STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205091	A. BUILDING **01** B. WING _____	**03/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE CENTER	**27 COOL ST** **WATERVILLE, ME 04901**

(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: 03/18/2025 Oak Grove 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: 03/18/2025 Oak Grove Center for Health & Rehabilitation, 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 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9	K 321		

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 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, the facility failed to ensure that hazardous areas are protected per the requirements of NFPA 101 2012 edition by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Findings: Observations during the facility tour on 3/18/25 between hours of 9:30 AM and 4:00 PM. this surveyor accompanied by the Maintenance Director and the Administrator did observe the following: The Janitor Closet located in Jewett Unit revealed one (1) through penetration in the ceiling of the one (1) hour fire barrier that was observed, the	K 321		

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K 321	Continued From page 2 unsealed penetration was a circular two inch (2") around the circumference. The penetration is prohibited by sections 19.3.2.1.5, 8.7.1 and 19.3.5.9 of the NFPA Life Safety Code 101, 2012 edition. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 321		
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 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	K 363		

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K 363	Continued From page 3 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: Based on observation and interview, the facility failed to properly maintain the smoke partitions. The deficient practice affected three (3) of six (6) smoke compartments. The facility has a capacity for 90 beds with a census of 84 on the day of the survey. Four (4) of forty eight (48) resident room corridor doors from latching when closed, per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.6.3, 19.3.6.3.5 Findings: On 03/18/2025, between 9:30 AM and 4:00 PM, surveyors, with the Administrator, Maintenance Director and Regional Director present, observed the following: 1. Resident room 7 door did not latch when attempted, door was opened and closed 5 times. 2. Resident room 28 door did not latch when attempted, door was opened and closed 5 times. 3. Resident room 33 door did not latch when attempted, door was opened and closed 5 times. 4. Resident room 43 door did not latch when attempted, door was opened and closed 5 times.	K 363		

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K 363	Continued From page 4 This finding was verified by the Administrator, Maintenance Director and Regional Director at the time of the observation.	K 363		
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to meet the requirements in 1 of 5 smoke barriers in the facility per the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition, for smoke barrier enclosures in accordance with 19.3.7.3. Findings: On 03/18/25 between hours of 9:30 am and 4:00 pm. this surveyor accompanied with Maintenance Director and the Administrator did observe the following: 1. The wall located in the attic space above the Provider's Office has a penetration through the	K 372		

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K 372	Continued From page 5 wall approximately 6" in diameter with 3 large extension cords that have been discontinued from use for past HVAC service, and several CAT 5 cables in the same penetration, penetrating the wall in the smoke barrier. This finding was verified by the Maintenance Director at the time of the observation.	K 372		
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to equip the generator with an emergency stop device outside the generator enclosure per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, section 5.6.5.6, and NFPA 99, Health Care Facilities Code, 2012 edition, Section 6.4.1.1. Finding: Based on observation on 03/18/25, between 09:30 AM and 4:00 PM, surveyors, with the Director of Maintenance, Maintenance Worker, and the Administrator present, observed the following:	K 911		

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K 911	Continued From page 6 1. The only generator remote emergency stop station/device is inside the generator enclosure/housing. There is no labeled remote emergency stop station/device elsewhere. The remote emergency stop switch shall be located outside the room housing the prime mover or exterior enclosure and shall be permitted to be mounted on the exterior of the enclosure. The surveyor confirmed this finding with the Director of Maintenance, Maintenance Worker and the Administrator at the time of the observation.	K 911		