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

RECEIVED
MAY 02 2025
BY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205070	A. BUILDING 01 B. WING	C 04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE POINT CENTER	67 PINE POINT RD SCARBOROUGH, ME 04074

(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: Date: 04/17/2025 Pine Point Center, a Long Term Care Facility, was surveyed to the National Fire Protection Association 101 Life Safety Code 2012 Edition as reference on 42 CFR 483.90 (a-d) physical environment and is not in substantial compliance.	K 000		
K 354 SS=F	Sprinkler System - Out of Service CFR(s): NFPA 101 Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service. 18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain when the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service.accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of	K 354	Fire Watch was initiated on 4/17/25 at 11:00pm when Fire Marshal was onsite. Maintenance Director was placed on leave and termed on 4/21/25. Maintenance Assistance and staff will be educated on the Fire Watch Policy. The policy will be reviewed with all new hires and reviewed at QAPI monthly for three months for further review and consideration. **Corrections to be done by May 22, 2025.**	

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

Todd Beaulieu, ED — 5/1/2025

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.

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
	205070	A. BUILDING 01 BY: _____ B. WING _____	C 04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE POINT CENTER	67 PINE POINT RD SCARBOROUGH, ME 04074

(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 354	Continued From page 1 Water-Based Fire Protection Systems, 2011 edition, Section 15.5.2. as referenced by NFPA 101, Life Safety Code, 2012 edition, Section 19.3.5.1 and 9.7.5. This deficient practice could affect the facility, and the sprinkler in case of activation of the sprinkler system. Finding: On 04/17/2025, between 7:45 PM and 11:15 PM, a surveyor with the Administrator present, observed the following: 1. The sprinkler system was out of service for more than 10 hours in a 24-hour period, the entire attic of the building was affected the building was not evacuated or an approved fire watch was not provided until the sprinkler system has been returned to service until 11:00PM on 04/17/2025. This finding was verified by the Administrator at the time of observations on 04/17/2025 between 7:45 PM and 11:15 PM.	K 354		

Genesis HealthCare

MANUAL TITLE:	Safety and Health Policies and Procedures
POLICY TITLE:	SH701 Fire Watch
APPLICATION:	Entire Company
EFFECTIVE DATE:	10/15/09
REVIEW DATE:	04/15/23
REVISION DATE:	04/15/23
PAGE:	1 of 2

POLICY

Service locations must comply with Occupational Health and Safety Administration (OSHA) Standards, National Fire Protection Association (NFPA) and other applicable regulations for ensuring continuous monitoring for fire when the alarm system is disabled.

A "Fire Watch" is required whenever, for any reason, any component of the fire detection or fire sprinkler system is disabled and no redundant device exists in the affected zone, or when system notification to the central monitoring station is disrupted.

If service is interrupted due to construction, only those zones directly affected by the construction shall be disabled.

Fire watch is defined as assigning a person or persons to an area for the purpose of alerting the occupants of fire.

PURPOSE

To ensure all occupants are alerted of fire if the fire detection system is disabled.

PROCESS

1. Staff must notify the local fire department communications center and the building's alarm system monitoring or fire sprinkler company to report the condition, extent, and expected duration of the disruption.
   - 1.1 Document notification on the *Fire Watch Checklist.*
   - 1.2 When a fire system is down for more than four (4) hours within a 24-hour period, the state licensing agency will be notified.
   - 1.3 When the fire sprinkler system is down for more than 10 hours within a 24-hour period, the state licensing agency will be notified.
2. One staff member must remain in close proximity of the alarm panel at all times while the system is "off line" to the central monitoring station and the fire department. The only responsibility of this employee will be the fire watch until relieved or the system is back online.
3. Each affected zone must be patrolled at least once per hour or per local, state, or federal regulations during the fire watch period and patrols documented on the *Fire Watch Checklist.* In the event the entire system is taken off-line, all floors and areas of the building must be patrolled.
4. When the system is restored, complete the *Fire Watch Checklist,* ensuring all system functions are restored.

MANUAL TITLE:	Safety and Health Policies and Procedures
POLICY TITLE:	SH701 Fire Watch
APPLICATION:	Entire Company
EFFECTIVE DATE:	10/15/09
REVIEW DATE:	04/15/23
REVISION DATE:	04/15/23
PAGE:	2 of 2

5. Notify the local fire department communications center and the building's alarm monitoring/sprinkler system company to report the system back "on line."

   5.1 Document notification on *Fire Watch Checklist*.

6. File the *Fire Watch Checklist* in the appropriate log book.

FIRE WATCH CHECKLIST

Date: _____ Initial disruption time: _____ AM / PM

Reason for fire detection system disruption: ☐ Construction ☐ Alarm system malfunction

☐ Sprinkler system malfunction

☐ Other: _____

Zones affected: _____ Whole building affected: _____

Date/Time for expected return to "on line" status: _____

Fire department non-emergency number: _____

Name and position of fire department personnel spoken with: _____

_____

_____

Alarm system monitoring company number: _____

Name and position of alarm system monitoring company personnel spoken with: _____

_____

_____

Date	Time	Affected Zones Inspected	Initials	Comments

Name, title, and signature of person determining fire detection system is back "on line": _____

_____

Date/Time of fire detection system "on line": _____ AM / PM

Date/Time fire department notified of "on line" status: _____ AM / PM

Name and position of fire department personnel spoken with about "on line" status: _____

_____

_____

Date/Time alarm system monitoring company notified of "on line" status: _____ AM / PM

Name and position of alarm system monitoring company personnel spoken with about "on line" status:

_____

Sprinkler Systems Inc.
70 Bacon Street
Pawtucket, RI 02860
(207) 782-0104
AR@encorefireprotection.com

Bill To
Cintas Corporation (SSI)
10990 Metro Parkway
Fort Myers, FL 33901

http://www.sprinklersystemsinc.com/
If you have any questions or concerns please reach us at Service@Sprinklersystemsinc.com

Invoice No.	**12997965**
Customer PO No.	042425
Invoice For	**Repair Job #40532071 (04/30/2025)**
Transaction Date	4/30/2025
Due Date	5/31/2025 (Net 30)

Service Location
Pine Point Center
67 Pine Point Rd
Scarborough, ME 04074

Services Completed

[Sprinkler] Location - Building
Replace multiple sections of 2" and 4" pipe and associated couplings to repair leaks and prevent burning out air comporessor
Completion: 04/01/2025 to 04/30/2025

Item	Amt
Fees	$1,142.00
Labor	$6,280.00
Materials	$1,302.00
Parts	$316.00
SERVICE TOTAL	**$9,040.00**

GRAND TOTAL $9,040.00

Additional Customer Information

Sage Timberline ID # CCS165

Notes

Sprinkler Repair
Replace multiple sections of 2" and 4" pipe and associated couplings to repair leaks and prevent burning out air comporessor
Technicians: Chase Petrain, Gary Peaslee, Colby Webster and Mason Rivet
Completed installing a welded cross piece and 2 pieces of pipe.

Terms & Conditions

For the easiest way to pay, visit https://www.termsync.com/.

Please take a moment to share your feedback with us by completing this quick survey: https://www.surveymonkey.com/r/encorefire Thank you!

INSERVICE SIGN-IN SHEET

Topic:	Review of Fire Watch Policy	**Training Date/Time**	For complaint survey dated 4/17/25
Facilitator:	Todd Beaulieu or Delegate	**Location:**	

Printed Name	Title	Facility Name	Signature
Jazmyn Sargent	CNA	Pine Point	Jazmyn Sargent
Lucinda Downs	cna	pinepoint	L Downs
Linda Short	CNA	pine point	L. Short
Eugene Hal	LPN	"	Eugene Hal, LPN
Grace NYANGONE	CNA	"	[illegible]
Silvana Perez	RN	Pine point	Silvana Perez
Chandrea Touch	CNA	Pine point	Chandrea Touch
Maria Nason	CNA	Pine Point	Maria Nason
Mia Apichell	CNA	Pine Point	Mia Apichell
Amanda Bridges	NBC	Pine Point	ABridges
Linda Chetley	RNRACT	Pine Point	[illegible]
Jessica Mcra	CNA	Pine Point	[illegible]
Yvette KOMBO	CNA	Pine Point	[illegible]
Doris Michaud	CNA	"	Doris Michaud
Michele Lovejoy	RN	" "	[illegible]
RHENA MAE PLAZA	RN	PINE POINT	[illegible]
MARILYN LEMAY	CNA	PPNCC	Marilyn LeMay
Natalie winters	Diet Aide	Pinepoint	Natalie Winters
Joseph cremita	Diet Aid	Pine Point	Joseph Cremita

RECEIVED
MAY 16 2025
BY:

INSERVICE SIGN-IN SHEET

Topic:	Review of Fire Watch Policy	Training Date/Time	For complaint survey dated 4/17/25
Facilitator:	Todd Beaulieu or Delegate	Location:	

Printed Name	Title	Facility Name	Signature
Kaitlyn Scott	PT	Pine Point	[signature]
Kelly Price	PTA	Pine Point	Kelly Price
Kristen Chisman	OT	Pine Point	[signature]
Annie Hamblett	OTR/L	Pine Point	Annie Hamblett
Merilee Forbes-Kearns	SLP	Pine Point	[signature]
ANTONICA NUMBO	LHK	↓	ANTONICA
JOANA JOAQUIM	LHK		J J
ANDRÉ E SIMÃO	Laundry		André E Simão
GIRESSE MILAMBO	LHK	↓	Giresse
Laura Chalfey	RN MDS	Pine Point	[signature]
Kathryn Berthiaume	RN MDS	Pine Point	Kathryn Berthiaume
Lisa Vadnais	FSD	Pine Point	Lisa Vadnais
Maia Nevens	SSD	Pine Point	[signature]
Karen Farrington	Admin Asst	Pine Point	Karen Farrington
Sem B. Chuma	HK Acc. MGR	Pine Point	[signature]
Annie Dore	Rec Asst	Pine Point	Annie Dore
Chase Chaney	Maint	Pine Point	Chase Chaney
Tracy Puebla	SDON	Pine Point	Tracy Puebla
Wendy Copeland	Scheduler	Pine Point	Wendy Copeland
Nicole Bean	UNUM	PPC	[signature]

RECEIVED
MAY 16 2025
BY:

INSERVICE SIGN-IN SHEET

Topic:	Review of Fire watch Policy	**Training Date/Time**	For complaint survey dated 4/17/25
Facilitator:	Todd Beaulieu or Delegate	**Location:**	

Printed Name	Title	Facility Name	Signature
Chase Chaney	Maint	Pine Point.	Chase Chaney
Karen Farrington	Admin Assist	Pine Point	Karen Farrington
Nicole Bean	NSG	Pine Point	
Kathryn Berthiaume	MDS	Pine Point	K Berthiaume
Lori Swift	CNA	P.P	Lori Swift
Rolf Crawford	CNA	P.P	
Linda Bernard	CNA/Mods	P. Point. C.	
Joan Hanna	RN	Pine Point Cntr	
Rose Ann Macairap	RNSG	PPC	
Nicole Cantara	NSG	PPC	
Annie Dore	Rec Ass	PPC	Annie Dore
Sharon Ann Boynton	NSG	PPC	
Kim Murphy	Cook	PPC	
Lisa Vadnais	FSD	PPC	Lisa Vadnais
Mike Stevens	Cook		