STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205020	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**12/17/2024**

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BANGOR NURSING & REHABILITATION CENTER	**103 TEXAS AVE** **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
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 12/17/24 Bangor Nursing & Rehab 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 133 SS=D	Multiple Occupancies - Construction Type CFR(s): NFPA 101 Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3 This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to meet the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition for construction type and supporting construction for health care and/or other building occupancies. A two-hour separation was not provided in accordance with section 8.2.1.3.	K 133		1/30/25

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

01/09/2025

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K 133	Continued From page 1 1 of 1 building of construction type V(000) was inspected as separate from a health care occupancy. Findings include: Observation during a facility tour on 12-17-2024 between 10:00 am and 4:00 pm with this surveyor, Plant Operations Director and District Manager: 1. An outbuilding constructed of combustible materials was observed attached to the exterior wall of the facility near the loading dock area. No documetation was provided indicating that a two-hour fire barrier separated the non-conforming structure to the existing healkth care. These findings were verified by the surveyor, Plant Operations Manager and District manager at the time of observation.	K 133		
K 211 SS=F	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 and interview, the Nursing Facility failed to ensure the means of egress was free from all obstructions, and the	K 211		6/1/25

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K 211	Continued From page 2 path to a public way is a constructed of a hard packed surface per NFPA 101 Life Safety Code, 2012 edition, 7.1, 7.1.6.3 Level. Walking surfaces shall comply with all of the following: (1) Walking surfaces shall be nominally level. 7.1.6.4* Slip Resistance. Walking surfaces shall be slip resistant under foreseeable conditions. The walking surface of each element in the means of egress shall be uniformly slip resistant along the natural path of travel. 7.7.1* Exit Termination. Exits shall terminate directly, at a public way or at an exterior exit discharge. Findings: Based on observation, on 12/17/24 between 10:00 AM and 4:00 PM, in the presence of the Plant Operations Director and District Manager the following was not met: 1. The walkway exiting the Activities storage corridor to the public way is required to be free from all obstructions, the pathway is generally uneven, grass growing through large cracks in the pavement and the walkway has deteriorated to at point where most of it is non existant. 2. The walkway from the gated area outside of the main dining room does not end at a public way. The walkway ends before the parking lot and is obstructed by grass and curbing. 3. The walk way from the gated area outside located on the West side of the garden leading from the building to the public way the pathway is generally uneven, grass growing through large cracks in the pavement and the walkway has deteriorated to at point where most of it is non	K 211		

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K 211	Continued From page 3 existant. This finding was verified by the Plant Operations Director and District Manager at the time of the observation.	K 211		
K 222 SS=E	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 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	K 222		1/30/25

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K 222	Continued From page 4 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 ensure doors at the means of egress meet the requirement of NFPA 101 life safety code 2012 edition 19.2.2.2.4. Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Findings:	K 222		

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K 222	Continued From page 5 On 12/17/24, between 10:00 AM and 4:00 PM, surveyors, with the Plant Operations Director and District Manager present, observed the following: 1. Two of the three exit doors located in the long term care corridor (formerly known as the memory care wing). 1 door located across from the Activities office, the other is next to resident room 5, were locked and the inspector could not exit the building unless staff unlocked the door using a card reader or enter a code. 2. The Dual Gates located on the West end of the garden at the back of the facility has a latch mounted on the base of the gates, the rods used as the latch does not allow someone in the fenced in area to egress from the garden area. 3. The Gate located on the East end of the garden at the back of the facility has a latch mounted on the outside of the gate, this does not allow someone in the fenced in area to egress from the garden area. This finding was verified by the Plant Operations Director and District Manager at the time of the observation.	K 222		
K 223 SS=D	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:	K 223		12/24/24

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K 223	Continued From page 6 * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of required manual fire alarm system, and local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and automatic sprinkler system, if installed; and loss of power per the requirements of NFPA 101 2012 edition Chapter 19 section 19.2.2.2.7 and 19.2.2.2.8 Findings: On 12-17-2024 between hours of 10:00 am and 4:00 pm. this surveyor accompanied with Plant Operations Manager and District Manager did observe the following: 1. The door to the CNA Supply Room a hazardous area, located across from Room 26 is held open with a electromagnetic hold opening device. The door would not self-close upon release of the electromagnetic device as part of the self closing device was removed.	K 223		

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K 223	Continued From page 7 The surveyor confirmed this finding with the Plant Operations Manager and District Manager at the time of the observation.	K 223		
K 232 SS=D	Aisle, Corridor, or Ramp Width CFR(s): NFPA 101 Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT is not met as evidenced by: Based on observations, the long-term care facility failed to maintain exit corridor width per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.3.4. Any required aisle, corridor, or ramp shall not be less than 48" in clear width where serving as a means of egress from patient sleeping rooms unless permitted by one of the following: 1-5. Finding: On 12/17/24, between 10:00 AM and 4:00 PM, surveyors, with the Plant Operations Director and District Manager, observed the following: 1. The Long Term Care Corridor had a cart with water and supplies stored in the exit corridor located across from the Nurses Station. This deficient practice could impede egress while in the corridor.	K 232		1/30/25

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K 232	Continued From page 8 2. Five separate portable vital signs devices were stored along the corridor wall in the skilled unit located outside of resident room 35. The surveyor confirmed this finding with the Plant Operations Director and District Manager at the time of the observation. Based on observations, the long-term care facility failed to maintain exit corridor width per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.3.4. Any required aisle, corridor, or ramp shall not be less than 48" in clear width where serving as a means of egress from patient sleeping rooms unless permitted by one of the following: 1-5. Finding: On 12/17/24, between 10:00 AM and 4:00 PM, surveyors, with the Plant Operations Director and District Manager, observed the following: 1. In the corridor adjacent to the steam room on the opposing wall an Automatic External Defibrillator was mounted to the corridor wall protruding 6 3/4 inches The surveyor confirmed this finding with the Plant Operations Director and District Manager at the time of the observation.	K 232		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage	K 293		12/31/24

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K 293	Continued From page 9 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. This deficient practice could affect the occupants, visitors and staff while trying to exit the building under reduced visibility of the exit areas. Findings include: Observations of exits signage during a facility tour on 12/17/24 between 10:00 AM and 4:00 PM Surveyors with the Plant Operations Director and District Manager present: 1. The area leading into the Skilled Bed corridor at both entrances from the Long Term corridors do not have adequate visble exit signage to direct residents, staff and visitors to a second means of egress. These findings were verified by the Plant Operations Director and District Manager at the times of observation.	K 293		

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K 345	Continued From page 10	K 345		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to ensure that the fire alarm was maintained in accordance with NFPA 101, Life Safety Code, 2012 Edition, Sections 9.6.1.3, 9.6.1.5, 2010 edition NFPA 70, 2010 edition NFPA 72 chapter 14 section 14.4 Testing. Based on record review on 12-17-2024 between hours of 10:00 am and 4:00 pm. this surveyor accompanied with District Manager, no smoke detector sensitivity testing documentation was found and was not available. 1. The facility had no documentation that the fire alarm systems smoke detection sensitivity testing had been completed within the past 5 years. The surveyor confirmed this finding the District Manager at the time of the observation.	K 345		12/31/24
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than	K 363		1/30/25

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K 363	Continued From page 11 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. This REQUIREMENT is not met as evidenced by: Based on observation, the long term care facility failed to maintain patient room the corridor doors	K 363		

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K 363	Continued From page 12 from resisting the passage of smoke in accordance with NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.6.3, 19.3.6.3.1 Findings: On 12-17-2024 between the hours of 10 am and 4 pm surveyor 50034 and accompanied by the Plant Operations Director and District Manager observed the following: 1. Patient room doors 14, 15 and 20 had gaps large enough to allow smoke into the room. Gaps were found on the corridor side of the door at the top left hand side of each door measuring over 1/2" at the time of the survey. The surveyor 50034 confirmed these findings with the Plant Operations Director and District Manager	K 363		
K 712 SS=F	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 observation and interview, the	K 712		1/30/25

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K 712	Continued From page 13 long-term care facility failed to ensure that fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.4 through 19.7.1.7 Findings: On 12-17-2024 between 10:00 AM and 4 PM, surveyor 50034, with the District Manage present, observed the following: 1. The facility failed to conduct the proper number of fire drills during the previous 12 months. The following fire drills for the facility were not completed or missing this could effect all visitors, staff and residents of the facility. A. Documenntation could not be provided to show that drills were conducted as required for the fourth quarter of 2023, which include the months of October, November and December. B. Second quarter of 2024, April Third Shift C. Third Quarter of 2024 July Second Shift The surveyor 50034 confirmed this finding with the Maintenance Director at the time of the record review.	K 712		
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	K 911		12/24/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205020	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**12/17/2024**

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K 911	Continued From page 14 Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the long-term care facility failed to provide access and working space in front of electrical equipment per NFPA 70, National Electrical Code, 2011 edition, 110.26. Finding: Based on observations on 12/17/24, between 10:00 AM and 4:00 PM, surveyors with the Plant Operations Director and District Manager present, observed the following: 1. The electric panels located in the Steam Room are obstructed with items stored in the front and sides, not allowing access to the electrical equipment. Access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance of such equipment. The surveyor confirmed this finding with the Plant Operations Director and District Manager present at the time of the observation.	K 911		
K 918 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and	K 918		1/30/25

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K 918	Continued From page 15 transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure that the generator had proper maintenance records and was being exercised in accordance on the auxiliary generator power per 2012 edition NFPA 99 Chapter 6 section 6.4.1.1.17, 6.4.4, 6.5.4, 6.6.4, 2012 edition NFPA 110 chapter 8 sections 8.3.8, 8.3.7 and 8.3.7.1 2010 edition NFPA 111, and 2010 edition NFPA 70 700.10 Findings:	K 918		

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K 918	Continued From page 16 Based on interview and observation on 12-17-2024 between hours of 10:00 am and 4:00 pm. this surveyor accompanied with District Manager did observe the following: 1. Generator records for the months of June, July and August were not on file showing the generator was exercised under load for 30 minutes for the above mentioned months. 2. No documenation provided showing weekly and monthly battery testing being completed. 3. No documentation provided on annual fuel testing. The surveyor confirmed these observations with the maintenance director at the time of the observation.	K 918		
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general	K 920		12/31/24

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K 920	Continued From page 17 precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to ensure that power strips are not used for non-PCREE (Patient-care-related electrical equipment) and that power strips are not used as a substitute for fixed wiring in accordance with NFPA 99 Chapter 10, NFPA 70 chapter 4 {400.8(1)} On 12/17/24, between 10:00 AM and 4:00 PM, surveyor 39983, with the Plant Operations Director and District Manager, observed the following: 1. In the Medication Room located across from the nurses station, 2 refrigerators and medical dispensing cabinet were found plugged into a power strip as a permanent power source. The surveyor 39983 confirmed this finding with the Plant Operations Director and District Manager at the time of the observation.	K 920		