STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205083	A. BUILDING **01** B. WING _____	**05/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADIGAN ESTATES	**93 MILITARY STREET** **HOULTON, ME 04730**

(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: 05/20/25 An annual federal survey was conducted in accordance with 42 Code of Federal Regulations, Part 483.73, Requirements for Long Term Care Facilities. During this annual federal Recertification survey, Madigan Estates was found to be in substantial compliance with the requirements of Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 05/20/25 Madigan Estates, 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 observation and interview, the long-term care facility failed to maintain the Exit Corridor free of obstructions per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.1, and	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 7.1.10.1 Finding: Observations during a facility tour with the Management Supervisor, Maintenance Employee, Administrator, and the CFO present on 05/20/2025, between 09:00 AM and 1:00 PM identified: 1. The basement exit corridor by the laundry has 8, 44-gallon clean clothing bins stored in the corridor. These bins reduced the corridor width to 48 inches in width. The surveyor confirmed this finding with the Management Supervisor, and the Maintenance employee at the time of the observation, and the CFO and the Administrator during the exit interview on 05/20/2025, between 09:00 AM and 1:00 PM.	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 rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at	K 222		

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K 222	Continued From page 2 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 Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on	K 222		

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K 222	Continued From page 3 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, long term care facility failed to ensure that doors in a required means of egress met the latching/locking requirements of NFPA 101 Life Safety Code (2012 edition) 19.2.2.2.5.1, 19.2.2.2.4, 19.2.2.2.6 (2) and 7.2.1.6.2. Findings: Based on observations, during a facility tour on 05/20/25 between 9:00 AM and 1:00 PM Surveyors, in the presence of the Administrator, Maintenance Supervisor, CFO, and Maintenance worker, the following was not met: 1. The exit door located at the end of the corridor in Spruce Wing has a key pad with electronic lock, the door is not equipped with delayed egress and did not have the code posted. The electronic lock did not work when code was input, the surveyor attempted to unlock door multiple times. The door at this time can only be opened upon activation of the fire alarm system. This was repaired by the end of the facility survey. Surveyors confirmed these findings with the Administrator, Maintenance Supervisor, CFO, and Maintenance worker at the time of the observation.	K 222		
K 293 SS=D	Exit Signage	K 293		

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K 293	Continued From page 4 CFR(s): NFPA 101 Exit Signage 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 and interviews with the Facilities Director and the Maintenance Director, the facility failed to maintain the illuminated exit signage in accordance with National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition sections 4.6.12, 7.10.1.9, 7.10.5.2.1, and 19.2.10. Findings include: Observations during a facility tour with the Management Supervisor, Maintenance Employee, Administrator, and the CFO present on 05/20/2025, between 09:00 AM and 1:00 PM identified: 1. The illuminated exit sign did not remain illuminated when the test button was pressed on the sign by the Spruce Nurse's station and the shower room close to room 310. 2. The facility does not perform monthly and annual exit signage inspections. The maintenance supervisor was under the belief that they were exempt because they have a generator.	K 293		

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K 293	Continued From page 5 The surveyor confirmed these findings with the Management Supervisor, and the Maintenance employee at the time of the observation, and the CFO and the Administrator during the exit interview on 05/20/2025, between 09:00 AM and 1:00 PM	K 293		
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the Water-Based Sprinkler System was maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.1.1.1.	K 351		

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K 351	Continued From page 6 Finding: Observations during a facility tour with the Management Supervisor, Maintenance Employee, Administrator, and the CFO present on 05/20/2025, between 09:00 AM and 1:00 PM identified: 1. One sprinkler head in the basement level in the sprinkler room has a copper water pipe up against the underside of the diffuser, resting against the frame. This water pipe impacts the intended spray pattern of the sprinkler head. Interview with the Maintenance supervisor revealed that the pipe has been there for a long time, and the Administrator told us that the plumber will immediately reroute the water pipe to free the sprinkler head of any obstruction. The surveyor confirmed this finding with the Administrator, Management Supervisor, and the Maintenance Employee at the time of the observation, and the CFO and the Administrator during the exit interview on 05/20/2025, between 09:00 AM and 1:00 PM	K 351		
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to properly install portable fire extinguishers	K 355		

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K 355	Continued From page 7 and applicable accessories in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 edition, Section 5.5.5.3 as referenced by NFPA 101, Life Safety Code 2012 edition, Sections 19.3.5.12, and 9.7.4.1. Finding: Observations during a facility tour with the Management Supervisor, Maintenance Employee, Administrator, and the CFO present on 05/20/2025, between 09:00 AM and 1:00 PM identified: 1. A placard shall be conspicuously placed near the class K extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher. There is no placard installed near the class K extinguisher in the kitchen. A description of the placard was provided to the Maintenance Supervisor, and he found them on his phone. The surveyor confirmed this finding with the Management Supervisor, and the Maintenance employee at the time of the observation, and the CFO and the Administrator during the exit interview on 05/20/2025, between 09:00 AM and 1:00 PM.	K 355		
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	K 761		

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K 761	Continued From page 8 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) This REQUIREMENT is not met as evidenced by: Based on interview and documentation review, the long-term care facility failed to conduct an annual fire door inspection that ensures that all fire rated doors and hardware are inspected, tested, and maintained by individuals performing the door inspections that possess knowledge, training or experience that demonstrates ability in accordance with NFPA 80, Standard for Fire Door and Other Opening Protectives, 2010 edition Section 5.2 as referenced by NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.6, and 8.3.3.1 Finding: Documentation review and interview during a facility tour with the Management Supervisor, Maintenance Employee, Administrator, and the CFO present on 05/20/2025, between 09:00 AM and 1:00 PM identified: 1. No documentation could be provided when requested that verify that the annual fire door inspection was conducted by a person with specific knowledge, training, or experience in the inspection and maintenance of fire doors. Interview with the maintenance supervisor revealed that he is a contractor and has been in	K 761		

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K 761	Continued From page 9 the field for a long time, but has never had any formal training on fire doors. The surveyor confirmed this finding with the Management Supervisor, the Maintenance employee, the CFO, and the Administrator on 05/20/2025, between 09:00 AM and 1:00 PM.	K 761		
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. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the long-term care facility failed to equip the generator with an emergency stop device outside the generator enclosure per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, section 5.6.5.6, and NFPA 99, Health Care Facilities Code, 2012 edition, Section 6.4.1.1. Findings: Based on observations on 05/20/25, between 09:00 AM and 1:00 PM, surveyors, with the Administrator, Maintenance Supervisor, CFO, and Maintenance worker present, observed the following: 1. The only generator remote emergency stop	K 911		

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K 911	Continued From page 10 station/device is inside the generator enclosure/housing. There is no labeled remote emergency stop station/device elsewhere. Surveyors confirmed this finding with the Administrator, Maintenance Supervisor, CFO, and Maintenance worker at the time of the observation.	K 911		
K 914 SS=D	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, and document review, the long-term care facility failed to ensure that receptacles not listed as hospital-grade in Patient	K 914		

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K 914	Continued From page 11 Care Rooms are tested at intervals not exceeding 12 months in accordance with NFPA 99, Healthcare Facilities Code, 2012 edition, Section 6.3.3.2. Findings: During documentation review on 5/20/25 between 9:00 AM and 1:00 PM, surveyors in the presence of the Maintenance Supervisor, and Maintenance Worker, the following was not met: 1. The annual testing of the receptacles in the Patient Care Rooms has not been completed and documented in the last 12 months. Surveyors confirmed these findings with the Maintenance Supervisor and Maintenance Worker at the time of the observation.	K 914		
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		

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K 920	Continued From page 12 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 observations, 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 adapters are not used as a substitute for fixed wiring in accordance with NFPA 99 Chapter 10, NFPA 70 chapter 4 {400.8(1)} Findings: On 05/20/25 between 9:00 AM and 1:00 PM, surveyors, with the Administrator, Maintenance Supervisor, CFO, and Maintenance Worker present observed the following: 1. Multi plug adapters are being used in resident rooms throughout the facility to add outlets for plugs. Surveyors confirmed this finding with the Administrator, Maintenance Supervisor, CFO, and Maintenance Worker at the time of the observation.	K 920		