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FORM APPROVED
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205132	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER DURGIN PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 9 LEWIS RD KITTERY, ME 03904		
(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: 03.10.2025 Durgin Pines, a long-term care facility, is not in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for Emergency Preparedness.	E 000			
E 037 SS=F	EP Training Program CFR(s): 483.73(d)(1) §403.748(d)(1), §416.54(d)(1), §418.113(d)(1), §441.184(d)(1), §460.84(d)(1), §482.15(d)(1), §483.73(d)(1), §483.475(d)(1), §484.102(d)(1), §485.68(d)(1), §485.542(d)(1), §485.625(d)(1), §485.727(d)(1), §485.920(d)(1), §486.360(d)(1), §491.12(d)(1). *[For RNCHIs at §403.748, ASCs at §416.54, Hospitals at §482.15, ICF/IIDs at §483.475, HHAs at §484.102, REHs at §485.542, "Organizations" under §485.727, OPOs at §486.360, RHC/FQHCs at §491.12:] (1) Training program. The [facility] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and	E 037			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Michelle R. Belhumeur

Administrator

3/24/25

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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E 037	Continued From page 1 procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures. *[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles. (ii) Demonstrate staff knowledge of emergency procedures. (iii) Provide emergency preparedness training at least every 2 years. (iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others. (v) Maintain documentation of all emergency preparedness training. (vi) If the emergency preparedness policies and procedures are significantly updated, the hospice must conduct training on the updated policies and procedures. *[For PRTFs at §441.184(d):] (1) Training program. The PRTF must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) After initial training, provide emergency preparedness training every 2 years. (iii) Demonstrate staff knowledge of emergency	E 037			

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E 037	Continued From page 2 procedures. (iv) Maintain documentation of all emergency preparedness training. (v) If the emergency preparedness policies and procedures are significantly updated, the PRTF must conduct training on the updated policies and procedures. *[For PACE at §460.84(d):] (1) The PACE organization must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Demonstrate staff knowledge of emergency procedures, including informing participants of what to do, where to go, and whom to contact in case of an emergency. (iv) Maintain documentation of all training. (v) If the emergency preparedness policies and procedures are significantly updated, the PACE must conduct training on the updated policies and procedures. *[For LTC Facilities at §483.73(d):] (1) Training Program. The LTC facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of all emergency	E 037			

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E 037	Continued From page 3 preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. *[For CORFs at §485.68(d):](1) Training. The CORF must do all of the following: (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency plan within 2 weeks of their first workday. The training program must include instruction in the location and use of alarm systems and signals and firefighting equipment. (v) If the emergency preparedness policies and procedures are significantly updated, the CORF must conduct training on the updated policies and procedures. *[For CAHs at §485.625(d):] (1) Training program. The CAH must do all of the following: (i) Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected	E 037			

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E 037	Continued From page 4 roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and procedures are significantly updated, the CAH must conduct training on the updated policies and procedures. *[For CMHCs at §485.920(d):] (1) Training. The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least every 2 years. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long-term care facility failed to provide Emergency Preparedness training annually in accordance with 42 CFR 483.73(d)(1). Finding: Based on interview and documentation review on 03.10.2025, between the hours of 10:00 AM and 2:00 PM, this surveyor accompanied with the Administrator, and the Assistant Director of Nursing observed the following: 1. No documentation of initial training in emergency preparedness policies and	E 037			

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E 037	Continued From page 5 procedures to all individuals providing services under arrangement, with temporary staffing needs "clipboard", consistent with their expected roles could be produced in the Emergency Preparedness Plan.. The surveyor confirmed this finding with the Administrator, and the Assistant Director of Nursing, at the time of the observation and record review.				
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 03.10.2025 Durgin Pines, 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 211 SS=C	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 Observations the facility failed to ensure doors at the means of egress meet the requirement of NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.2.2.4, 7.1.6.2, and 7.1.10.1	K 211	- No Residents were affected by this deficient act. - A Read and Sign was completed for all licensed Nurses. They are responsible for having agency staff sign a form noting that they are familiar with the Emergency Preparedness Plan. See Attachment #1. - They will be made aware that the EPP Manuals are located at each Nurse's Station. - Morning staffing huddle will check to see that Agency staff signed the form noting they were given information on EPP. - Agency Companies will be notified if staff are not compliant and will not be allowed to pick up shifts at Durgin Pines in the future. - Completion date: 3/15/25	3/15/25	

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Attachment
#1

EMERGENCY PROCEDURE

Please locate the **RED BINDER** labeled **EMERGENCY PREPAREDNESS PLAN** found in the Nurses Station on both units.

This binder has guidelines on what to do in case of an emergency, including contact numbers for administrative staff.

GENERAL GUIDELINES IN THE EVENT OF A FIRE

Utilize the **R.A.C.E.** Procedure and call **911**.

R	Rescue	Rescue/Evacuate persons in immediate danger.
A	Alarm	Pull nearest "pull station." Announce "CODE RED" over the walkie-talkie system and yell "CODE RED."
C	Confine	Confine the fire by closing doors to isolate the fire and smoke.
E	Extinguish	Attempt to extinguish the fire only if the first three parts of R.A.C.E. procedure have been completed and the fire appears to be manageable.

FIRE EXTINGUISHERS ARE LOCATED IN EVERY CORRIDOR OF THE FACILITY.

THE PERSON DISCOVERING THE FIRE OR SMOKE SHALL CHECK THE FIRE PANEL TO SEE WHERE THE POTENTIAL FIRE IS LOCATED.

THERE ARE FOUR FIRE PANELS IN THE FACILITY. THEY ARE LOCATED IN EACH NURSES STATION, BY THE BACK EMPLOYEE ENTRANCE, AND AT THE FRONT DOOR OF THE FACILITY.

PLEASE CHECK THE PANEL CLOSEST TO WHERE YOU ARE.

AFTER 911 HAS BEEN CALLED, PLEASE NOTIFY THE ADMINISTRATOR, THE DIRECTOR OF NURSING, AND THE MAINTENANCE DIRECTOR.

Signature of Agency Staff

Date

#1A

BY: _____

[illegible]

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#1C

BY: _____

Please review the attached Emergency Procedure for Clipboard Staff.

All Clipboard staff that come to work in our building need to read and sign the attached form. Upon request for a Nurse signature confirming that Clipboard staff completed their shift as scheduled, it is your responsibility as a Durgin Pines RN or LPN to confirm that this form is signed by the Clipboard staff.

There is a folder in the Nurses Station on both units with these forms. Please return the signed forms to this folder upon completion. Administrative staff will collect the forms daily.

This is a regulation per the Fire Marshal that all staff working in our building, including any Clipboard staff, are trained on our Emergency Procedure.

Thank you.

WARNING: This email originated from an external source. Please do not open attachments or click links from an unknown or suspicious source.

(Clipboard Expectations)

* Hi Sandra,

Just wanted to let you know that this has been updated, and is now a requirement for booking shifts. Please let me know if you have any questions at all. Thank you!

Best,
Maddy

On Fri, Mar 21, 2025 at 9:20 PM Maddy Karandikar <madhuri.karandikar@clipboardhealth.com> wrote:
Hi Sandra,

Thank you so much for confirming that, we'll go ahead and get this mapped today.
It should be done shortly!

Best,
Maddy

On Fri, Mar 21, 2025 at 9:18 PM Sandra Myers <sandra.myers@continuummaine.com> wrote:
Yes, it will be required to book a shift.

Thanks again,

Sandy

Sandra Myers

CAO, Continuum Health Services

Phone: (207) 535-9789

Email: Sandra.Myers@continuummaine.com

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1 E

 Outlook

Fw: Durgin Pines

From Sandra Myers <sandra.myers@continuummaine.com>

Date Fri 3/21/2025 1:44 PM

To Michelle Belhumeur <Michelle.Belhumeur@durginpines.com>

* Confirmation for the emergency preparedness review by clipboard before someone is allowed to book a shift.

Sandy

Sandra Myers

CAO, Continuum Health Services

Phone: (207) 535-9789

Email: Sandra.Myers@continuummaine.com

 CONTINUUM
Health Services

From: Maddy Karandikar <madhuri.karandikar@clipboardhealth.com>

Sent: Friday, March 21, 2025 12:38 PM

To: Sandra Myers <sandra.myers@continuummaine.com>

Subject: Re: Durgin Pines

1 F

Morning Staffing Huddle Checking System:

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K 211	Continued From page 6 Findings: On 03.10.2025, between 10:00 AM and 2:00 PM, a surveyor, with the Administrator and Director of Environmental Services present, observed the following: 1. The Marion Way Wing corridor exit door leading to Service Wing exit corridor was locked and the inspector could not exit the building unless staff unlocked the door. The doors are not delayed egress and have a keypad with no code posted. This affected 1 of 2 smoke compartments. 2. The exterior exit discharge paths from the Gillis Wing and Out Patient to the public way has pavement that is excessively cracking 2" gap, greater than 1/4 inch elevation difference. The surveyor confirmed these findings with the Administrator and Director of Environmental Services at the time of the observation.	K 211	<u>K211- Mean of Egress</u> 1. - No Residents were affected by this deficient act. - The code to exit Marion's Way is now displayed above the keypad. - Safety committee members will monitor the quality of the numbers to ensure that it is visible from 5 feet and replace as needed. - Completion date: 3/15/25 2. - No Residents or Visitors were affected by this deficient act. - The 2" gap and 1/4" elevation were repaired with Cold Patch product. - Safety Committee outdoor audit monitors the safety conditions of walkways. - Completion date: 3/13/25		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to provide operational emergency lighting for the duration of the testing in accordance with NFPA 101, Life Safety Code, 2012 edition, sections 19.2.9, and 7.9.3.1.1(4).	K 291		3/13/25	

MAR 21 2025

BUILDING EXTERIOR SAFETY INSPECTION AUDIT

DATE _____ AUDITOR _____

	YES	NO	COMMENTS
* Are walkways in good condition?			
Is lighting adequate entrances			
Is parking lot free of potholes			
Are parking spaces well marked			
Are speed bumps easily visible, well marked?			
Is ambulance entrance clearly marked/lighting adequate.			
Pedestrian traffic areas free of slip/trip hazards.			
Is landscaping well maintained			
Are their handrails for steps where needed.			
Are there handrails for steps where needed.			
Are their non-skid floor coverings (mats) where needed.			
Do doors open and close safely.			
Are doors kept secured where indicated?			
Are rubbish bins covered, wheels locked.			
Is the emergency generator protected from severe weather?			
Is emergency generator checked weekly?			
Is smoking area clearly defined?			
Are correct ashtrays in the smoking area			
Windows/Screens good repair			

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K 291	Continued From page 7 Finding: On 03.10.2025, between 10:00 AM and 2:00 PM, a surveyor, with the Administrator and Director of Environmental Services present, observed the following: 1) The facility was unable to provide documentation of monthly and annual emergency light testing. The surveyor confirmed this finding with the Administrator and Director of Environmental Services at the time of the observation. Exit Signage 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 and record review the facility failed to maintain the illuminated exit signage in accordance with National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition sections 19.2.10 and 7.10.9.1 Finding: On 03.10.2025, between 10:00 AM and 2:00 PM,	K 291	K 291- Emergency Lighting - No Residents were affected by this deficient act. - All Exit Signs were numbered to ensure all are checked. - Log sheet created to ensure monthly and annual checks are completed. See Attachment #2 and #2A. - Timeliness will be checked during Safety Committee and during 1:1 Meetings with Administrator. - Completion date: 3/21/25		
K 293 SS=D		K 293		3/21/25	



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Attachment
#2**Emergency Lighting Plan**

(K291) – Routine checks need to be made monthly (30 seconds) and annually (90 minutes)

Annual Checks (90 minutes)

Exit Sign	2025	2026	2027	2028	2029	2030
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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35						
36						

[illegible]

BY: _____

DURGIN
PINES

Attached
2C

Emergency Lighting Plan

(K291) – Routine checks need to be made monthly (30 seconds) and annually (90 minutes)

Monthly Checks (30 Seconds)

[illegible]

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K 293	Continued From page 8 a surveyor, with the Administrator and Director of Environmental Services present, observed the following: 1. The facility was unable to provide documentation of monthly and annual exit light testing. The surveyor confirmed this finding with the Administrator and Director of Environmental Services at the time of the observation.	K 293			
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors 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	K 363			

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(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 363	Continued From page 9 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 restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to maintain 1 of 58 resident room doors to resist the passage of smoke to and from the corridor as referenced by NFPA 101, Life Safety Code 2012 edition, Section 19.3.6.3 Finding: Observation and interview during a facility tour with the Administrator and Director of Environmental Services present on 03/10/2025, between 10:00 AM and 2:00 PM identified: 1. Resident room #127 door at the exit end of the Hand Wing didn't latch when we closed the door because the latching mechanism in the door did not line up with the hole in the striker plate in the door frame. The surveyor confirmed this finding with the Administrator and Director of Environmental Services at the time of the observation on 03/10/2025, between 10:00 AM and 2:00 PM	K 363	<u>K363- Corridor Doors</u> - No Residents were impacted by this deficient act. - Maintenance Read and Sign for education. Attachment #4 - Room #127 door was repaired and now latching properly. - All doors will be checked in the annual door assessment. - Copy of email from Exactitude noting that Carlos Aguilar was trained. See attachment 3. - Completion date: 3/12/25	3/12/25	

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Attachment
#3

 Outlook

BY: _____

Re: Carlos FDAI

From Raymond S. Claverie <Raymond.Claverie@durginpines.com>

Date Tue 1/9/2024 12:27 PM

To Ryan Gaudreau <rgaudreau@ExactitudeInc.com>

Thank you Ryan

From: Ryan Gaudreau <rgaudreau@ExactitudeInc.com>

Sent: Tuesday, January 9, 2024 12:24 PM

To: Raymond S. Claverie <Raymond.Claverie@durginpines.com>

Subject: Carlos FDAI

WARNING: This email originated from an external source. Please do not open attachments or click links from an unknown or suspicious source.

Hi,

When I was doing the fire door inspection,, I had Carlos with me. I showed him what aspects of the doors I was looking at so he would have an understanding of what area I was looking at on the doors. He then did some of the doors himself with guidance from me so that he felt comfortable doing the fire door inspection himself.

Thank you,

Ryan Gaudreau | End User Sales Exactitude

A DIVISION OF THE COOK & BOARDMAN GROUP, LLC

Cell: 207.838.7385

12 Sky View Dr. Cumberland Foreside, Maine 04110-1340

Hardware Consultants | Precision Systems Integrations | Precision Millwork

cid:image001.jpg@01D3A3F8.E1274360

Looking for bulk hand sanitizer, sneeze guards, touchless solutions or Healthy Hardware®? Ask me!

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BY: _____

Attachment #4

Education for Maintenance Staff

March 14, 2025

Read and Sign

The Maintenance Department employees were educated on the following regulations:

K-291- Emergency Lighting needs to be tested monthly for 30 seconds and annually for 90 minutes. Documentation is required to show evidence that it was completed.

K 712- Fire Drills need to be done monthly and rotated to each shift. Audible alarms need to be used during the drills except during the hours of 9pm-6am. Real life events cannot be used as a drill. Accurate documentation is required to verify that it was done correctly and timely.

K753- Combustible Decorations need to be treated with approved fire-retardant coating and documentation noting that it was completed. Treatment needs to be reapplied yearly.

K761- Testing Doors need to be done annually. The log sheet is divided by color to ensure that each quarter, doors as listed need to be checked. Documentation needs to be kept up to date and available to the Fire Marshal for inspection.

K918- Electrical Systems- Maintenance and Testing needs to be done on all receptacles annually in Resident rooms. Documentation must be available for the State Fire Marshal to review during inspections.

K918-Electrical Systems-Essential Electric. The generator needs to be assessed for the monthly load testing and documented in the binder. This is an added function besides the weekly inspection and the annual professional inspection.

Signatures:

1. Ray Claverie Ray Claverie Date: 3/21/25
2. Carlos Aguilar Carlos Aguilar Date: 3/21/25
3. Dan Sebastyanski Dan Sebastyanski Date: 3-21-25

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205132	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 03/10/2025
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K 712 K 712 SS=F	Continued From page 10 Fire Drills CFR(s): NFPA 101 Fire Drills 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. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on documentation review, and interview, the long-term care facility failed to conduct fire drills in accordance with NFPA 101, Life Safety Code, 2012 edition, section 19.7.1.7. in 9 of the last 12 months. Findings: Documentation review and interview during a facility tour with the Administrator and Director of Environmental Services present on 03/10/2025, between 10:00 AM and 2:00 PM identified: 1. The fire drill in March for the third shift in the first quarter of 2024 was a silent drill conducted at 04:00. There was no coded announcement. Interview with the Director of Environmental Services revealed that there is no intercom or Public Address system in the building. He didn't know how the coded announcements were done in the past.	K 712 K 712			

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K 712	Continued From page 11 2. The 1st shift drill in April, 2024 at 10AM was a silent training event and was not a fire drill. There was no drill done for the 1st shift in the second quarter of 2024. Activation of the fire alarm system is required during the hours of 0600-2100. 3. The 2nd shift drill in May, 2024 at 15:35 was a silent training event and was not a fire drill. There was no drill done for the 1st shift in the second quarter of 2024. Activation of the fire alarm system is required during the hours of 0600-2100. 4. The fire drill for the 3rd shift in the second quarter in June was a silent drill. Drills that are not done by the activation of the fire alarm system shall be a coded announcement. This drill occurred at 16:15. Activation of the fire alarm is only permitted to be omitted to a coded announcement during the hours of 2100-1600. 5. The 1st shift drill in the third quarter in July was an actual event and did not constitute a fire drill. There was no fire drill done for the 1st shift during the third quarter of 2024. 6. The fire drill for the 2nd shift in the third quarter in August was a silent drill. Drills that are not done by the activation of the fire alarm system shall be a coded announcement. This drill occurred at 16:15. Activation of the fire alarm is only permitted to be omitted to a coded announcement during the hours of 2100-1600. 7. The fire drill in September for the third shift in the third quarter was a silent drill. There was no coded announcement. Interview with the Director of Environmental Services revealed that there is no intercom or Public Address system in the building. He didn't know how the coded	K 712			

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Marion's Way

Durgin Pines

Attachment 7A
3rd Shift

FIRE DRILL EVALUATION

BY:

DATE OF DRILL: 3/11/25

TIME: 8:00am

Method of activating Alarm (ie: pull station, smoke detector, alarm panel) SILENT

PERSONNEL PARTICIPATING:

H. Erickson
Amy Blaisdell
Anna Coombs
Nancy Pink

EVALUATION:

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Did all personnel know what their responsibilities were? | ☒ | ☐ |
| 2. Did all personnel know the evacuation routes? | ☒ | ☐ |
| 3. Did all personnel know the location of the fire alarm box or how to report the fire? | ☒ | ☐ |
| 4. Did all personnel know the location of fire extinguisher? | ☒ | ☐ |
| 5. Were all fire doors functioning properly (closed & latched)? | ☒ | ☐ |
| 6. Were all residents' doors closed at end of drill? | ☐ | ☐ |
| 7. Were corridors and fire exits found free of obstructions? | ☒ | ☐ |
| 8. Was there an up-to-date resident list for the Charge Nurse to use? | ☐ | ☐ |

ADDITIONAL COMMENTS:

PLAN OF CORRECTION:

Carol Ogata
Signature of Person Performing the Test

Gillis Way

Durgin Pines

3rd Shift

Attachment 4B

MAR 21 2025

FIRE DRILL EVALUATION

DATE OF DRILL: 3/11/25 TIME: 5:00 AM

Method of activating Alarm (ie: pull station, smoke detector, alarm panel) SILENT

PERSONNEL PARTICIPATING:

Wendy Gordon
John P. Adams

EVALUATION:

	Yes	No
1. Did all personnel know what their responsibilities were?	✓	
2. Did all personnel know the evacuation routes?	✓	
3. Did all personnel know the location of the fire alarm box or how to report the fire?	✓	
4. Did all personnel know the location of fire extinguisher?	✓	
5. Were all fire doors functioning properly (closed & latched)?	✓	
6. Were all residents' doors closed at end of drill?		
7. Were corridors and fire exits found free of obstructions?	✓	
8. Was there an up-to-date resident list for the Charge Nurse to use?		

ADDITIONAL COMMENTS:

PLAN OF CORRECTION:

Signature of Person Performing the Test

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K 712	Continued From page 12 announcements were done in the past. 8. The fire drill in November on the second shift during the fourth quarter of 2024 was done at 1930 hours, and it was recorded as a silent drill. Activation of the fire alarm system is required during the hours of 0600-2100. Coded announcements are only permitted from 2100-1600. 9. The fire drill in December for the third shift in the fourth quarter of 2024 at 04:30 was a silent drill. There was no coded announcement. Interview with the Director of Environmental Services revealed that there is no intercom or Public Address system in the building. He didn't know how the coded announcements were done in the past. The surveyor confirmed these findings with the Administrator and Director of Environmental Services present at the time of the documentation review on 03/10/2025, between 10:00 AM and 2:00 PM. A picture of the code reference was taken on the phone of the Director of Environmental Services at the time of documentation review.	K 712	<u>K712- Fire Drills</u> - No Residents were affected by this deficient act. - Maintenance staff educated on the need to use alarms during fire drills and that real events cannot be substituted for a drill. See Read and Sign form attached #4. - Fire Drill completed for third shift March on 3/11/25. April Fire Drill scheduled for first shift with an audible alarm. - Safety Committee will add to the agenda to ensure that fire drills are done timely and with the use of the audible alarms. - Completion date: 3/21/25		
K 753 SS=D	Combustible Decorations CFR(s): NFPA 101 Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met: o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than	K 753			

3/24/25

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K 753	Continued From page 13 100 kilowatts in accordance with NFPA 289. - Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). - The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. 19.7.5.6 This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to ensure that combustible decorations shall be prohibited unless one of the following is met: Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. Decorations meet NFPA 701 (2010). Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289 (2009). Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. 19.7.5.6. Finding: On 03.10.2025, between 10:00 AM and 2:00 PM, a surveyor, with the Administrator and Director of Environmental Services present, observed the following: 1. The Marion Way Wing near the Hogan Wing had a large afghan displayed in the egress corridor and no evidence could be provided to show that it had been sprayed with a fire-retardant coating, or that it met the	K 753	<u>K753- Combustible Decorations</u> - No Residents were affected by this deficient act. - Afghan was sprayed with Dry One solution. - Form completed with scheduled dates for following years. Attachment #5. - Reminders on calendar for annual reapplication. - Completion date: 3/19/25	3/19/25	

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Attachment #5

BY: _____

Afghan on Marion's Way Wall

On March 14, 2025, it was treated with a fire-retardant coating. Dry One Product was used.

March of 2025

Initials RC 3/19/25

It will be reapplied in March of 2026.

Initials _____

March of 2027

Initials _____

March of 2028

Initials _____

March of 2029

Initials _____

March of 2030

Initials _____

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K 753	Continued From page 14 requirements of NFPA 701 (2010) or NFPA 289 (2009). This affected 1 or 2 smoke compartments. The surveyor confirmed this finding with the Administrator and Director of Environmental Services at the time of the observation.	K 753			
K 761 SS=F	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 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	K 761			

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K 761	Continued From page 15 8.3.3.1 Finding: Documentation review and interview during a facility tour with the Administrator and Director of Environmental Services present on 03/10/2025, between 10:00 AM and 2:00 PM identified:	K 761			
	1. The facility failed to complete the annual assessment of all fire doors in the facility. The facility had no documentation that the doors had been inspected by a trained employee or a qualified outside vendor since Exactitude did the inspection on 01/02/2024. Interview with the Director of Environmental Services revealed that the annual door inspection is not done in house, and they haven't scheduled an outside vendor to come in as of 03/10/2025.		K761- Testing Doors - No Residents were affected by this deficient act. - Maintenance man- Carlos Aguilar was educated last year on testing doors. Trained by Rep at Exactitude- Ryan Gaudreau. (See attached email copy) Attachment #3. - Annual Door Assessment tool to be used to ensure all doors are done timely. Schedule set to complete parts of the building each quarter. - Doors to be assessed for latching, gaps, warped, holes in door/frame, gasket condition, and silencers in the frame. Attachment #6. - Administrator to monitor each quarter with reminder on Outlook Calendar. - Completion date: 3/21/25		
K 914 SS=F	This surveyor confirmed this finding with the Administrator and Director of Environmental Services present on 03/10/2025, between 10:00 AM and 2:00 PM 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	K 914		3/21/25	

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BY: _____



Attachment #6

QUARTERLY FIRE DOOR ASSESSMENT

DATE: _____

Q1 - MARION'S WAY - HOGAN WING

DOOR ID	TOP	BOTTOM	LATCH SIDE	HINGE SIDE	LATCH	GASKET	DOOR INTEGRITY
100							
101							
102							
103							
104							

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MAR 21 2025

BY: _____

GA



QUARTERLY FIRE DOOR ASSESSMENT

DATE: 3/21/25

Q1 - MARION'S WAY - HOGAN WING

DOOR ID	TOP	BOTTOM	LATCH SIDE	HINGE SIDE	LATCH	GASKET	DOOR INTEGRITY
100 GA	3/16"	3/4" <	3/16"	1/16"	YES	REPLACE	GOOD CAN SHIM
101 GA	1/8"	3/4" <	1/8"	1/16"	YES	REPLACE	GOOD
102 GA	1/8"	3/4" <	1/16"	1/8"	YES	REPLACE	TOP OF DOOR WARPED. CONSIDER REPLACING DOOR
103 GA	3/16"	3/4" <	3/16"	1/8"	YES	REPLACE	GOOD
104 GA	.38"	3/4" <	.29"	1/16"	YES	REPLACE	GOOD

6B

DOOR ID	TOP	BOTTOM	LATCH SIDE	HINGE SIDE	LATCH	GASKET	DOOR INTEGRITY
105 GA	3/16"	3/4" <	3/16"	1/16"	YES TIGHT NEED TO ADJUST	REPLACE	DOOR WARPED GAP AT TO .64" REPLACE
106 GA	3/16"	3/4" <	1/16" <	1/8"	YES TIGHT ADJUST	REPLACE	GOOD NEEDS TO SHIM TOP
107 GA	3/16"	3/4" <	1/8"	1/8"	YES	REPLACE	GOOD
108 GA	.39"	3/4" <	3/16"	1/16"	YES	REPLACE	GOOD

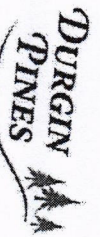
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MAR 21 2025



QUARTERLY FIRE DOOR ASSESSMENT
DATE: _____

01 - MARION'S WAY - FEENEY WING

DOOR ID	TOP	BOTTOM	LATCH SIDE	HINGE SIDE	LATCH	GASKET	DOOR INTEGRITY
109	.44"	$\frac{3}{4}" <$	$\frac{1}{8}"$	$\frac{1}{8}"$	Yes	REPLACE	GOOD 54" TO REDUCE GAP AT TOP
110	$\frac{3}{16}"$	$\frac{3}{4}" <$	.27"	$\frac{1}{16}"$	Yes	REPLACE	GOOD 54" STIM
111	$\frac{3}{16}"$	$\frac{3}{4}" <$	$\frac{3}{16}"$	$\frac{1}{16}"$	Yes	REPLACE	GOOD
112	.39"	$\frac{3}{4}" <$	$\frac{1}{16}"$	$\frac{1}{16}"$	Yes	REPLACE	GOOD
113	$\frac{1}{8}"$	$\frac{3}{4}" <$	$\frac{1}{16}"$	$\frac{1}{16}"$	Yes	REPLACE	

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MAR 21 2025

6D

DOOR ID	TOP	BOTTOM	LATCH SIDE	HINGE SIDE	LATCH	GASKET	DOOR INTEGRITY
114 CA	.30"	3/4" <	.23"	1/16"	YES	REPLACE	TOP WARPED .45" gap
115 CA	3/16"	3/4" <	3/16"	1/8"	YES	REPLACE	GOOD
116 CA	3/16"	3/4" <	3/16"	1/8"	YES ADJUST	REPLACE	GOOD
117 CA	.44"	3/4" <	3/16"	1/8"	YES	REPLACE	GOOD SHIM
118 CA	3/16"	3/4" <	3/16"	1/8"	YES	REPLACE	GOOD
119 CA	3/16"	3/4" <	3/16"	1/16"	YES	REPLACE	GOOD
120 CA	.36"	3/4" <	3/16"	3/16"	YES	REPLACE	GOOD

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MAR 21 2025

BY:



QUARTERLY FIRE DOOR ASSESSMENT

DATE: _____

Q1 - MARION'S WAY - HAND WING

DOOR ID	TOP	BOTTOM	LATCH SIDE	HINGE SIDE	LATCH	GASKET	DOOR INTEGRITY
121 CA	1/8"	3/4" <	3/16"	1/8"	YES	REPLACE	GOOD
122 CA	3/16"	3/4" <	3/16"	1/8"	YES	REPLACE	GOOD
123 CA	3/16"	3/4" <	3/16"	0	NO ADJUST	REPLACE	GOOD SHIM
124 CA	.45"	3/4" <	3/16"	1/16"	YES	REPLACE	GOOD
125 CA	3/16"	3/4" <	3/16"	1/8"	YES	REPLACE	GOOD

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MAR 21 2025

6F

DOOR ID	TOP	BOTTOM	LATCH SIDE	HINGE SIDE	LATCH	GASKET	DOOR INTEGRITY
126 CT	3/16"	3/4" <	3/16"	1/8"	YES	REPLACE	WARPED REPLACE
127 CT	.31"	3/4" <	3/16"	1/16"	YES	REPLACE	WARPED REPLACE
128 CT	3/16"	3/4" <	3/16"	1/16"	YES	REPLACE	GOOD SHIM
129 CT	.31"	3/4" <	3/16"	1/16"	YES	REPLACE	GOOD
130 CT	1/8"	3/4" <	3/16"	0	YES	REPLACE	GOOD
131 CT	3/16"	3/4" <	3/16"	1/16"	YES	REPLACE	GOOD SHIM

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BY: _____

DOOR ID	TOP	BOTTOM	LATCH SIDE	HINGE SIDE	LATCH	GASKET	DOOR INTEGRITY
132 OK	3/16"	3/4" <	3/16"	1/8"	NO ADJUST	REPLACE	GOOD
133 OK	3/16"	3/4" <	1/16"	1/8"	YES	REPLACE	WATERED REPLACE

65

Completed in 2024
But not presented to the Fire Marshal

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Annual Fire Door Assessment

Marion's Way

NO GASKET
3/12/24 Double Doors @ Conf Rm LEFT TOP $\frac{1}{4}$ " RIGHT TOP $\frac{1}{4}$ "
Bathroom NO GASKET T- $\frac{1}{4}$ " L.S. SHIM $\frac{1}{8}$ "
Activity Closet T- $\frac{1}{4}$ " L.S. - $\frac{1}{4}$ "
Activity Office NO GASKET T- $\frac{1}{4}$ " L.S. SHIM?
Double Doors Dining _____
Nsg Office NO GASKET T- $\frac{1}{4}$ "
Med Room T- $\frac{1}{8}$ " L.S. - $\frac{1}{4}$ "
Nsg Bathroom NO GASKET T- $\frac{1}{4}$ " L.S. $\frac{1}{8}$ "

3/15/24 Hogan Wing

Room 100 SHIM
Room 101 ✓
Room 102 ✓ DOOR TWISTED
Room 103 SHIM
Room 104 SHIM T- $\frac{1}{8}$ " L.S. $\frac{1}{8}$ "
Room 105 T- $\frac{1}{8}$ " DOOR TWISTED
Room 106 L.S. TIGHT RM 107 - SHIM
Room 108 T- $\frac{1}{4}$ " L.S. $\frac{1}{4}$ " SHIM
Room 109 _____
Double Doors _____
Spa NO GASKET T- $\frac{1}{4}$ " L.S. $\frac{1}{8}$ " SHIM
Clean Linen T- $\frac{1}{4}$ " L.S. $\frac{1}{8}$ " SHIM
Soiled Linen T- $\frac{1}{4}$ " L.S. $\frac{1}{8}$ " SHIM - HOLE FROM DOOR HANDLE

BY: _____

Feeney Wing
Room 109 SHIM T- $\frac{1}{8}$ " 3/15/24
Room 110 SHIM L.S. $\frac{1}{8}$ "
Janitor T- $\frac{3}{16}$ " L.S. ✓ - HOLE FROM DOOR HANDLE
SUPPLIES
Clean Linen T- $\frac{1}{4}$ " L.S. $\frac{1}{4}$ " HOLE FROM DOOR HANDLE
Soiled Linen _____
Spa _____
Family Room SHIM
Room 111 T- $\frac{1}{8}$ " L.S. $\frac{1}{8}$ "
Double Doors _____
Room 112 T- $\frac{1}{4}$ " SHIM 5/8/24
Room 113 T- $\frac{1}{8}$ "
Room 114 T- $\frac{1}{4}$ " L.S. $\frac{1}{8}$ " SHIM
Room 115 T- $\frac{1}{8}$ " L.S. - $\frac{1}{8}$ " SHIM
Room 116 T- $\frac{1}{4}$ " L.S. $\frac{1}{8}$ " - SHIM
Room 117 T- $\frac{1}{4}$ " L.S. $\frac{1}{4}$ " - SHIM
Room 118 T- $\frac{1}{4}$ " L.S. $\frac{1}{8}$ " - SHIM
Room 119 T- $\frac{1}{8}$ " L.S. $\frac{1}{8}$ " - SHIM
Room 120 T- $\frac{1}{4}$ " L.S. $\frac{1}{8}$ " - SHIM
Double Doors on Left ✓
Double Doors on Right SHIM

NO GASKET

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Hand Wing 6/10/24 ✓

Soiled Linen T-1/4" L.S. 1/8"

Clean Linen _____

Electrical SHIM _____

Oxygen T-1/4" L.S. 1/8"

Spa T-1/4" L.S. 1/4" NO GASKET

Room 121 L.S. 1/8" T-✓ SLIGHT TWIST

Room 122 ✓

Room 123 T-1/4" L.S. 1/8" SHIM

Room 124 T-1/4" L.S. 1/8" SHIM

Room 125 T-1/8" L.S. ✓

Room 126 T-1/4" L.S. 1/8" SHIM LATCH?

Room 127 T-1/8" L.S. 1/8"

Room 128 T-1/4" L.S. 1/8" SHIM

Room 129 T-1/4" L.S. 1/8" SHIM

Room 130 ✓

Room 131 T-1/4" L.S. 1/8" SHIM

Room 132 T-1/4" L.S. 1/8" SHIM

Room 133 T-1/8" L.S. ✓

Double Doors Left ✓

Double Doors Right T-1/8" ✓

Gillis Wing BY: _____

8/27/24 ✓

Room 134 TOP 1/4" L.S. 1/8"

Room 135 _____

Room 136 SHIM _____

Room 137 SHIM _____

Room 138 TOP 1/8" L/S 1/8"

Room 139 TOP 1/8" L/S 1/8"

Room 140 SHIM L.S. 1/8"

Room 141? Door Twisted

Room 142 _____

Room 142 SHIM _____

Room 143 TOP 1/8" L.S. 1/4"

Room 144 T-1/8" L.S. SHIM

Room 145 T-1/4" L/S 1/4" SHIM

Room 146 T-1/8" L.S. SHIM

Room 147 T-1/4" L.S. - SHIM

Room 148 ✓

Room 149 T-1/4" L.S. 1/8"

Room 150 T-1/4" L.S. 1/4"

Room 151 T-1/8" L.S. ✓

Room 152 T-1/8" L.S. 1/8"

Room 153 T-1/4" L.S. 1/8"

Room 154 T-1/4" L.S. ✓

Room 155 T-1/4" L.S. 1/8" ✓

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Gillis Wing Cont'd

9/16/24 CA

Room 156 T-3/16" L.S. 1/8"
 Room 157 T-1/4" L.S. 1/8"
 Clean Linen SHIM
 Soiled Linen SHIM
 Admissions SHIM ^{NO GASKET} _{HINGE SIDE 1/8"}
 Bathroom SHIM NO GASKET
 Spa Rm #1 SHIM T-1/4" L.S. 1/8" NO GASKET
 Electrical SHIM
 Janitor SHIM
 Multi Rm NO GASKET SHIM
Med Rm T-1/8" L.S. 1/8" SHIM
 Nsg Station NO GASKET T-1/4" L.S. V
 Utility Closet _____
 Spa Rm #2 T-1/4" L.S. V
 Double Doors near 148 SHIM LEFT SIDE
 Oxygen T-1/8"
 Med Dir SHIM T-1/8" L.S. 1/8"
 Supplies SHIM T-1/8" L.S. 1/4"
 Gym _____
 Out Pt Doors _____
 Out Pt Entrance _____
 Administrator T-1/4" L.S. 1/8"
 Receptionist T-1/8" L.S. SHIM

10/21/24 CA

BY: Entrance Doors TOP 1/8"

12/5/24 CA

DON SHIM
 Social Work T-1/4" L.S. SHIM
 Preschool T-1/4" L.S. 1/8"
 ADON SHIM NO GASKET
 Hair Salon T-1/4" L.S. SHIM NO GASKET
 Business Office NO GASKET
 MDS Office T-1/4" NO GASKET
 Sprinkler Room Door SHIM T-1/4" L.S. 1/4" NO GAS.
 Double Doors near Hair Salon
✓ NO GASKET
 Double Doors near MDS Office
✓ NO GASKET
 Double Doors near Business Office
LEFT T-1/8" RIGHT T-1/8" NO GASKET
 HALL DOOR TO BOILER Rm T-1/4" L.S. 1/4"

GYM - 12/5/24 CA

SAMS OFFICE T-1/4" L.S. SHIM NO GASKET
 BACK ROOM - T-1/4" L.S. SHIM NO GASKET
 BATH ROOM T-1/4" L.S. SHIM 1/4" NO GASKET
 STORAGE CLOSET T-3/16" L.S. 3/16" SHIM NO GASKET
 GYM ENTRANCE T-3/16" L.S. V NO GASKET
NEED DOOR LIGHT
 DOUBLE DOORS
RIGHT SIDE T-1/8" NO GASKET

T-36" RES ROOM
L.S. 80" T-42"
L.S. - 80"

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PRINTED: 03/12/2025
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205132	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER DURGIN PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 9 LEWIS RD KITTERY, ME 03904		
(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 914	Continued From page 16 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 documentation review and interview the facility, failed to ensure that inspection of the receptacles in patient care rooms not listed as hospital-grade, was conducted at intervals not exceeding 12 months in accordance with NFPA 99, Healthcare Facilities Code, 2012 edition, Sections 6.3.3.2.4., and 6.3.4.1.3. K914-Electrical Systems-Maintenance and Testing Finding: Documentation review and interview during a facility tour with the Administrator and Director of Environmental Services present on 03/10/2025, between 10:00 AM and 2:00 PM identified: 1. There is no documentation showing any annual testing of the receptacles in Resident Care rooms. No past testing of the physical integrity, grounding continuity, polarity and retention force of the receptacles could be produced. This deficient practice could pose an electrical hazard to all residents, visitors, and members of facility staff in these locations. This finding was verified by the Administrator and Director of Environmental Services at the time of	K 914	- No Residents were affected by this act. - Read and sign to educate staff on the regulation that needs to be adhered to. Attachment #4. - Log was created to check Resident Room receptacles yearly. System broken down by each wing. Attachment # 4 - Compliance will be monitored during the 1:1 Meetings with Maintenance Director. - Completion date: 3/21/25	3/21/25	

Attachment 7

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Room Receptacle Inspection/Testing

BY: _____

Room# 137 3/21/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	FAIL	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
BATHROOM GFI	PASS	PASS	

Room# 135 3/21/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	FAIL	FAIL	
BATHROOM GFI	PASS	PASS	

Room# 134-1 3/21/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BATHROOM GFI	PASS	REPLACE	
BATHROOM WALL CORNER	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
BEHIND BED WHITE	PASS	FAIL	
WINDOW CORNER	PASS	FAIL	
BEHIND T.V.	PASS	PASS	

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Room Receptacle Inspection/Testing

BY: _____

Room# 134-2 3/21/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	FAIL	
WHITE BEHIND BED	PASS	FAIL	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	

Room#

Receptacle ID	Continuity	Tension Test	Replaced
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Room#

Receptacle ID	Continuity	Tension Test	Replaced
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Room Receptacle Inspection/Testing

Room# 149 3-20-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
entrance	pass	pass	
TV	pass	fail	
Window	pass	pass	
Bathroom GFI	pass	pass	
white bed	pass	pass	
emerg left	pass	pass	
emerg right	pass	fail	

Room# 140-1 3-20-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom GFI	pass	fail	
white bed	fail	fail	
emerg left	pass	fail	
emerg right	pass	fail	
Window	pass	fail	
TV	pass	pass	

Room# 147 3/21/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
WINDOW CORNER	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WHITE BEHIND BED	FAIL	PASS	
EMERGENCY LEFT	PASS	PASS	3/21/25 CA
EMERGENCY RIGHT	FAIL	PASS	
BATHROOM GFI	PASS	PASS	3/21/25 CA

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Room Receptacle Inspection/Testing

BY: _____

Room# 155 3-20-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
entrance	pass	fail	
Bathroom GFI	pass	fail	
TV	pass	fail	
emergency left	pass	fail	
emergy right	pass	fail	
white bed	pass	fail	
window	pass	fail	
	pass	fail	

Room# 154 3-20-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
TV	pass	pass	
entrance	pass	pass	
bath room GFI	pass	pass	
white bed	pass	pass	
emergy left	pass	pass	
emergy right	pass	fail	
window	pass	pass	
	pass	fail	

Room# 153 3-20-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
entrance	pass	pass	
TV	pass	pass	
Bathroom GFI	pass	pass	
window	pass	pass	
white bed	pass	fail	
emergency left	pass	pass	
emergency right	pass	pass	
		fail	

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7D

Room Receptacle Inspection/Testing

Room# ~~145~~

Receptacle ID

Continuity

Tension Test

Replaced

Room# 145 3/20/25 CA

Receptacle ID

Continuity

Tension Test

Replaced

Entrance Right

pass

pass

Bath room GFI

pass

pass

Emergency Left

pass

fail

Emergency Right

fail

fail

Behind Bed white

fail

Window Corner

pass

fail

Behind TV

pass

fail

pass

Room# 146

3/20/25 CA

Receptacle ID

Continuity

Tension Test

Replaced

Entrance left

pass

pass

Behind TV

pass

pass

Window Corner

pass

pass

Behind Bed white

pass

pass

Emergency left

pass

fail/pass

Emergency Right

pass

pass

Bath room GFI

pass

pass

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Room Receptacle Inspection/Testing BY: _____

Room# 148 3/20/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
BATHROOM GFI	PASS	PASS	

Room# 156 3/20/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	FAIL	
BATHROOM GFI	PASS	PASS	

Room# 141 3/20/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
BATHROOM GFI	PASS	PASS	

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Room Receptacle Inspection/Testing

* Room# ~~143~~ DONE

Receptacle ID	Continuity	Tension Test	Replaced
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Room# ~~143~~ DONE

Receptacle ID	Continuity	Tension Test	Replaced
---------------	------------	--------------	----------

* Room# 143 3/20/25

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	FAIL	
BATHROOM GFI	PASS	PASS	

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Room Receptacle Inspection/Testing BY: _____

Room# 121-1 3/20/25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom GFI	pass	fail	
Behind Bed white	pass	fail	
Emergency Left	pass	fail	
Emergency Right	pass	fail	
Window Corner	pass	fail	
Behind T.V.	pass	pass	

Room# 121-2 3/20/25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Behind T.V.	pass	pass	
Window Corner	pass	pass	
Behind Bed white	pass	fail	
Emergency Left	pass	fail	
Emergency Right	pass	fail	
Bathroom wall	pass	fail	

Room# 122-1 3/20/25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom GFI	pass	pass	
TV	pass	pass	
Window	pass	pass	
white by bed	pass	pass	
emergency left	pass	pass	
emergency right	pass	pass	

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BY: _____

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Room Receptacle Inspection/Testing

X Room# 122-2 3/20/25 DS

Receptacle ID	Continuity	Tension Test	Replaced
TV	pass	pass	
window	pass	pass	
emerg Left	pass	pass	
emerg Right	pass	pass	
white bed	pass	pass	
Bath room wall	Pass	fail	

123.
S HD Room# 123 3/20/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
Entrance Right	pass	fail	
Bathroom GFI	pass	pass	
Emergency Left	pass	fail	
Emergency Right	pass	fail	
Behind Bed white	pass	fail	
Window corner	pass	fail	
Behind T.V.	pass	pass	

Room# 124 3/20/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
Entrance	pass	pass	
Behind TV	pass	pass	
Window corner	pass	pass	
Behind Bed white	pass	pass	
Emergency Left	pass	pass	
Emergency Right	pass	pass	
Bathroom GFI	pass	pass	

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Room Receptacle Inspection/Testing

Room# 125-1 3/20/25 DS

Receptacle ID	Continuity	Tension Test	Replaced
TV	pass	pass	
window	pass	pass	
white bed	pass	fail	
bathroom wall	pass	pass	
emrg left	pass	pass	
emrg right	pass	pass	

Room# 125-2 3/20/25 DS

Receptacle ID	Continuity	Tension Test	Replaced
TV left	pass	pass	
TV right	pass	pass	
window by call light	pass	pass	
white bed	pass	pass	
emrg left	pass	fail	
emrg right	pass	pass	
Bathroom GFI	pass	fail	

Room# ~~123~~ → ~~THINK was done already - Dan~~

Receptacle ID	Continuity	Tension Test	Replaced
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Room Receptacle Inspection/Testing

Room# 131 3/19/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
Entrance Left	pass	fail	3/21/25 CA
Behind Tv.	pass	fail	3/21/25 CA
Window Corner	pass	fail	3/21/25 CA
Behind Bed white	pass	fail	3/21/25 CA
Emergency Left	pass	fail	3/21/25 CA
Emergency Right	pass	fail	3/21/25 CA
Bathroom GFI	pass	pass	

Room# 132 3/19/25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom GFI	pass	fail	3/20/25 CA
TV	pass	fail	3/20/25 CA
Window	pass	pass	
White bed	fail	fail	3/20/25 CA
emrg Left	pass	fail	3/20/25 CA
emrg Right	pass	pass	

Room# 133-1 3/19/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom GFI	pass	pass	
Bathroom wall	pass	pass	
Emergency Left	pass	pass	
Emergency Right	fail	pass	
Behind Bed white	pass	pass	
Window corner	pass	pass	
Behind Tv.	pass	pass	

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BY: _____

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Room Receptacle Inspection/Testing

Room# 129 3/19/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
Entrance Right	pass	fail	3/20/25
Bathroom GFI	pass	pass	
Emergency Left	pass	fail	3/20/25
Emergency Right	pass	fail	3/20/25
Behind Bed white	fail	fail	3/20/25
Window Corner	pass	pass	
Behind TV	pass	pass	

Room# 130-1 3/19/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
Emergency Left	pass	fail	
Emergency Right	pass	fail	
Behind Bed white	pass	fail	
Window Corner	pass	fail	
Behind T.V.	pass	pass	

Room# 130-2 3/19/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
Behind T.V.	pass	pass	
Window Corner	pass	pass	
Behind Bed white	pass	fail	
Emergency Left	pass	fail	
Emergency Right	pass	fail	
Bathroom wall	pass	fail	
Bathroom GFI	pass	pass	

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Room Receptacle Inspection/Testing

Room# 133-2 3/19/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
Behind TV-	pass	fail	
Window Corner	pass	fail	
Emergency left	pass	fail	
Emergency Right	pass	fail	
Behind Bed white	pass	fail	

Room#

Receptacle ID	Continuity	Tension Test	Replaced
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Room#

Receptacle ID	Continuity	Tension Test	Replaced
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BY: _____

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Room Receptacle Inspection/Testing

Room# 127-1 3/19/25 GA

Receptacle ID	Continuity	Tension Test	Replaced
Behind Bed white	pass	fail	
Emergency Left	pass	fail	
Emergency Right	pass	pass	
Window Corner	pass	fail	
Behind TV	pass	fail	

Room# 127-2 3/19/25 GA

Receptacle ID	Continuity	Tension Test	Replaced
Behind TV	pass	pass	
Window corner	pass	pass	
Behind Bed white	pass	fail	
Emergency Left	pass	pass	
Emergency Right	pass	pass	
Bathroom wall	fail	fail	
Bathroom GFI	pass	fail	

Room# 128 3/19/25 GA

Receptacle ID	Continuity	Tension Test	Replaced
Entrance Right	pass	pass	
Emergency Left	pass	pass	
Emergency Right	fail	fail	
Behind Bed white	fail	fail	
Window Corner	pass	fail	
Behind T.V.	pass	fail	
Bathroom GFI	pass	pass	

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BY: _____

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Room Receptacle Inspection/Testing

Room# 115 3/19/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BATHROOM GFI	PASS	PASS	
BEHIND BED WHITE	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
BEHIND T.V.	PASS	PASS	
* WINDOW CORNER	PASS	Fail	

Room# 109-1 3/19/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
Bath room GFI	pass	fail	
Behind Bed white	pass	fail	
Emergency Left	pass	fail	
Emergency Right	pass	fail	
Behind T.V.	pass	pass	
Bathroom wall	pass	pass	
Window corner	pass	fail	

Room# 109-2 3/19/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
Behind Tv	pass	pass	
Window corner	pass	pass	
Behind Bed white	fail	fail	
Emergency Left	pass	fail	
Emergency Right	pass	fail	

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BY: _____

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Room Receptacle Inspection/Testing

Room# 107-1 3/19/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BATHROOM GFI		FAIL	
BATHROOM WALL CORNER	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	FAIL	
WHITE BEHIND BED	PASS	FAIL PASS	
WINDOW CORNER	PASS	PASS	
BEHIND T.V.	PASS	PASS	

Room# 107-2 3/19/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	FAIL	
EMERGENCY RIGHT	PASS	PASS	

Room# 110-1 3/19/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BATHROOM GFI	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
BATHROOM WALL CORNER	PASS	PASS	
WINDOW CORNER	PASS	PASS	
BEHIND T.V.	PASS	PASS	

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Room Receptacle Inspection/Testing

Room# 126 3/18/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
Entrance	pass	fail	3/20/25 CA
Behind TV	pass	pass	
Window Corner	pass	fail	3/20/25 CA
White behind Bed	pass	fail	3/20/25 CA
Emergency Left	pass	fail	3/20/25 CA
Emergency Right	pass	fail	3/20/25 CA
Bathroom GFI	pass	pass	3/20/25 CA

Room# 106-1 3-18-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
TV	pass	pass	
Window	pass	pass	
Bathroom wall	pass	pass	
White behind bed	pass	pass	
Emergency Left	pass	fail	
Emergency Right	pass	fail	

Room# 106-2 3-18-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom GFI	pass	fail	
Window	pass	fail	
TV	pass	pass	
White behind bed	pass	pass	
Emergency Left	pass	pass	
Emergency Right	pass	pass	

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Room Receptacle Inspection/Testing

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Room# 108-1 3-18-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bath room GF1	pass	fail	
TV	fail	fail	
window	pass	pass	
white behind bed	pass	fail	
emergency left	pass	fail	
emergency right	pass	fail	

Room# 108-2 3-18-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom wall	pass	fail	
white behind bed	pass	fail	
emergency left	pass	fail	
emergency right	pass	fail	
window	pass	pass	
TV	pass	pass	

Room# 110-2 3/19/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
WHITE BEHIND BED	PASS	FAIL	
EMERGENCY LEFT	PASS	FAIL	
EMERGENCY RIGHT	PASS	PASS	
WINDOW CORNER	PASS	PASS	
BEHIND T.V.	PASS	PASS	

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Room Receptacle Inspection/Testing

Room# 103-1 3-17-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
TV	pass	pass	
Bathroom corner window	pass	fail	
white behind bed	pass	pass	
emergency left	pass	pass	
emergency right	pass	pass	

Room# 105-1 3-17-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom GFI	pass	fail	
bath room wall corner window	fail	pass	3/18/25 ct
TV	pass	pass	3/18/25 ct
white bed	pass	pass	
emergency left	pass	pass	
emergency right	pass	pass	
		fail	3/18/25 ct

Room# 105-2 3-17-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
emergency right	fail	fail	
emergency left	pass	pass	
white behind bed	pass	pass	
TV	pass	pass	
window	pass	pass	
		pass	

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Room Receptacle Inspection/Testing

Room# 102-1 3-14-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
bathroom GFI	pass	pass	
TV	pass	pass	
window	pass	pass	
Bathroom wall corner	pass	pass	
Behind bed white	fail	fail	3/18/25 GA
emergency left	pass	fail	3/18/25 GA
emergency right	pass	pass/fail	3/18/25 GA
		fail	3/18/25 GA

Room# 102-2 3-14-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
behind bed white	pass	pass	
emergency left	pass	fail	3/18/25 GA
emergency right	pass	fail	3/18/25 GA
TV	pass	pass	
window	pass	pass	

103-2

Room# ~~102-1~~ 3-14-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
white behind bed	pass	fail	
emergency left	pass	fail	
emergency right	pass	fail	
bathroom GFI	pass	fail	
window	pass	pass	
TV	pass	pass	

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Room Receptacle Inspection/Testing

Room# 114-2 3/17/25 DS

Receptacle ID	Continuity	Tension Test	Replaced
WINDOW CORNER	PASS	PASS	
TV	PASS	fail	
bed white	PASS	fail	
emergency left	PASS	fail	
emergency right	PASS	fail	

Room# 118 3/17/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE OUTLET BY BED	PASS	FAIL	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
BEHIND T.V.	PASS	FAIL	
BATHROOM GFI	PASS	PASS	

Room# 112 3/17/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
BEHIND T.V.	PASS	PASS	
ENTRANCE	PASS	PASS	
Window	PASS	fail	
white bed	PASS	fail	
emergency left	PASS	fail	
emergency right	PASS	fail	
BATHROOM GFI	PASS	PASS	

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Room Receptacle Inspection/Testing

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Room# 113-2 3/17/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BATHROOM WALL CORNER	FAIL	PASS	3/17/25 CA
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE OUTLET BEHIND BED	PASS	FAIL	3/17/25 CA
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	

Room# 117 3/17/25 CA

Receptacle ID	Continuity	Tension Test	Replaced
Entrance	PASS	Fail	3/17/25 CA
Behind TV	PASS	PASS	
Window Corner	PASS	PASS	
White Behind Bed	PASS	PASS	
Emergency Left	PASS	PASS	
Emergency Right	PASS	Fail	3/17/25 CA
Bathroom GFI	Fail	PASS	
		Fail	3/17/25 CA

Room# 114-1 3/17/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BATHROOM WALL Corner	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
WINDOW CORNER	PASS	PASS	
T.V. OUTLET	PASS	PASS	
BATHROOM GFI	PASS	FAIL	

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Room Receptacle Inspection/Testing

BY: _____

Room# 138 3/14/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
CORNER	PASS	PASS	
EMERGENCY LEFT	PASS	FAIL	
EMERGENCY RIGHT	FAIL	PASS	3/17/25 CA
WHITE BEHIND BED	FAIL	PASS	3/17/25 CA
BATHROOM GFI	PASS	FAIL	3/17/25 CA

Room# 119-1 3/14/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
BEHIND BED WHITE	PASS	FAIL	
EMERGENCY RIGHT	PASS	FAIL	3/17/25 RC
EMERGENCY LEFT	PASS	FAIL	3/17/25 RC
BATHROOM WALL CORNER	PASS	PASS	3/17/25 RC
BATHROOM GFI	PASS	PASS	

Room# 119-2 3/14/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BEHIND BED WHITE	PASS	FAIL	
EMERGENCY LEFT	PASS	FAIL	3/17/25 RC
EMERGENCY RIGHT	PASS	PASS	3/17/25 RC
WINDOW CORNER	PASS	FAIL	
BEHIND T.V.	PASS	PASS	3/17/25 RC

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Room Receptacle Inspection/Testing

Room# 120-1 3/17/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
WINDOW CORNER	PASS	PASS	
BEHIND T.V.	PASS	PASS	
BATHROOM GFI	PASS	PASS	

Room# 120-2 3/17/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BEHIND TV	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	FAIL	
BATHROOM WALL CORNER	PASS	PASS	
		PASS	

Room# 113-1 3/17/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
WHITE BEHIND BED	FAIL	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
WINDOW CORNER	PASS	PASS	
BEHIND T.V.	PASS	PASS	
BATHROOM GFI	PASS	PASS	

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Room Receptacle Inspection/Testing

Room# 101-1 3-14-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom GFI	Fail	Fail	
white behind bed	pass	pass	
emergency left	fail pass	pass	
emergency right	fail	pass	
• behind TV		pass	
• window			

Room# 101-2 3-14-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom wall corner	pass	pass	
behind bed white	pass	pass	
emergency left	pass	pass	
emergency right	pass	pass	
• window		pass	
• TV			

Room# 100-1 3-14-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom GFI	pass	pass	
behind bed white	pass	pass	
emergency left	pass	pass	
emergency right	pass	pass	
• TV		pass	
window	pass	pass	

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Room Receptacle Inspection/Testing

Room# 104-1 3-14-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom GFI	pass	Fail	3/18/25 ct
bed white	pass	pass	
emergency left	pass	fail	3/18/25 ct
emergency right	pass	pass	
TV	pass	fail	3/18/25 ct
window	pass	pass	

Room# 104-2 3-14-25 DS

Receptacle ID	Continuity	Tension Test	Replaced
Bathroom wall corner	pass	pass	
Bed white	pass	fail	3/18/25 ct
emergency left	pass	pass	
emergency right	pass	pass	
Window	pass	pass	
TV	pass	fail	3/18/25

Room# 116 3/17/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND TV	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE OUTLET BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
BATHROOM GFI	PASS	PASS	

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Room Receptacle Inspection/Testing

Room# 100-2 3/13/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	FAIL	3/13/25 CA
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	FAIL	3/13/25 CA
BATHROOM WALL CORNER	PASS	PASS	
BATHROOM GFI	PASS	PASS	

Room#

Receptacle ID	Continuity	Tension Test	Replaced
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Room#

Receptacle ID	Continuity	Tension Test	Replaced
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Room Receptacle Inspection/Testing

Room# 136 3/12/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
BATHROOM GFI	PASS	PASS	

Room# 146 3/12/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	

BATHROOM GFI PASS FAIL 3/13/25 RC

Room# 151 3/12/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	FAIL	3/12/25 RC
EMERGENCY LEFT	PASS	FAIL	3/12/25 RC
EMERGENCY RIGHT	PASS	PASS	3/12/25 RC
BATHROOM GFI	PASS	FAIL	

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Room Receptacle Inspection/Testing

Room# 152 3/12/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	FAIL	3/13/25 RC
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
BATHROOM GFI	PASS	PASS	

Room# 157 3/12/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	FAIL	3/12/25 RC
EMERGENCY RIGHT	PASS	PASS	
BATHROOM GFI	PASS	PASS	

Room# 124 3/12/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	FAIL	3/13/25 RC
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	FAIL	3/13/25 RC
BATHROOM GFI	PASS	PASS	

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Room Receptacle Inspection/Testing

Room# 111 2/25/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	FAIL	2/26/25 CA
WHITE BEHIND BED	PASS	FAIL	2/26/25 CA
EMERGENCY LEFT	PASS	FAIL	2/26/25 CA
EMERGENCY RIGHT	PASS	PASS	
BATHROOM GFI	PASS	PASS	

Room# 139 2/25/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	FAIL	2/26/25 RC
WINDOW CORNER	PASS	FAIL	2/26/25 RC
WHITE BEHIND BED	PASS	FAIL	2/26/25 RC
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
BATHROOM GFI	PASS	PASS	

Room# 140-2 2/25/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
BEHIND T.V.	PASS	FAIL	2/27/25 CA
WINDOW CORNER	PASS	FAIL	2/27/25 CA
BATHROOM WALL CORNER	PASS	PASS FAIL	2/27/25 CA
WHITE BEHIND BED	PASS	FAIL	2/27/25 CA
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
BATHROOM GFI	PASS	FAIL	2/27/25 CA

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 Room Receptacle Inspection/Testing

Room# 142 2/25/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	FAIL	2/25/25 RC
BEHIND T.V.	PASS	FAIL	2/25/25 RC
WINDOW CORNER	PASS	PASS	
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	PASS	
BATHROOM GFI	PASS	PASS	

Room# 144 2/25/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	FAIL	2/25/25 RC
WINDOW CORNER	PASS	FAIL	2/25/25 RC
WHITE BEHIND BED	PASS	PASS	
EMERGENCY LEFT	PASS	PASS	
EMERGENCY RIGHT	PASS	FAIL	2/25/25 RC
BATHROOM GFI	PASS	PASS	

Room# 150 2/25/25 RC

Receptacle ID	Continuity	Tension Test	Replaced
ENTRANCE	PASS	PASS	
BEHIND T.V.	PASS	PASS	
WINDOW CORNER	PASS	FAIL PASS	
WHITE BEHIND BED	PASS	FAIL	2/26/25 CA
EMERGENCY LEFT	PASS	FAIL	2/26/25 CA
EMERGENCY RIGHT	PASS	FAIL	2/26/25 CA
BATHROOM GFI	PASS	PASS	

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FORM APPROVED
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205132	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER DURGIN PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 9 LEWIS RD KITTERY, ME 03904		
(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 914	Continued From page 17 interview and document review on 03/10/2025, between 10:00 AM and 2:00 PM. A photograph of the code reference was taken by the Director of Environmental Services at the time of the exit interview.	K 914			
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing 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. 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 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	K 918			

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OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205132	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER DURGIN PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 9 LEWIS RD KITTERY, ME 03904		
(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 918	Continued From page 18 source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: 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. Finding: Documentation review and interview during a facility tour with the Administrator and Director of Environmental Services present on 03/10/2025, between 10:00 AM and 2:00 PM identified: 1) There are no monthly load testings and inspections being conducted by the maintenance staff at this long-term care facility. The only inspection documentation is the annual professional inspection and the weekly inspection. Interview with the director of Environmental Services revealed that the generator is not tested under load. The Inspection and Testing of Generators .pdf from the CMS website was issued to the Director at the time of the documentation review. This finding was verified by the Administrator and Director of Environmental Services present on	K 918	K918- Electrical Systems- Essential Electric - No Residents were affected by this deficient act. - Clarification to Maintenance staff provided by Cummins. See attached email from Charlie Page. Attachment # 8 - Load testing has been done monthly but now it will be documented on the adjusted form. Attachment #8 - Monthly 1:1 Meetings with Maintenance Director to monitor compliance. - Completion date: 3/21/25	3/21/25	

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Attachment 8

MAR 21 2025

 Outlook

BY:     

Fw: 30 minute load test

From Raymond S. Claverie <Raymond.Claverie@durginpines.com>
Date Fri 3/21/2025 10:12 AM
To Michelle Belhumeur <Michelle.Belhumeur@durginpines.com>

From: Charlie Paige <charlie.paige@cummins.com>
Sent: Friday, March 21, 2025 9:17 AM
To: Raymond S. Claverie <Raymond.Claverie@durginpines.com>
Subject: RE: 30 minute load test

WARNING: This email originated from an external source. Please do not open attachments or click links from an unknown or suspicious source.

Good morning Ray,

Based on our conversation on 3/19/25 it is apparent that you, Durgin Pines, are performing a monthly building load test from the transfer switch which meets the state on Maine's requirements. However, the customer is aware and understands that to be fully compliant they are required to fill out a state supplied log during each test. The customer also exercises the generator weekly without load and an annual 2 hour load bank test as part of their annual services.

Let me know if this is satisfactory.

Have a great weekend.

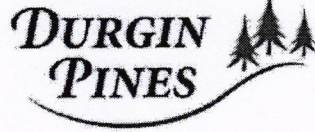
Charlie Paige
Senior Territory Manager - PEM
Cummins Sales and Service
10 Gibson Road
Scarborough, ME 04074
Cell: 603-545-8180
Office: 603-717-0399
salesandservice.cummins.com
gt258@cummins.com
charlie.paige@cummins.com

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Attachment 9

EMERGENCY GENERATOR INSPECTION/CHECKLIST

INSPECTED BY		DATE	TIME
VOLTAGES L12 L23 L31 L1N L2N L9N			AMPS L1 _____ L2 _____ L3 _____
FREQUENCY _____ OIL PRESSURE _____ TOTAL POWER _____ COOLANT TEMP _____ FUEL RATE _____ TRANSFER SWITCH _1 _____ 2 _____ SWITCH GEAR ACTIVE _YES _____ NO _____ DID IT START UP ON SCHEDULE _YES _____ NO _____			# OF STARTS _____ ENGINE HOURS _____ KW HOURS _____ FUEL READING _____ BATTERY VOLTS #1 _____ #2 _____
LOAD TESTING COMPLETED _YES _____ NO _____			INITIALS



NOTES AND ISSUES

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PRINTED: 03/12/2025
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205132	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER DURGIN PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 9 LEWIS RD KITTERY, ME 03904		
(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 918	Continued From page 19 03/10/2025, between 10:00 AM and 2:00 PM at the exit interview.	K 918			