STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205090	A. BUILDING 01 _____ B. WING _____	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BORDERVIEW REHAB & LIVING CTR	208 STATE STREET VAN BUREN, ME 04785

(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 Date: 4/18/2024 Borderview 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 Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 4/19/2024 Borderview Rehab & 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 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 observation, the long-term care facility failed to maintain the Exit Stair from obstructions as required by NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.1, 7.1.10.1	K 211		

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

Darlene Lavoie — Assistant Administrator — 4/26/24

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205090	A. BUILDING 01 B. WING	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BORDERVIEW REHAB & LIVING CTR	208 STATE STREET VAN BUREN, ME 04785

(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 Finding: On 04/18/2024, between 9:30 AM and 12:30 PM, a surveyor, with the Assistant Administrator and Maintenance Supervisor present, observed the following: 1. The Exit stair # 9 across from door 121 had a stack of chairs located on a large rolling cart within the Exit stair. Storage within the exit stair is not allowed. The surveyor confirmed this finding with the Assistant Adminastrator and Maintenance Supervisor at the time of the observation.	K 211	See Attached 4/29/24	

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 # 205090	MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	DATE SURVEY COMPLETE: 4/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BORDERVIEW REHAB & LIVING CTR	208 STATE STREET VAN BUREN, ME

RECEIVED
APR 29 2024
BY:

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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 4/25/24 b) Who provided system test Freedom Fire / Sprinkler Systems Inspection Company. c) Water system supply source Van Buren Water District 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 This deficient practice could affect the entire facility, patients/residents, visitors, and members of facility staff in this location(S). Findings: On 04/18/2024 between hours of 9:30 AM and 12:30 PM. this surveyor accompanied with Maintance Supervisor and the Assistant Adminastator did observe the following: 1. Storage closet located in the business office had boxes stacked within 13.5 inches of the sprinkler head located on the ceiling. Storage to sprinklers are required to be 18" or lower from sprinkler heads. 2. Sprinkler head located in the Chaple storage closet was obstructed by a stack of boxes that was piled within 15" of the sprinkler head located on the ceiling. This storage configuration could affect the operation of the sprinkler head ;Storage to sprinklers are required to be 18" or lower from sprinkler head. These findings were verified by the Maintance Supervisor and Assistant Adminastator at the time of observations.

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

Borderview Rehabilitation and Living Center
Department of Public Safety
Office of Fire Marshal

Plan of Correction for Statement of Deficiency dated April 19, 2024

Please note the filling of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The facility is filing this plan of correction in accordance with applicable law

K211 Means of Egress- General CFR(s): NFPA 101

Corrective Action:

- On 4/18/24, the stack of chairs located on a large rolling cart within the exit stairs #9, was removed.
- A quality check of all exit locations was performed to ensure other exits were free of obstructions.
- Education was provided to staff about the importance of keeping exits free of obstructions.
- Maintenance Director will routinely complete audits of exits to ensure they remain free of obstructions.
- Actions taken will be reviewed at the facilities Quality Assurance Committee meeting for appropriate follow up for one quarter.

Facility will be in compliance by 4/29/2024

Darlene Lavoie, RN
Assistant Administrator