Holbrook

July 20, 2023

Joanne Cummings
Office Associate II
Maine Fire Marshal's Office
52 State House Station
45 Commerce Drive
Augusta, ME 04333-005
FMOHealthcareMaine.gov

Provider ID# 205187
Facility ID# ME0527
Event ID# WSF421

Dear Ms. Cummings,

On July 11, 2023, the Office of the Fire Marshal, conducted a Life Safety Code and an Emergency Preparedness survey at Piper Shores, Holbrook Health Center, Skilled Nursing Facility. Enclosed you will find the CMS 2567 and our plan of correction.

If you have any questions, please contact me at 207-510-5201.

Sincerely,

Leanne Fiet
Administrator

RECEIVED
JUL 20 2023
BY:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205187	A. BUILDING 02 _____ B. WING _____	07/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIPER SHORES	15 PIPER ROAD SCARBOROUGH, ME 04074

(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 Dates: 07-11-23 Piper Shores, 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 025 SS=C	Arrangement with Other Facilities CFR(s): 483.73(b)(7) §403.748(b)(7), §418.113(b)(5), §441.184(b)(7), §460.84(b)(8), §482.15(b)(7), §483.73(b)(7), §483.475(b)(7), §485.625(b)(7), §485.920(b)(6), §494.62(b)(6). [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] "[For Hospices at §418.113(b), PRFTs at §441.184,(b) Hospitals at §482.15(b), and LTC Facilities at §483.73(b):] Policies and procedures. (7) [or (5)] The development of arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.	E 025		

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

Administrator 7/20/23

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 025	Continued From page 1 "[For PACE at §460.84(b), ICF/IIDs at §483.475(b), CAHs at §486.625(b), CMHCs at §485.920(b) and ESRD Facilities at §494.62(b):] Policies and procedures. (7) [or (6), (8)] The development of arrangements with other [facilities] [or] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients. "[For RNHCIs at §403.748(b):] Policies and procedures. (7) The development of arrangements with other RNHCIs and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of non-medical services to RNHCI patients. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long term care facility failed to provide adequate arrangements with other facilities to receive patients in the event of limitations or cessation of operations in the Emergency Preparedness Plan. Finding: On July 11, 2023, between 9:30 am and 12:30 pm, a surveyor, with the Facilities Director present, observed the following: 1. The 3 current arrangements with other facilities to receive patients in the event of limitations or cessation of operations were dated between 2017 and 2018. The surveyor confirmed this finding with the Facilities Director at the time of the observation	E 025		

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E 025	Continued From page 2 and record review.	E 025		
K 000	INITIAL COMMENTS	K 000		

Federal Recertification Survey
Survey Date: 07-11-23

Piper Shores, a long-term care facility, is in substantial compliance with the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment.

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Piper Shores Skilled Nursing Facility – Plan of Correction

Life Safety Code and Emergency Preparedness Survey – July 11, 2023

1.) An updated memorandum of understanding (MOU) regarding provision of sheltering services in the event of an emergency or disaster requiring evacuation of residents will be updated with 3 current providers in our local catchment area.

2.) All residents have the potential to be affected by the deficient practice. Refer to number one for corrective action.

3.) The 3 updated MOU's will be entered into the facility's policy/contracts tracking database and reviewed/updated every 2 years, or more often as may be indicated.

4.) This process will be monitored by the facility's Administrator and the Director of Plant Operations, Maintenance and Security as part of the facility's quality assurance (QA) process and reported to the QA committee.

Completion Date: August 28, 2023