STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. BUILDING 01 B. WING ______	03/12/2024

RECEIVED MAR 21 2024 BY:

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK REHABILITATION & LIVING CENTER	158 RUSSELL ST LEWISTON, ME 04240

(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 Dates: 03-12-24 Russell Park Rehabilitation & Living 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 for Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 03.12.2024 Russell Park Rehab & Living 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 362 SS=E	Corridors - Construction of Walls CFR(s): NFPA 101 Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames.	K 362	See attached POC 3/21/2024	3/22/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] | TITLE: Administrator | (X6) DATE: 3/21/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. BUILDING 01 RECEIVED MAR 21 2024 B. WING	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK REHABILITATION & LIVING CENTER	158 RUSSELL ST LEWISTON, ME 04240 BY:

(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 362	Continued From page 1 If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to maintain the required fire protection rating of the fixed fire window assemblies per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.6.2.7 and 8.3.3. Findings: On March 12, 2024, between 9:15 am and 12:00 pm, a surveyor, with the Maintenance person and Environmental Services Director present, observed the following: 1. Five combustible signs were attached to the wired glass panels of the Nursing Core Kitchenette. 2. Non-rated combustible adhesive film found attached to the wired glass panel of the Nursing Core Utility Room by C Wing. 3. Non-rated combustible adhesive film found attached to the wired glass panel of the Nursing Core Oxygen Room by A Wing. The surveyor confirmed these findings with the Maintenance person and Environmental Services Director at the time of the observation.	K 362	see attached POC 3/21/2024	3/22/24
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101	K 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. BUILDING 01 RECEIVED B. WING MAR 21 2024	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK REHABILITATION & LIVING CENTER	158 RUSSELL ST LEWISTON, ME 04240

(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 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.	K 363	See attached POC 3/21/2024	3/22/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. BUILDING 01 RECEIVED MAR 21 2024 B. WING BY	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK REHABILITATION & LIVING CENTER	158 RUSSELL ST LEWISTON, ME 04240

(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 363	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to maintain smoke tight corridor doors per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.6.3.13 (1) Finding: On March 12, 2024, between 9:15 AM and 12:00 PM, a surveyor, with the Environmental Services Director and Maintenance person present, observed the following: 1. Business office Dutch door upper leaf is not equipped with latching device and astragal. The surveyor confirmed this finding with the Environmental Services Director and Maintenance person at the time of the observation.	K 363	See attached POC 3/21/24	3/22/24
K 379 SS=D	Smoke Barrier Door Glazing CFR(s): NFPA 101 Smoke Barrier Door Glazing 2012 EXISTING Openings in smoke barrier doors shall be fire-rated glazing or wired glass panels in steel frames. 19.3.7.6, 19.3.7.6.2, 8.5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to maintain the required fire protection rating of the 45-minute fire-rated door assembly in the 1-hour fire barrier wall per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.7.6.2. and 8.5.	K 379		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. BUILDING 01 B. WING	03/12/2024

RECEIVED MAR 21 2024 BY:

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK REHABILITATION & LIVING CENTER	158 RUSSELL ST LEWISTON, ME 04240

(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 379	Continued From page 4 Finding: On March 12, 2024, between 9:15 am and 12:00 pm, a surveyor, with the Maintenance person and Environmental Services Director present, observed the following: 1. Four combustible signs were attached to the wired glass panel in the left 45-minute fire-rated cross-corridor door by Oxygen Storage Room across from Reception. The surveyor confirmed this finding with the Maintenance person and Environmental Services Director at the time of the observation.	K 379	See attached POC 3/21/24	
K 712 SS=C	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observations and interview, this intermediate care facility for individuals with intellectual disabilities failed to ensure that fire drills are held at expected and unexpected times	K 712	See attached POC 3/21/24	3/22/24 3/22/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. BUILDING 01 B. WING	03/12/2024

RECEIVED MAR 21 2024 BY:

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK REHABILITATION & LIVING CENTER	158 RUSSELL ST LEWISTON, ME 04240

(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 712	Continued From page 5 under varying conditions, at least quarterly on each shift per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.6. Finding: On March 12, 2024, between 9:15 AM and 12:00 PM, a surveyor, with the Environmental Services Director and Maintenance person present, confirmed that the following fire drill for the facility was not completed or missing: 1. Second shift drill during the 4th quarter of 2023 not completed, record review and interview showed (2) Third Shift drills were performed during this quarter. The surveyor confirmed this finding with the Environmental Services Director and Maintenance person at the time of the observation and record review.	K 712	See attached POC 3/21/2024	3/22/24
K 751 SS=D	Draperies, Curtains, and Loosely Hanging Fabr CFR(s): NFPA 101 Draperies, Curtains, and Loosely Hanging Fabrics Draperies, curtains including cubicle curtains and loosely hanging fabric or films shall be in accordance with 10.3.1. Excluding curtains and draperies: at showers and baths; on windows in patient sleeping room located in sprinklered compartments; and in non-patient sleeping rooms in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20 percent of the wall. 18.7.5.1, 18.3.5.11, 19.7.5.1, 19.3.5.11, 10.3.1 This REQUIREMENT is not met as evidenced by:	K 751		

6/7 Mb

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. BUILDING 01 RECEIVED MAR 21 2024 B. WING BY:	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK REHABILITATION & LIVING CENTER	158 RUSSELL ST LEWISTON, ME 04240

(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 751	Continued From page 6 Based on observation, the long-term care facility failed to treat with approved fire-retardant coating on drapes and curtains per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.5.1 (1). Finding: On March 12, 2024, between 9:15 AM and 12:00 PM, a surveyor, with the Environmental Services Director and Maintenance person present, observed the following: 1. Activities Room has a curtain hanging to separate office space and activities room that was not treated with proper flame-retardant spray and documented. The surveyor confirmed this finding with the Environmental Services Director and Maintenance person at the time of the observation.	K 751	See attached POC 3/21/2024	3/22/24

RUSSELL PARK REHABILITATION & LIVING CENTER
OFFICE of the FIRE MARSHAL
FEDERAL RECERTIFICATION & EMERGENCY PREPAREDNESS SURVEY
PLAN OF CORRECTION
March 21, 2024

K362 Corridors – Construction of Walls
CFR(s): NFPA 101; LSC 2012 Edition, Sections 19.3.6.2.7 and 8.3.3
Findings #1-3

- No residents/visitors or staff were affected.
- Residents/visitors and staff could be affected.
- #1: The 5 combustible signs attached to the wired glass panels of the Nursing Core Kitchenette were removed. #2: The non-rated combustible film was removed from the wired glass panel of the Nursing Core Utility Room by C Wing. #3: The non-rated combustible film was removed from the wired glass panel of the Nursing Core Oxygen Room by A Wing. The facility implemented a monitoring system to ensure other combustible signs, if noted, are removed from wired glass panels; non-rated combustible adhesive film, if noted, will be removed from wired glass panels, as indicated.
- The Environmental Services Director, or designee, will complete routine audits for the next 3 months, to identify if any combustible signs are attached to wired glass panels-and will remove them if identified; ***and*** will audit for non-rated combustible film being attached to wired glass panels- and will remove it, if identified. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: March 22, 2024**

K 363 Corridor – Doors
CFR(s): NFPA 101; LSC 2012 Edition, Section 19.3.6.3.13 (1)

- No residents/visitors or staff were affected.
- Residents/visitors and staff could be affected.
- An astragal has been placed on the upper leaf of the Dutch Door at the Business Office; a positive latching device for the upper leaf of the Dutch Door at the Business Office has been ordered, and will be installed as soon as the item is available from the vendor. The facility implemented a monitoring system to ensure smoke tight corridor doors are maintained, and will fix said doors, if noted.
- The Environmental Services Director, or designee, will complete routine audits for the next 3 months, to ensure smoke tight corridor doors are maintained, as indicated. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: March 22, 2024**

3/21/24

Russell Park Rehab & Living Center
Federal Recertification and EP Survey 03/12/2024

K 379 Smoke Barrier Door Glazing
CFR(s): NFPA 101; LSC 2012 Edition, Sections 19.3.7.6.2 and 8.5

- No residents/visitors or staff were affected.
- Residents/visitors and staff could be affected.
- The four combustible signs were removed from the wired glass panel in the left 45-minute fire rated cross corridor door by the Oxygen Storage Room across from the Reception area. The facility implemented a monitoring system to ensure other combustible signs, if noted, are removed from the wired glass panels.
- The Environmental Services Director, or designee, will complete routine audits for the next 3 months, to identify if any combustible signs are attached to wired glass panels-and will remove them if identified. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: March 22, 2024**

K 712 Fire Drills
CFR(s): NFPA 101; LSC 2012 Edition, Section 19.7.1.6

- The facility cannot perform the missed fire drill, as the period of time the second shift fire drill was due, has since elapsed.
- No residents/visitors, or staff were affected.
- 1st, 2nd, and 3rd shift fire drills will be performed at expected and unexpected times, under varying conditions, at least quarterly on each shift.
- The Environmental Services Director, or designee, will complete routine audits for the next 3 months, to ensure 1st, 2nd and 3rd shift fire drills are conducted, and documented, as required. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: March 22, 2024**

K 751 Draperies, Curtains, and Loosely Hanging Fabric
CFR(s): NFPA 101; LSC 2012 Edition, Section 19.7.5.1 (1)

- No residents/visitors or staff were affected.
- Residents/visitors and staff could be affected.
- The curtain used to separate the Office Space from the Activities Room has been removed until such time the facility can locate proper flame-retardant spray and implement the documentation system required. The facility implemented a monitoring system to ensure other curtains, which lack the proper flame-retardant spray and documentation, are not hanging in the facility.
- The Environmental Services Director, or designee, will complete routine audits for the next 3 months, to identify if there are any other curtains, which lack the proper flame-retardant spray and documentation, aren't hanging within the facility. If noted, the curtain will be removed. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: March 22, 2024**

3/21/24