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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 205052 | A. BUILDING 01<br>B. WING | 05/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RUSSELL PARK REHABILITATION & LIVING CENTER | 158 RUSSELL ST<br>LEWISTON, ME 04240 |

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| E 000 | Initial Comments<br><br>Federal Recertification Survey<br>Date: 05.20.2025<br><br>Russell Park Rehabilitation and 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<br><br>Federal Recertification Survey<br>Date: 05.20.2025<br><br>Russell Park Rehabilitation and 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 000 | | 6/9/25 |
| K 211 SS=D | Means of Egress - General<br>CFR(s): NFPA 101<br><br>Means of Egress - General<br>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.<br>18.2.1, 19.2.1, 7.1.10.1<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the long-term care facility failed to maintain the Exit Corridor required width in 3 of 6 egress corridors per NFPA 101, Life Safety Code, 2012 Edition, Sections 18.2.1, 19.2.1, 7.1.10.1 | K 211 | See attached POC 5/29/25 JRP MCA | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jay Ponsolay BARN, MSA-FACHCA | TITLE: Administrator | (X8) DATE: 5/29/2025

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<br><br>Findings:<br><br>On 05.20.2025, between 9:15 AM and 1:00 PM, a surveyor, with the Environmental Service Director present, observed the following:<br><br>1. The corridor in the A Unit had 5 wheelchairs, 2 bed side tables and a hoyer lift stored in the hallway in the path of egress in the exit corridor All of the listed items were stored by the egress door to the unit not by patient rooms ready for use. This deficient practice could effect residents, guest and staff from proper egress in the event of an emergency.<br><br>2. By the D/E Unit nurse's station 3 medication carts were observed stored in the corridor. Staff confirmed that the carts are stored there when not in use. This deficient practice could effect residents, guest and staff from proper egress in the event of an emergency.<br><br>3. By the A Unit nurse's station, a medication cart was obeserved stored in the corridor. This deficient practice could effect residents, guest and staff from proper egress in the event of an emergency.<br><br>The surveyor confirmed these findings with the Environmental Service Director at the time of the observation. | K 211 | See attached PoC 5/29/25 JZ MD | 6/9/25 |
| K 353 SS=D | Sprinkler System - Maintenance and Testing CFR(s): NFPA 101<br><br>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance | K 353 | See attached PoC 5/29/25 JZ MD | 6/9/25 |

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| K 353 | Continued From page 2<br>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.<br>a) Date sprinkler system last checked<br>_____<br>b) Who provided system test<br>_____<br>c) Water system supply source<br>_____<br>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br>This REQUIREMENT is not met as evidenced by:<br>Based on documentation review and interview the long-term care facility failed to ensure that the sprinkler riser and sprinkler system had been inspected in accordance with NFPA 25 per NFPA 101, The Life Safety Code, 2012 edition, sections 19.3.5.1and 9.7.5, NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 edition, section 5.1.1.<br><br>Finding:<br><br>Documentation review and observation during a facility tour with the Environmental Services Director 5/20/2025 from 9:15 AM to 1:00 PM identified:<br><br>1. During review of the sprinkler reports it was observed that there was no report for the first quarter inspection of 2025. Inspection of the sprinkler riser verififed it had not been inspected | K 353 | See attached POC<br>5/29/25 | 6/9/25 |

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| K 353 | Continued From page 3<br>as the tag was missing the dates for the first quarter.<br><br>The surveyor confirmed this finding with the Environmental Service Director at the time of the observation. | K 353 | see attached POC 5/29/25 jf/mt | 6/9/25 |
| K 363 SS=D | Corridor - Doors<br>CFR(s): NFPA 101<br><br>Corridor - Doors<br>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 | see attached POC 5/29/25 jf/mt | 6/9/25 |

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| K 363 | Continued From page 4<br>restrictions in area or fire resistance of glass or frames in window assemblies.<br><br>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485<br>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, the long term care facility failed to ensure corridor doors resist the passage of smoke and to ensure that corridor doors shall not be held open by devices, affecting 3 of 6 smoke compartments, as referenced in NFPA 101, the Life Safety Code, 2012 edition, sections 19.3.6.<br><br>Findings:<br><br>On 05.20.2025, between 09:15 AM and 1:00 PM, with the Environmental Service Director present the following was observed:<br><br>1. Patient room F-8 had a gap greater than ½" with visible light seen at the upper latch side corner of the door.<br><br>2. There were items observed impeding the door's ability to close at the following locations:<br>a. Patient Room F-4, a trash can was used to hold the door in the open position not allowing the door to be closed and prevent the passage of smoke.<br>b. Patient Room A-3, a trash can was used to hold the door in the open position not allowing the door to be closed and prevent the passage of smoke.<br>c. Patient Room B-7, a trash can was used to | K 363 | See attached POC<br>5/29/25 JHM | 6/9/25 |

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| K 363 | Continued From page 5<br>hold the door in the open position not allowing the door to be closed and prevent the passage of smoke.<br><br>The surveyor confirmed this finding with the Environmental Service Director at the time of the observation. | K 363 | See attached POC 5/29/25 JH, NDA | 6/9/25 |
| K 712<br>SS=D | Fire Drills<br>CFR(s): NFPA 101<br><br>Fire Drills<br>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.<br>19.7.1.4 through 19.7.1.7<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the 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<br><br>Finding:<br><br>On 05.20.2025, between 9:15 AM and 1:00 PM, a surveyor, with the Environmental Service Director present, observed the following:<br>1. Fire drills should be scheduled on a random basis to ensure that personnel in health care | K 712 | See attached POC 5/29/25 JH, NDA | 6/9/25 |

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| K 712 | Continued From page 6<br>facilities are drilled not less than once in each 3-month period. Third shift drills are performed at the same time every quarter.<br><br>A. Third quarter of 2024, third shift 6:15AM<br>B. Fourth quarter of 2024, third shift 6:20AM<br>C. First quarter of 2025, third shift 6:15AM<br>D. Second quarter of 2025, third shift 6:06AM<br><br>The surveyor confirmed this finding with the Environmental Service Director at the time of the observation. | K 712 | See attached POC<br>5/29/25 JPlante | 6/9/25 |
| K 918<br>SS=D | Electrical Systems - Essential Electric Syste<br>CFR(s): NFPA 101<br><br>Electrical Systems - Essential Electric System Maintenance and Testing<br>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 transfer switches are performed in accordance with NFPA 110.<br>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 | K 918 | See attached POC<br>5/29/25 JPlante | 6/9/25 |

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| K 918 | Continued From page 7<br>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.<br>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, and interview, and generator inspection documentation review during the facility tour, the long-term care facility failed to maintain the Essential Electric System Generator per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, sections 8.4.1 and 8.4.2, as referenced by NFPA 99, Healthcare Facilities Code, 2012 edition, section 6.4.4.1.1.3. This deficient practice could affect the patients/residents, visitors, and members of facility staff in this location.<br><br>Finding:<br><br>On 05.20.2025, between 9:15 AM and 1:00 PM during record review, a surveyor, with the Environmental Service Director present, observed the following:<br><br>1) There was no monthly load testing and inspections being conducted for the month of September 2024 by the maintenance staff at this long-term care facility.<br><br>The surveyor confirmed this finding with the Environmental Service Director at the time of the | K 918 | See attached POC 5/29/25 | 6/9/25 |

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| K 918 | Continued From page 8<br>observation. | K 918 | See attached POC 5/29/25 JPM | 6/9/25 |

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BY:

# RUSSELL PARK REHABILITATION & LIVING CENTER
## OFFICE of the FIRE MARSHAL
## FEDERAL RECERTIFICATION & EMERGENCY PREPAREDNESS SURVEY
## PLAN OF CORRECTION
## May 29, 2025

**K211 Means of Egress - General**
**CFR(s): NFPA 101**
**Findings #1-3:**

- No residents/visitors or staff were affected.
- Residents/visitors and staff could be affected.
- Finding #1: the 5 wheelchairs, 2 bedside tables and Hoyer lift stored in the A pod exit corridor, when not in use/ready for use, have been removed. The resident scale and other "living room" type furniture remains in this area, within the previously designated corridor path, thus allowing proper egress in the event of an emergency.
- Finding #2: The 3 medication carts by D/E nurse's station will not be stored in the corridor, when not in use, to allow for proper egress in the event of an emergency.
- Finding #3: The medication carts by the A unit nurse's station will not be stored in the corridor, when not in use, to allow for proper egress in the event of an emergency.
- The facility implemented a monitoring system to ensure exit corridors, are maintained in a manner such that any equipment which must be stored in the pod area, is stored within the previously designated corridor path(s), and that medication carts are not stored in the corridors, when not in use. Staff education will be provided prior to June 9, 2025.
- The Environmental Services Director, or designee, will complete routine audits for the next 3 months of the exit corridors to ensure exit corridors, are maintained in a manner such that any equipment which must be stored in the pod area, is stored within the previously designated corridor path(s), and to ensure medication carts are not stored in the corridors, when not in use. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.

**Completion Date: June 9, 2025**

**K353 Sprinkler System – Maintenance and Testing**
**CFR(s): NFPA 101**

- No residents/visitors, or staff were affected.
- Residents/visitors and staff could be affected.
- The facility cannot produce a sprinkler inspection report for the first quarter, 2025 as the period of time has since lapsed. The sprinkler inspection was done a day late for the 1st quarter; the inspection was completed by Maine Fire Protection on 4/1/2025.
- Sprinkler inspections will be conducted within each quarter, as required, going forward. Staff education not required for this citation.
- The Environmental Services Director, or designee, will complete routine audits to ensure 2nd, 3rd and 4th quarter sprinkler inspections are done timely and documented, as required. (As noted, the 2nd quarter, 2025 inspection has already been completed on 4/1/25.) Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.

**Completion Date: June 9, 2025**



Jay Donnelan, BAR/MOA-FACHCA 5/29/25
Administrator

Russell Park Rehab & Living Center
Federal Recertification and EP Survey 05/20/2025

**K363 Corridor - Doors**
**CFR(s): NFPA 101**
**Findings# 1-2:**

- No residents/visitors or staff were affected.
- Residents/visitors and staff could be affected.
- Finding #1: PEMKO Fire Seal: Bulb, Self-Adhesive Mounting has been ordered and will be installed on the upper latch side corner of the resident room door for Room F-8, as soon as the product is available from the vendor.
- Finding #2 a-c: The trash cans used to hold the resident room doors open in rooms F-4, A-3, and B-7 were removed to allow the doors to close, as needed, in order to prevent the passage of smoke.
- The facility implemented a monitoring system to ensure corridor doors do not have gaps which allow the passage of smoke, and do not have doors which have items impeding a doors' ability to close, also allowing the passage of smoke. Doors affected by either issue will be fixed, if noted. Staff education will be provided prior to June 9, 2025.
- The Environmental Services Director, or designee, will complete routine audits for the next 3 months, to ensure resident room doors do not have gaps which allow the passage of smoke, nor doors where items are impeding a door's ability to close, allowing the passage of smoke, as indicated. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.

**Completion Date: June 9, 2025**

**K 712 Fire Drills**
**CFR(s): NFPA 101;**

- No residents/visitors, or staff were affected.
- Resident/visitors and staff could be affected.
- The facility completed third shift fire drills based upon the facility's third shift hours and not between the hours of 9:00 PM and 6:00 AM. The facility cannot produce fire drills for the 3rd quarter, 2024, 4th quarter, 2024, and 1st quarter, 2025, as the period of time has since elapsed. The facility can conduct a 3rd shift-2nd quarter, 2025 fire drill. Staff education not required for this citation.
- 3rd shift fire drills will be performed within the hours of 9:00 PM and 6:00 AM . The Environmental Services Director, or designee, will complete routine audits for the next 3 months, to ensure 3rd shift fire drills are conducted, and documented, as required. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.

**Completion Date: June 9, 2025**

**K918 Electrical Systems – Essential Electric System**
**CFR(s): NFPA 101**

- No residents/visitors, or staff were affected.
- Resident/visitors and staff could be affected.
- The facility did not document a monthly load test and inspection of the generator for the month of September, 2024. The facility cannot produce this test and inspection as the period of time has since lapsed. Staff education not required for this citation.
- The Environmental Services Director, or designee, will complete routine audits for the next 3 months, to ensure monthly load tests and inspections of the generator are conducted and documented, as required. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.

**Completion Date: June 9, 2025**



Jill Romelay BSN, MSA-FACHCA 5/29/25
Administrator