

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

PRINTED: 03/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2024
NAME OF PROVIDER OR SUPPLIER RUSSELL PARK REHABILITATION & LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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	E 000		
	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.			
K 000	INITIAL COMMENTS	K 000		
	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 362 SS=E	Corridors - Construction of Walls CFR(s): NFPA 101	K 362		
	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.			

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 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			
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.	K 363			

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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		
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		

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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			
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			

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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			
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			

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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			