STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205109	A. BUILDING 01 B. WING	06/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHALL HEALTH CARE AND REHAB	16 BEAL STREET MACHIAS, ME 04654

(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: 06/24/2025 Marshall Healthcare & Rehab 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 Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 06/24/2025 Marshall Healthcare & Rehab 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 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source	K 353		

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

Siana Schoppee | Administrator | 07/07/2025

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.

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	205109	A. BUILDING 01 _____ B. WING _____	06/24/2025

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K 353	Continued From page 1 Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Federal Recertification Survey Date: 06/24/2025 Based on observations the long term care facility failed to ensure that Sprinkler System was inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 edition, Chapter 5, section 5.2.1.1.1. Findings: During a facility tour on 06/24/2025 between the hours of 10:00 AM and 1:30 PM, this surveyor along with the Administrator and Maintenance Director observed the following: 1. One sprinkler head located in the walk in refrigerator unit has paint on it and is corroded. This could affect the operation of the sprinkler head. This deficiency does not meet the minimum requirements of maintaining a sprinkler system. These findings were verified by the surveyor, Administrator and Maintenance Director at the time of observations and exit interview.	K 353	■ Facility immediately contacted Maine Fire Protection Systems to schedule replacement of identified sprinkler head. ■ All staff and residents have the potential to be affected by this practice. ■ Maine Fire Protection Systems has obtained the equipment and scheduled a date for installation. ■ To ensure compliance going forward facility sprinkler heads will continue to be audited regularly as part of the facility's preventative maintenance program. Maine Fire Protection Systems will continue to service the facility sprinkler system as needed accordingly. ■ The Maintenance Director and/or Designee will ultimately be responsible for this process going forward. ■ Please see attached documentation.	08/01/2025
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101	K 363		

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K 363	Continued From page 2 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 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:	K 363		

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K 363	Continued From page 3 Based on observation, the long-term care facility failed to maintain the corridor doors to resist the passage of smoke to and from the corridor as referenced by NFPA 101, Life Safety Code 2012 edition, Section 19.3.6.3.1 Findings: During a facility tour on 06/24/2025 between the hours of 10:00 AM and 1:30 PM, this surveyor with the Administrator and Maintenance Director observed the following: 1. Patient Room 13 has a gap of 1/2" at the top of the doorway which allows the passage of smoke The surveyor confirmed this finding with the Administrator and Maintenance Director at the time of the observation and exit interview.	K 363	■ Facility immediately contacted Exactitude to schedule repairs for identified door gap. Exactitude came on-site to assess the repairs needed on 06/25/2025. ■ All staff and residents using Patient Room 13 on South Wing have the potential to be affected by this practice. ■ Exactitude is ordering the appropriate equipment, a service contract has been signed, and a date for installation/service has been scheduled. ■ The facility Maintenance Director obtained his Fire Door Inspection Certification on 04/25/2025. Facility wide audits of all fire doors was completed on 05/16/2025. To ensure compliance going forward facility fire doors will continue to be audited regularly as part of the facility's preventative maintenance program. Exactitude will continue to service the facility's fire doors as needed accordingly. ■ The Maintenance Director and/or Designee will ultimately be responsible for this process going forward. ■ Please see attached documentation.	08/01/2025