

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

PRINTED: 01/04/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205082		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 01/03/2024	
NAME OF PROVIDER OR SUPPLIER PINNACLE HEALTH & REHAB AT SANFORD				STREET ADDRESS, CITY, STATE, ZIP CODE 1142 MAIN ST SANFORD, ME 04073			
(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 321}	Continued From page 1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to maintain the corridor doors free of non-rated materials per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.2.1. Findings: On January 3, 2024 between 12:30 pM and 1:30 pM a surveyor, with the Maintenance Director present, observed the following: 1. 1st Floor Biohazard room door are awaiting replacement doors from a door vendor. 2. 2nd Floor Biohazard room door are awaiting replacement doors from a door vendor. The surveyor confirmed these findings with the Maintenance Director and Administrator at the time of the observation.			{K 321}			