

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

PRINTED: 04/22/2024
FORM APPROVED
OMB NO. 0938-0391

RECEIVED

APR 29 2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205128	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER MAPLECREST REHAB & LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 174 MAIN ST MADISON, ME 04950		
(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: 4/17/24 Maplecrest Rehab & 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 Survey Date: 4/17/24 Maplecrest Rehab & living center, a long term care facility, was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment and is not in substantial compliance.	K 000			
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to ensure that the Aisles, passageways, corridors, exit discharges, exit locations, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency per	K 211			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Administrator 4/29/24

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.

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

PRINTED: 04/22/2024
FORM APPROVED
OMB NO. 0938-0391

RECEIVED
APR 29 2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205128	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/17/2024
---	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLECREST REHAB & LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 174 MAIN ST MADISON, ME 04950
--	---

(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 211 Continued From page 1
NFPA 101 2012 edition Chapter 7.

Findings:

On 4/17/2024, between 9:00 AM and 12:30 PM, a surveyor, with the Maintenance Supervisor and Administrator present, observed the following:

1. In the exit corridor, outside of patient room 215, trash cans were found being stored.

The surveyor confirmed these findings with the Maintenance Supervisor and the Administrator at the time of observation.

K 222 Egress Doors
SS=D CFR(s): NFPA 101

Egress Doors

Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:

CLINICAL NEEDS OR SECURITY THREAT LOCKING

Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.

18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6

SPECIAL NEEDS LOCKING ARRANGEMENTS

Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are

K 211 Means of Egress-General
CRF(s): NFPA 101

All residents had the potential to be affected by the deficient practice.

Removed trash cans from hallway and placed in patient rooms. Administrator and /or Director of Nursing will educate staff about precaution bins being stored inside door of resident rooms and not in the hallways.

The Administrator, Director of Nursing and/or designee will conduct routine observation audits of resident care areas and conduct random staff interviews to ensure resident hall safety compliance. The results of the audit will be reported to QA.

Completion Date: 5/13/2024

K 222

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

PRINTED: 04/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205128	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 RECEIVED APR 22 2024 B. WING		(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER MAPLECREST REHAB & LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 174 MAIN ST MADISON, ME 04950		
(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 222	Continued From page 2 being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to	K 222			

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

PRINTED: 04/22/2024
FORM APPROVED
OMB NO. 0938-0391

RECEIVED

APR 29 2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205128	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/17/2024
---	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLECREST REHAB & LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 174 MAIN ST MADISON, ME 04950
--	---

(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 222 Continued From page 3
ensure that doors at the means of egress meet the requirements of NFPA 101 life safety code 2012 edition sections 7.2.1.5.3 and 7.2.1.6.2 under requirements for door locks, latches, and alarm devices.
Findings:
On 4/17/2024, between 9:00 AM and 12:30 PM a surveyor, with the Maintenance Supervisor and Administrator present, observed the following:
1. The day room has a marked exit that leads to a courtyard. The gate to exit the courtyard is not equipped with any exiting hardware from the egress side.
The surveyor confirmed these findings with the Maintenance Supervisor and the Administrator at the time of observation.

K 293 Exit Signage
SS=D CFR(s): NFPA 101

Exit Signage
2012 EXISTING
Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system.
19.2.10.1
(Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.)
This REQUIREMENT is not met as evidenced by:
Based on observations, the facility failed to meet the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition for exit and directional signs that are displayed in accordance with 7.10, 19.2.10.1, 19.2.10.2, 19.2.10.3, and 19.2.10.4.
Findings:
On 4/17/2024, between 9:00 AM and 12:30 PM, a

K 222
K 222 Egress Doors
CRF(s): NFPA 101

All residents had the potential to be affected by the deficient practice.

The exiting hardware was moved to the egress side of gate. Hinges were adjusted to allow the gate to swing appropriately. The gate to exit the courtyard is now equipped with exiting hardware from the egress side.

The administrator will inspect to ensure the gate opens and closes appropriately from the egress side of exit.

Completion Date: 5/13/2024

K 293

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

PRINTED: 04/22/2024
FORM APPROVED
OMB NO. 0938-0391

RECEIVED

APR 29 2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205128	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER MAPLECREST REHAB & LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 174 MAIN ST MADISON, ME 04950		
(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 293	Continued From page 4 surveyor, with the Maintenance Supervisor and Administrator present, observed the following: 1. An egress door located in the basement and providing access to the bulkhead doors that access the exterior is marked with signage indicating both Exit and Not an Exit. Correct signage shall be provided on these doors. The surveyor confirmed these findings with the Maintenance Supervisor and the Administrator at the time of observation.		K 293	K 293 Exit Signage CRF(s): NFPA 101 All residents had the potential to be affected by the deficient practice. The egress door is an emergency exit. The sign that read "not an exit" was removed. Signage now indicates the egress door is only an exit. The administrator will inspect to ensure correct signage is provided on the door. Completion Date: 5/13/2024	
K 363 SS=D	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		K 363		

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

PRINTED: 04/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205128	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER MAPLECREST REHAB & LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 174 MAIN ST MADISON, ME 04950		
(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 5 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: Based on observations, the facility failed to ensure that doors in corridor openings are maintained and are equipped with functioning positive latching hardware in accordance with NFPA 101 2012 edition section 19.3.6.3. Findings: On 4/17/2024, between 9:00 AM and 10:30 PM a surveyor, with the Maintenance Supervisor and Administrator present, observed the following: 1. Kitchen corridors at both the front and rear entrances, upon release from magnetic hold open devices, did not positively latch as required. The surveyor confirmed these findings with the Maintenance Supervisor and the Administrator at the time of observation.	K 363	RECEIVED APR 29 2024 BY: _____ K 363 Corridor- Doors CRF(S): NFPA 101 All residents had the potential to be affected by the deficient practice. The door and door closer were adjusted to allow both front and rear entrance doors to positively latch properly upon release from the magnetic hold open. The administrator will inspect to ensure both doors are properly latching. Completion Date: 5/13/2024		