

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

PRINTED: 04/22/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205070		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED C 04/17/2025	
NAME OF PROVIDER OR SUPPLIER PINE POINT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
K 000	INITIAL COMMENTS			K 000			
	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 354 SS=F	Sprinkler System - Out of Service CFR(s): NFPA 101			K 354			
	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						

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 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			