RECEIVED
FEB 16 2024
BY:

PRINTED: 01/31/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205105	A. BUILDING 01 B. WING	01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTGATE CENTER FOR REHAB & ALZHEIMERS CARE	750 UNION ST BANGOR, ME 04401

(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 1/30/2024 Westgate Center for Rehab & Alzheimers Care, 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: Survey Date: 01/30/2024 Westgate Center for Rehab & Alzheimers Care, 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 761 SS=D	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80)	K 761		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

dCSW dNHA — Administrator — 2-16-24

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.

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	205105	A. BUILDING 01 B. WING	01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTGATE CENTER FOR REHAB & ALZHEIMERS CARE	750 UNION ST BANGOR, ME 04401

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K 761	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and record review, the long-term care facility failed to conduct fire door inspections that ensured fire doors are inspected, tested, and maintained in accordance with NFPA 80, Standard for Fire Door and Other Opening Protectives in accordance with NFPA 101 18.7.6, 19.7.6, 8.3.3.1, NFPA 80 5.2, 5.2.3. Findings: On 01/30/2024, between 09:00 AM and 12:30 PM, surveyor 39983, observed the following findings with the Maintenance Director. 1. The facility failed to complete the assessment of 4 of 7 sets of fire doors in the facility. The flooring in the corridors has been replaced, covering the existing latch, not allowing the 90 minute fire doors to latch properly at the floor in 4 corridors. 2. A set of fire doors located next to the nurses station in the Acadia Wing have a gap exceeding 1/8" between the pair of doors. This surveyor confirmed this finding with the Maintenance Director at the time of the observation and review.	K 761		

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

AH
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 205105	MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	DATE SURVEY COMPLETE: 1/30/2024
NAME OF PROVIDER OR SUPPLIER **WESTGATE CENTER FOR REHAB & ALZHEIMERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **750 UNION ST BANGOR, ME**		

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BY:

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 321	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 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: The facility failed to protect hazardous area fire barrier walls and ceiling, having 1-hour fire resistance rating in accordance with NFPA 101 Section 19.3.5.9 Finding: Based on interview and observation on 01/30/24 between hours of 9:00 AM and 12:30 PM. surveyor 39983 accompanied with the Maintenance Director did observe the following: 1. Penetrations in 1-hour rated fire wall in laundry room. Two penetrations located in ceiling above the washing machines where electric conduit is fed through. These observations were observed by this surveyor, and Maintenance Director. These penetrations were repaired during the inspection by the time of exit interview with administrator.

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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 205105	MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	DATE SURVEY COMPLETE: 1/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTGATE CENTER FOR REHAB & ALZHEIMERS	750 UNION ST BANGOR, ME

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 353	Continued From Page 1
K 353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to ensure that Sprinkler System was inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 edition, Chapter 5, section 5.2.1.1.1 Findings: During survey on 01/30/24 between hours of 9:00 AM and 12:30 PM., surveyor 47175 accompanied with the Maintenance Director did observe the following: 1. One sprinkler head located in the shower room next to the admissions office, the escutcheon ring was not tight up to the ceiling causing a gap that could allow the passage of smoke. This was repaired during the inspection by the time the surveyor had the exit interview. These findings were verified by the Maintenance Director at the time of observation.

Westgate

Center for Rehabilitation
& Alzheimer's Care

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BY:

February 15th, 2024

Plan of Correction for Life Safety Inspection Conducted on 1/31/24

Westgate Center for Rehabilitation and Alzheimer's Care

K761

Following the life safety inspection on 1/31/24, the Administrator and Director of Maintenance audited all fire doors in the building for compliance and found no additional doors of concern. An architect was retained to review the floor plans and advise how to best correct the doors in question. The architecture firm recommends removing 3 sets of fire doors from the facility and replacing two additional sets of doors with smoke doors. This is outlined in detail in the attached letter from the firm.

Exactitude reported to the facility on 2/7/24 to review the doors in question and they confirmed that they could remove 3 sets of the fire doors. They also stated that they could replace two sets of fire doors with smoke doors. They obtained the measurements needed to order the two sets of smoke doors. The quote from Exactitude is attached to this letter. The three sets of fire doors outlined will be removed by the date of compliance. The facility has executed a signed contract with Exactitude for the installation of the two sets of smoke doors. These smoke doors will be installed by 4-1-2024.

To ensure that compliance is maintained, the Director of Maintenance will randomly audit Exactitude's work during the repairs, to ensure that the doors and apparatuses are not altered beyond specifications. The Director of Maintenance will add the new smoke doors to his monthly rounds to ensure continued compliance and will report his findings monthly at QAPI.

Date of Compliance 4/01/2024

Ashley Nichols

Ashley Nichols, LCSW, LNHAAdministrator Westgate Center

750 Union Street
Bangor, ME 04401

P 207 942 7336
F 207 941 2481

westgatecenterrehabalz.com

EXACTITUDE
A DIVISION OF THE COOK & BOARDMAN GROUP, LLC

12 Sky View Drive
Cumberland Foreside, ME 04110
Phone: 207-829-8648
Fax: 207-781-2059

59 Banair Road
Bangor, ME 04401
Phone: 207-942-3411
Fax: 207-942-3385

Date: 2-08-24

Project: Westgate Center Smoke Doors

Customer: NAT Healthcare

Location: Bangor, ME

Attn: Kevin

Salesman: Jason Cyr

We Propose to Furnish and Install the Following Materials:

Items # 1, 2, 3
Remove Existing Doors & Hardware, Apply Hinge Fillers, Plug Existing Closer Bracket Fastener Holes

Item #4
1 Pair Clear Prefinished SC Birch Doors 1 ¾" 6070 Flush
Prepped For Existing Hinges to Fit Existing Frame (Reuse Existing Closers)
Smoke Label
2 Push Plate 70C 32D
2 Kickplate K1050 8" x 34" 32D
1 Perimeter Smoke Seal S88D
2 Meeting Stile Smoke Seal S772D

Item #5
1 Double Egress Pair Clear Prefinished SC Birch Doors 1 ¾" 7470 NL (4" x 25")
Glazed w/ ¼" Wirelite™NT Safety Wire Glass
Prepped For Existing Hinges to Fit Existing Frame
Smoke Label
2 Closer 4111 EDA AL
2 Push Plate 70C 32D
2 Kickplate K1050 8" x 42" 32D
1 Perimeter Smoke Seal S88D
2 Meeting Stile Smoke Seal S772D

Furnished & Installed $5,589.00

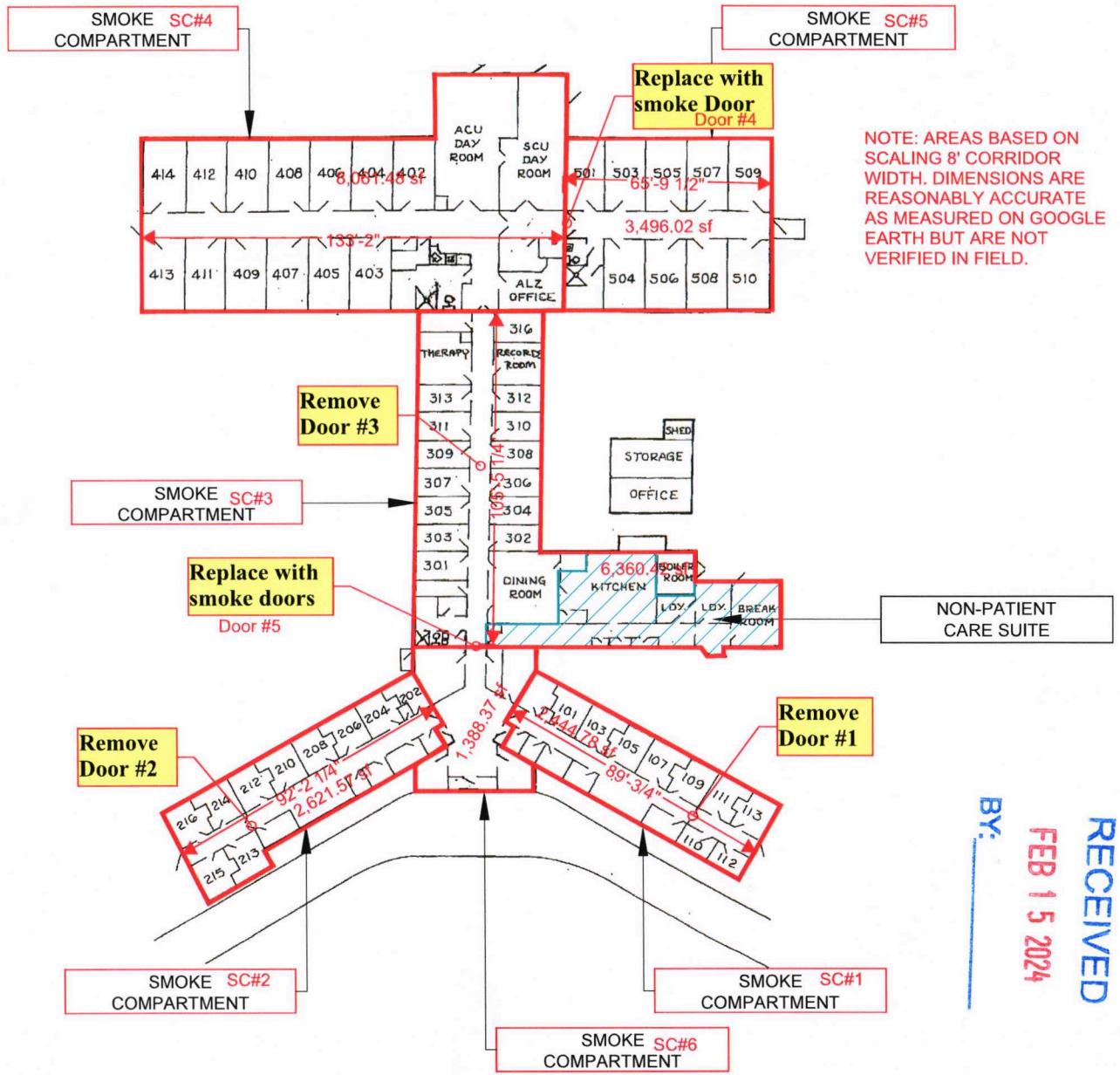
Excludes:
Disposal of Existing Material
Non-Business Hours Work

This proposal has been accepted, material has been ordered and Exactitude will complete the above work by April 1st 2024.

SALES TAX NOT INCLUDED IN THIS QUOTATION
QUOTE VALID FOR 30 DAYS UNLESS OTHERWISE NOTED

Accepted By: _____ Date: 2-14-2024

TERMS: 30 DAYS NET – NO RETENTION



NOTE: AREAS BASED ON SCALING 8' CORRIDOR WIDTH. DIMENSIONS ARE REASONABLY ACCURATE AS MEASURED ON GOOGLE EARTH BUT ARE NOT VERIFIED IN FIELD.

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Westgate
Center for Rehabilitation & Alzheimer's Care

BANGOR, ME

SYMBOL LIST

SUITE DESIGNATION

SMOKE COMPARTMENT BOUNDARY

19.3.7.1 smoke compartments shall not exceed 22,500SF (unsprinklered or >1 patient per room)

19.3.7.3 smoke barriers 1/2 hr min.

8.2.2.4 comply with NFPA 105

19.3.7.8* Doors in smoke barriers shall comply with 8.5.4 and all of the following:
(1) The doors shall be self-closing or automatic-closing in accordance with 19.2.2.2.7.
(2) Latching hardware shall not be required
(3) The doors shall not be required to swing in the direction of egress travel.

RPA RUSSELL PHILLIPS & ASSOCIATES
Fire and Emergency Management for Healthcare Facilities

ORIGINAL DATE: 03/19/2018	REVISION DATES: ---
SURVEYED BY: JWB	DRAWN BY: DMZ

SUITES & SMOKE COMPARTMENTS

FIRST FLOOR

DWG. # **2**

GAWRON TURGEON ARCHITECTS, P.C.
ARCHITECTURE
INTERIOR DESIGN
LANDSCAPE ARCHITECTURE
MASTER PLANNING

February 2, 2024

Mr. Ronald J. Peaslee
Northern Inspections Supervisor
Office of State Fire Marshal
45 Commerce Drive
Augusta, ME

RE: Westgate Center for Rehabilitation and Alzheimer's Care

Dear Mr. Peaslee,

Gawron Turgeon Architects has reviewed the deficiencies noted in the Statement of Deficiencies issued on January 30, 2024 to The Westgate Center for Rehabilitation and Alzheimer's Care. The deficiencies, noted with tag K761, include 4 doors that are indicated to have a 90-minute rating. These doors lack required latching at the floor due to replacement flooring which has obscured the strike plate. An additional pair of doors was found to have a meeting gap in excess of 1/8".

Gawron Turgeon Architects conducted an analysis and determined area values from rough diagrammatic plans provided by Westgate. The plan scale was determined by scaling an assumed 8'-0" corridor width. Dimensions are reasonably accurate as measured on Google Earth but are not verified in field. We are including these plans with our added notes.

The overall building area is approximately 25,000 square feet. By code, this is required to be separated into 2 smoke compartments not exceeding 22,500 square feet each (2018 NFPA 19.3.7.1). According to the smoke compartment plan prepared by Westgate's Fire and Emergency Planning Consultant, the actual building is separated into the following approximate areas:

Smoke Compartment 1: (9) patient rooms, 2,500 SF

Smoke Compartment 2: (10) patient rooms, 2,650 SF

Smoke Compartment 3: (14) patient rooms, 6,360 SF

Smoke Compartment 4: (13) patient rooms, 8,100 SF

Smoke Compartment 5: (9) patient rooms, 3,500 SF

O: 29 BLACK POINT ROAD
M: PO BOX 776
SCARBOROUGH, MAINE 04074
T 207-883-6307 | F 207-883-0361

PRINCIPALS | MARY TURGEON, REBECCA DILLON
RETIRED PRINCIPALS | STAN GAWRON
WWW.GAWRONTURGEON.COM

Smoke Compartment 6: no patient rooms, 1,400 SF

These smoke compartments are defined by smoke barriers complying with the ½ hour rating requirement of 2018 NFPA 19.3.7.1. Their areas are significantly below the 22,500 SF threshold.

To correct the deficiencies, we are proposing the removal of (3) doors indicated to have a 90-minute rating where the 90-minute rating is not required:

Door #1 is a cross-corridor door within Smoke Compartment 1. It does not address any requirements of the code. Removal of this door does not change the Life Safety features of the building.

Door #2 is a cross-corridor door within Smoke Compartment 2. It does not address any requirements of the code. Removal of this door does not change the Life Safety features of the building.

Door #3 is a cross-corridor door within Smoke Compartment 3. It does not address any requirements of the code. Removal of this door does not change the Life Safety features of the building.

Further, we are proposing to replace (2) existing doors that have ratings and/or hardware that is inconsistent with the appropriate ratings and hardware for a door in a smoke barrier:

Door #4 is within the smoke barrier separating Smoke Compartments 4 and 5. Door #5 is within the smoke barrier separating Smoke Compartments 3 and 6. Per 2018 NFPA 19.3.7.8, these doors shall be self-closing and are not required to be latching. We are proposing to replace the existing (2) doors with unlabeled doors equipped with closers. These doors will have no latching hardware.

We believe that the above corrective actions will bring the facility into compliance.

Sincerely,

Devin Cough

Devin Cough, Maine Licensed Architect

Gawron Turgeon Architects, P.C.