

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

PRINTED: 07/10/2025
FORM APPROVED
OMB NO. 0938-0391

COMPLAINT

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205012	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED C 05/23/2025
NAME OF PROVIDER OR SUPPLIER SUMMER COMMONS			STREET ADDRESS, CITY, STATE, ZIP CODE 21 JUNE STREET SANFORD, ME 04073		
(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 Complaint Survey: Date: 05.23.2025 Summer Commons, 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 341 SS=D	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to ensure that all areas not continuously occupied has a fire alarm detection device near it per NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition, Section 10.15, as referenced by NFPA 101, Life Safety Code, 2012 Edition, Sections	K 341			

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 341	Continued From page 1 9.6.1.3, 9.6.1.8.1, and 19.3.4.1. Finding: On 05.23.2025, between 12:00 PM and 1:00 PM, a surveyor, with the Maintenance Director present, observed the following: 1. Two of the HVAC units on the roof top had no duct smoke detectors connected to the fire alarm system. There is evidence of the units being previously installed. The Maintenance Director states he was advised 2 days prior 05.21.2025 by an electrician performing work on the system. He advised the alarm company was contacted on 05.23.2025 and will be coming out to fix the issue. Checked alarm panel and it shows all systems normal. The surveyor confirmed these finding with the Maintenance Director Director at the time of the observation.	K 341			