STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205072	A. BUILDING 01 B. WING	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHWOOD CENTER	33 ROGER STREET LEWISTON, ME 04240

(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: Date: 12/17/2024 Marshwood Center, a long-term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for Emergency Preparedness.	E 000	RECEIVED DEC 26 2024 BY:	
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 12/17/2024 Marshwood Center, 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	In filing this plan of correction, we seek to comply with the federal survey and certification requirements, however the filing of this plan of correction does not constitute an admission that the alleged deficiencies existed.	
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the aisles, passageways, corridors, exit discharges, exit locations, and accesses free of all obstructions to full use in case of emergency in 2 of 8 wings per NFPA 101, Life Safety Code, 2012	K 211		

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

Administrator — 12/26/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205072	A. BUILDING 01 B. WING	RECEIVED 12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHWOOD CENTER	33 ROGER STREET LEWISTON, ME 04240 BY:

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K 211	Continued From page 1 Edition, Sections 19.2.1, 19.2.3.4 and 7.1.10.1 Findings: On 12/17/2024, between 09:00 AM and 1:00 PM, this surveyor, observed the following findings with the Maintenance Director and Administrator present. 1. Multiple food service carts not in use and stored in the egress corridor outside the kitchen. 2. Hamilton House wing has a couch in the corridor that is not fixed to the floor or wall. The surveyor confirmed these findings with the Maintenance Director and Administrator at the time of the observation and review.	K 211	1. The multiple food service carts stored in the egress corridor outside the kitchen have been relocated. 2 The couch located in the corridor of Hamilton House has been fixed to the wall. Staff will be inservided NFPA 101, 2012 Edition, Means of Egress - General, Chapter 7. The egress corridor will be inspected weekly for the next 3 months to ensure the egress corridors are free from all obstructions. Findings will be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) Committee meeting. Administrator/Designee to monitor.	*1.14.25*
K 293 SS=D	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 observation and interview, the long-term care facility failed to maintain the exit signage to remain continuously illuminated in 1 of 8 wings per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.10, and 7.10.5.2.1 Finding:	K 293	A new lamp/bulb was installed in the exit sign located above the exterior door in the ambulance entrance. The maintenance staff will be inserviced on NFPA 2012 Edition Existing, Exit Signage. Sections 19.2.10 & 7.10.5.2.1. Check illumination of exit lighting and exit signs will be updated in TELS. The inspection of the exit lighting and exit signs will be reviewed monthly for the next three months and the findings will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor.	1.14.25

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K 293	Continued From page 2 On 12/17/2024, between 9:00 AM and 1:00 PM, a surveyor, with the Maintenance Director present, observed the following: 1.The exit sign above the exterior door in the ambulance exit corridor close to the kitchen was not illuminated. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 293	RECEIVED BY:	
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2	K 324		

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K 324	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the grease filter arrangement so that all exhaust air passes through the grease filters in 1 of 8 wings per NFPA 101, Life Safety Code, 2012 Edition, Sections 9.2.3, and 19.3.2.5.1. Also reference NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 Edition, Section 6.2.3.3. Finding: On 12/17/2024, between 09:00 AM and 1:00 PM, this surveyor observed the following finding with the Maintenance Director and Administrator present. 1. The grease filters in the commercial cooking hood above the cooking line that has 2" space between the filters that allow grease laden vapors to pass around the filters and in the ductwork on both sides of the filters. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation and review.	K 324	The grease filters in the commercial cooking hood located above the cooking line will will be arranged so that all exhaust air passes through the grease filters. Staff will be inserviced on NFPA 101, 2012 Edition, Sections 9.2.3 and 19.3.2.5.1& NFPA 96, Standard for Ventilation Control & Fire Protection of Commercial Cooking Operations, 2011 Edition, Section 6.2.3.3. The weekly task in TELS will be updated to include the proper arrangement of grease filters. The findings of the weekly inspection of the grease filters Will be reviewed for the next three months at the monthly QAPI Committee meeting. Administrator/Designee to monitor.	1.14.25
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	K 363		

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	205072	A. BUILDING 01 B. WING	12/17/2024

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K 363	Continued From page 4 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 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 and interview, the long-term care facility failed to maintain the corridor resident room doors to resist the passage of smoke in 1 of 8 wings per NFPA 101,	K 363		

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K 363	Continued From page 5 Life Safety Code, 2012 Edition, Sections 19.3.6.3 Finding: On 12/17/2024, between 9:00 AM and 1:00 PM, a surveyor, with the Maintenance Director present, observed the following: 1. The resident room door B8 in the Buchanan wing did not latch when it was closed. The latching mechanism on the door did not line up with the receiving hole in the striker plate on the door frame. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 363	Resident room door B8 in the Buchanan wing has been adjusted to enable the door to latch in the closed position. Maintenance Staff will be inserviced on NFPA 10, 2012 Edition, Section 19.3.6.3. The Corridor Doors task in TELS will be updated from annual to quarterly inspections Corridor doors will be inspected monthly for the next three months and findings will be reviewed at the monthly QAPI Committee meeting. Administrator//Designee to monitor.	1.14.25
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the	K 372		

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K 372	Continued From page 6 1-hour smoke barrier walls to be free of penetrations in 2 of 8 wings per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.7.3 and 8.6.7.1 Findings: On 12/17/2024, between 9:00 AM and 1:00 PM, a surveyor, with the Maintenance Director present, observed the following: 1. The 1-hour smoke barrier wall above the cross-corridor doors at the entrance of the Easy Street wing has a one inch hole with wires that did not have firestopping material present. 2. The 1-hour smoke barrier wall above the cross-corridor doors at the entrance of the Carter wing entrance has a half inch hole with wires that did not have firestopping material present. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 372	1. The unprotected one inch hole with wires passing through located in the 1-hour smoke barrier wall above the cross-corridor doors at the entrance of Easy Street has been sealed the appropriate firestopping material 2. The unprotected one inch hole with wires passing through located in the 1-hour smoke barrier wall above the cross-corridor doors at the entrance of Cartert has been sealed the appropriate firestopping material. Inspection of smoke and fire walls will be added to TELS. The progress of the sealing of the unprotected penetrations will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor.	1.14.25
K 754 SS=D	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended.	K 754		

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K 754	Continued From page 7 Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain mobile soiled linen collection receptacles in room protected as a hazard area in 1 of 8 wings per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.5.7 Finding: On 12/17/2024, between 9:00 AM and 1:00 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. Hamilton Wing alcove contained two 32 gallon soiled linen carts stored in exit corridor. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 754	The 2, 32-gallon soiled linen carts found stored in exit corridors located on Hamilton wing will be relocated in a room protected as a hazardous area. Staff will be inserviced on the requirements of NFPA 101, 2012 Edition, Section 18.7.5.7. Units will be inspected monthly to ensure soiled linen carts are stored in a room protected as a hazardous area. Findings will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor.	1.14.25
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	K 761		

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K 761	Continued From page 8 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 observation, documentation review and interview, the long-term care facility failed to maintain and inspect the facility fire door assemblies not less than annually by individuals with knowledge and understanding of the operating components of the type of door being subject to testing per NFPA 101, Life Safety Code, 2012 Edition, Sections 8.3.3.1, 19.7.6, 4.6.12, and NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 edition, Sections 5.2. Finding: On 12/17/2024, between 9:00 AM and 1:00 PM, a surveyor, with the Maintenance Director present, observed the following: 1. Fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. No past inspection documentation could be provided at the time of the inspection to verify the inspection was conducted of the fire door assembly on paper, or on the facility electronic record keeping program named Tels in the last year.	K 761		

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K 761	Continued From page 9 The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 761	Fire doors will be inspected and placed in the Life Safety Manual. Staff will be inserviced on the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition. Section 5.2.2, 5.2.3.1, 5.2.3.5.2(1) and NFPA 101 2012 Edition, Sections 19.7.6, 4.6.12, 8.3.3.1 & 8.3.3.2.3. The individual performing the door inspections and testing has participated in training per NFPA 80 Standards. He has proven he is knowledgeable and has demonstrated his ability to perform the door inspections and testing. The annual task in TELS will be updated to reflect the new date of the inspection. The findings of the annual fire door inspection will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor.	1.14.25

Cummings, Joanne

From: Barends, Beth <beth.barends@genesishcc.com>
Sent: Thursday, December 19, 2024 10:15 AM
To: Cummings, Joanne
Subject: Re: [EXTERNAL SENDER] 205072 Marshwood Center Statement of Deficiencies

Good morning Joanne -- received -- thank you

On Thu, Dec 19, 2024 at 9:54 AM Cummings, Joanne <Joanne.Cummings@maine.gov> wrote:

Administrator Barends,

On December 17, 2024, your facility was found not to be in substantial compliance with the participation requirements for Life Safety Code only.

A Plan of Correction (POC) must be submitted by the **tenth (10th) calendar day** from your receipt of this letter.

Return the forms(s) with the POC and any documentation that may pertain to the deficiencies by email to: **FMOHealthcare@Maine.gov.**

Thank you.

Joanne Cummings

Office Associate II

Maine State Fire Marshal's Office

45 Commerce Drive, Suite 1

Augusta, ME 04330

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