STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205139	A. BUILDING **01** B. WING _____	**01/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINEGENERAL REHAB & LONG TERM CARE - GLENRIDGE	**40 GLENRIDGE DRIVE AUGUSTA, ME 04330**

(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: 01/06/2025 Maine General Glenridge, 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: 01/06/2025 Maine General Glenridge, 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 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 long-term care facility failed to maintain all exterior exit discharge paths to the public way clear of obstructions and an adequate walking surface in 2 of 4 wings per NFPA 101, Life Safety Code, 2012 Edition,	K 211		

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 211	Continued From page 1 Sections 7.1.6, and 7.1.10.1 Findings: Observations and inspection, of emergency lighting during a facility tour on 01/06/2025 with the Administrator, Plant Operations Manager, Plant Operations Supervisor, and General Maintenance Tech and EVS Manager on 01/06/2025 between the hours of 10:00 AM and 2:45 PM found the following. 1. The Garden Wing exterior exit discharge wooden ramp to the public way, was uneven and has ridges greater than 1/4 inch in height. 2. The Cove Wing exterior exit discharge wooden ramp to the public way, was uneven and has ridges greater than 1/4 inch in height. These findings were verified by the Plant Operations Manager, Plant Operations Supervisor, and General Maintenance Tech, at the time of observations and exit interview on 01/06/2025.	K 211		
K 222 SS=D	Egress Doors 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	K 222		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINEGENERAL REHAB & LONG TERM CARE - GLENRIDGE	40 GLENRIDGE DRIVE AUGUSTA, ME 04330

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K 222	Continued From page 2 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 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	K 222		

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K 222	Continued From page 3 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 ensure doors at the means of egress meet the requirement of NFPA 101 life safety code 2012 edition 19.2.2.2.5.1, 19.2.2.2.6 for locking. Findings: Observations and inspection, of emergency lighting during a facility tour on 01/06/2025 with the Administrator, Plant Operations Manager, Plant Operations Supervisor, and General Maintenance Tech and EVS Manager on 01/06/2025 between the hours of 10:00 AM and 2:45 PM found the following: 1. The Comfort Care Wing exit door was locked, and the inspector could not exit the building unless staff unlocked the door. The doors are marked "Push until alarm sounds door can be opened in 15 seconds". When panic bar was pressed no alarm sounds and doors did not unlock after 15 seconds. This affected 1 of 4 of the wings. These findings were verified by the Plant Operations Manager, Plant Operations Supervisor, and General Maintenance Tech, at the time of observations and exit interview on 01/06/2025.	K 222		

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K 291	Continued From page 4	K 291		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview with the Plant Operations Manager, Plant Operations Supervisor, and General Maintenance Tech, the facility failed to meet the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition sections 7.9 and 19.2.9 for emergency lighting in one of 4 smoke compartments. This deficient practice could affect the patients/residents, visitors, and members of facility staff in the therapy area being able to see to exit should the generator fail. Finding: Observations and inspection, of emergency lighting during a facility tour on 01/06/2025 with the Administrator, Plant Operations Manager, Plant Operations Supervisor, and General Maintenance Tech and EVS Manager on 01/06/2025 between the hours of 10:00 and 2:45 PM found the following. 1. Testing of the emergency light in the corridor by the therapy area found it to be inoperative when the test button was pressed. This is the tan box model on the wall in the corridor. This deficient practice could affect the occupants, visitors and staff while trying to exit the building under reduced visibility of the exit areas.	K 291		

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K 291	Continued From page 5 These findings were verified by the Plant Operations Manager, Plant Operations Supervisor, and General Maintenance Tech, at the time of observations and exit interview on 01/06/2025.	K 291		
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 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	K 363		

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K 363	Continued From page 6 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 ensure that doors were protecting corridor openings in accordance with NFPA 101, Life Safety Code, section 19.3.6.3 - Corridor Doors. Findings: Observations and interviews during a facility tour on 01/06/2025 from 10:00 AM to 2:45 PM identified: 1. Resident room 17 in Valley Wing does not protect the corridor opening from the smoke and/or fire due to the gaps around the door and the frame on the top and latch sides. This is not in accordance NFPA 101, Life Safety Code, 2012 edition, section 19.3.6.3.1 - doors shall resist the passage of smoke. This failure occurred in two residents' doors of the facility. This deficient practice could affect the residents, visitors, and members of facility staff in this location. 2. Garden Wing Room 23 does not protect the corridor opening from the smoke and/or fire due to the gaps around the door and the frame on the top and latch sides. This is not in accordance NFPA 101, Life Safety Code, 2012 edition, section 19.3.6.3.1 - doors shall resist the passage	K 363		

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K 363	Continued From page 7 of smoke. This failure occurred in two residents' doors of the facility. This deficient practice could affect the residents, visitors, and members of facility staff in this location These findings were verified by the Plant Operations Manager, Plant Operations Supervisor, and General Maintenance Tech, at the time of observations and exit interview on 01/06/2025.	K 363		
K 371 SS=D	Subdivision of Building Spaces - Smoke Compar CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the 90-minute doors in the smoke barrier walls were free of penetrations in one of 4 smoke barrier walls in accordance with NFPA 101, Life Safety Code, section 19.3.2.1 This deficient practice could affect the patients/residents, visitors, and members of facility staff in the Cove wing entrance. The deficient practice has the potential of allowing the passage of smoke and/or fire from the Cove	K 371		

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K 371	Continued From page 8 Wing into adjacent areas. Finding includes: Observation and Interview during a facility tour with the Plant Operations Manager, Plant Operations Supervisor, and General Maintenance Tech on 01/06/2025 between the hours of 10:00 AM and 2:45 PM found the following: 1) The 90-minute cross corridor doors in the cove wing entrance has a hole in the door above the fire pin that is not sealed. These findings were verified by the Plant Operations Manager, Plant Operations Supervisor, and General Maintenance Tech at the time of the observation and at the exit conference on 01/06/2025.	K 371		
K 754 SS=D	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting	K 754		

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K 754	Continued From page 9 FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain mobile soiled linen collection receptacles in room protected as a hazard area in 1 of 4 wings per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.5.7 Finding: Observations and inspection, of emergency lighting during a facility tour on 01/06/2025 with the Administrator, Plant Operations Manager, Plant Operations Supervisor, and General Maintenance Tech and EVS Manager on 01/06/2025 between the hours of 10:00 and 2:45 PM found the following. 1. Comfort Care Wing contained (1) 32-gallon soiled linen cart and (1) 32-gallon trash cart is stored in exit corridor in-between Rm 22A and Rm 24. These findings were verified by the Plant Operations Manager, Plant Operations Supervisor, and General Maintenance Tech, at the time of observations and exit interview on 01/06/2025.	K 754		