 04096**

(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 Federal Complaint Survey Survey Date: 11-14-23 Coastal Manor, 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 232 SS=D	Aisle, Corridor, or Ramp Width CFR(s): NFPA 101 Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT is not met as evidenced by: Based on observation the long-term care facility failed to maintain corridor free obstructions per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.3.4 (5) (a). Finding: On November 14, 2023, between 11:30 AM and 1:00 PM, surveyors, with the Maintenance Director present, observed the following: 1. Couch and chair found stored in the 2nd floor exit corridor. The surveyor confirmed this finding with the	K 232		

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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	205157	A. BUILDING **01** B. WING _____	C **11/14/2023**

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COASTAL MANOR	**20 WEST MAIN STREET** **YARMOUTH, ME 04096**

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K 232	Continued From page 1 Maintenance Director at the time of the observation.	K 232		
K 311 SS=D	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 resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observation the long-term care facility failed to maintain the 1-hour stairwell enclosure in the West Wing dining area to the outside per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.1.1 and 8.3.4.2 and NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition, Sections 4.2.2 and 7.4.3.1.1 Finding: On November 14, 2023, between 11:30 AM and 1:00 PM, surveyors, with the Maintenance Director present, observed the following: 1. The fire door protecting the center stairwell has no fire-rated tag and appears to be equipped with residential hardware.	K 311		

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	205157	A. BUILDING **01** B. WING _____	C **11/14/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	**20 WEST MAIN STREET** **YARMOUTH, ME 04096**

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K 311	Continued From page 2 The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 311		
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the long term care facility failed to maintain the documentation to indicate that the smoke detection had the sensitivity testing completed per NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition, Section 14.4.5.3.1 and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.4.1, 9.6, and 9.6.1.3. Finding: On November 14, 2023, between 11:30 am and 1:00 pm, a surveyor, with the Maintenance Director and Office Manager present, observed the following: 1. Documentation could not be provided to indicate that the NFPA 72 compliant fire alarm system had conducted the sensitivity testing of the smoke detection within one year of installation.	K 345		

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K 345	Continued From page 3 The surveyor confirmed this finding with the Maintenance Director and Office Manager at the time of the record review.	K 345		
K 712 SS=E	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, interview, and record review, the long term care facility failed to conduct 3rd shift announced fire drills at varied times per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.6 and 19.7.1.7. Findings: On November 14, 2023, between 11:30 am and 1:00 pm, a surveyor, with the Maintenance Director and Office Manager present, observed the following: 1. The 3rd shift fire drills conducted in April 2023, July 2023, and October 2023 were all done at 6:35 am. These times are not considered varied.	K 712		

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K 712	Continued From page 4 2. The 3rd shift fire drill was missed in the 1st quarter of 2023. Fire drills shall be conducted once per quarter per shift. 3. The 3rd shift fire drills conducted in April 2023, July 2023, and October 2023 were announced over an intercom at 6:35 am. Coded announcements can only be done between 9:00 pm and 6:00 am. The surveyor confirmed these findings with the Maintenance Director and Office Manager at the time of the 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, the long-term care facility failed to maintain mobile soiled linen collection	K 754		

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K 754	Continued From page 5 receptacles in room protected as a hazard area per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.5.7 (3). Findings: On November 14, 2023, between 11:30 AM and 1:00 PM, surveyors, with the Maintenance Director present, observed the following: 1. 1st floor Trash Closet has two 32-gallon trash receptacles. The corridor door was a hollow core door with residential hardware. 2. 2nd floor Trash Closet has two 32-gallon trash receptacles. The corridor door was a hollow core door with residential hardware. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 754		
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 6 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the 2-hour fire-rated doors free of holes and penetrations per NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition, Section 5.2.5.2 (1) and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.1.3.3 (2) and 8.3.3.1. Findings: On November 14, 2023 between 10:00 AM and 1:00 PM, a surveyor, with the Maintenance Director present, observed the following: 1. The 90-minute fire rated cross-corridor door located in 2-hour fire barrier between the long-term care facility and residential board and care facility has 4 holes located on the top latch side of the door. 2. The 90-minute fire rated door frame located in the 2-hour fire barrier between the long-term care facility and residential board and care facility has a penetration on the latch side. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 761		
K 918 SS=D	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 observation, interview, and record review, the long term care facility failed to provide documentation for one monthly inspection and all weekly inspections of the generator per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 8.4.1 and NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.4.1.1.3.	K 918		

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K 918	Continued From page 8 Findings: On November 14, 2023, between 11:30 am and 1:00 pm, a surveyor, with the Maintenance Director and Office Manager present, observed the following: 1. Documentation could not be provided to include the monthly generator test for October 2023. 2. Documentation could not be provided to include the weekly generator tests for the last 12 calendar months. The surveyor confirmed these findings with the Maintenance Director and Office Manager at the time of the record review.	K 918		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETE:
	205157	A. BUILDING: **01** B. WING	**11/14/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	**20 WEST MAIN STREET YARMOUTH, ME**

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 291	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation the long-term care facility failed to maintain emergency lighting per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.9.1 and 7.9.2.3 (3). Finding: On November 14, 2023, between 11:30 AM and 1:00 PM, surveyors, with the Maintenance Director present, observed the following: 1. Emergency light #3 outside nurse's station was not operational when the test button was pressed. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.

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The above isolated deficiencies pose no actual harm to the residents