STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205149	A. BUILDING 01 B. WING	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KATAHDIN NURSING HOME	22 WALNUT STREET MILLINOCKET, ME 04462

(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: 3/12/24 Katahdin Nursing Home , 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	This plan of correction constitutes my written allegation of compliance for deficiencies during the recent survey on March 12,2024. However, submission of this plan of correction is not the admission that a deficiency exist or that was cited correctly. This plan of correction is submitted to meet the requirement established by State and Federal Law.	
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 3/12/24 Katahdin Nursing Home, a long term care facility, was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment and is not in substantial compliance.	K 000		
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 all times; or other such reliable means available	K 222		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jennifer Brown	Administrator	3/20/24

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 instructrons.) 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 222	Continued From page 1 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 door assemblies in buildings protected throughout	K 222		

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K 222	Continued From page 2 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 sections 19.2.2.2 through 19.2.2.2.10.2 and chapter 7 section 7.2.1 Doors leaves shall be arranged to be opened readily from the egress side whenever the building is occupied. Findings: On 03/12/2024, between approximately 9:00 AM and 10:30 am, surveyors, facility Maintenance Director and facility Administrator, observed the following: 1. On A - Wing the southern exit door was found locked on the egress side. Surveyors could not open the exit door without staff assistence. The facility Maintance Director, Administrator, or staff could not unlock the door at the time of this finding. This finding was observed with the Maintenance Director and the Administrator.	K 222	K222 *A key pad will be placed near door to allow access to the outside. The code will be posted by the door. On 3/21/24 an electrician will be here to do the prep work for Maine Fire Protection to install a new pad. Maine Fire Protection is scheduled to be here 4/9/24 to install the key pad. *Residents, Staff, and Visitors who are on A Wing at the southern exit door have the potential to be affected by not having access through the locked door. *On a regular bases Maintenance will check the door to ensure it is accessible. These findings will be reported to QAPI *Date of correction: 4/10/2024	Date of correction: 4/10/2024 and on going

MAINE FIRE
6 DOWD RD. P.O. BOX 1050
BANGOR, MAINE 04401
207-942-8809 PHONE
207-941-1910 FAX

RECEIVED
MAR 20 2024
BY:

3/18/2024

Project Name Katahdin Healthcare
Address 22 Walnut Street, Millinocket, ME
Contractor Lee
Address
Phone
Email
Cell 207-745-0972
Attention

We are pleased to submit our quotation with reference to the above captioned as follows :

Quantity		Description
1		Power Supply
1		Battery
1		Door Keypad, Programmable
1		Misc Install Materials
Lot		Tech Services
Total	**$2,400.00**	**Plus local and/or state permits as required.**

Notes: **Parts, Programing, and Testing**
Installation of programmable keypad for door maglock control. PIN command to unlock with internal programable un-lock timer. PIN can be changed by owner as needed.
*Owner to furnish 120VAC outlet above drop ceiling.

For all installation scheduling, please contact Les Bolstridge (Les@mefirepro.com or 942-8809)
This quotation is net of any taxes based on information supplied by the purchaser and includes only those parts, materials, services, and warrantees as itemized on or attached to quotation. Any additional material or service needed due to changes required by authorities having jurisdiction or other causes beyond the control of the vendor shall be at an additional charge to the purchaser.
Note: This proposal may be withdrawn by us if not accepted with 15 days. Project must commence within 6 months and be completed in 1 year from date of proposal. Customer may incur additional costs after this time. Terms are net 30 with approved credit application on file or 1/2 down upon acceptance/balance upon completion.

Respectfully Submitted on 3/18/2024

Jim A

Acceptance of Proposal:
By its signature hereunder, customer acknowledges that the price, conditions, and specifications are satisfactory and accepted.
Please sign below and return with PO.
Accepted by :
x Jennifer Lee 3/19/24

Please release the above equipment (please check):

☐ Upon receipt of this P.O.
☐ On the following date:
☐ Will advise of release date _____