STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205134	A. BUILDING **01** B. WING _____	R **11/07/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH'S REHABILITATION AND RESIDENCE	**1133 WASHINGTON AVE** **PORTLAND, ME 04103**

(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 Revisit Survey Date: 11/07/2024 St. Joseph Rehabilitation and Residence, a long-term care facility, was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment and is in substantial compliance.	{E 000}		
{K 000}	INITIAL COMMENTS Federal Recertification Survey Revisit Survey Date: 11/07/2024 St. Josephs Rehabilitation and Residence a long-term care facility, was surveyed pursuant to the National Fire Protection Association, 101, Life Safety Code, 2012 Edition, as referenced in Part 483.90(a-d) - Physical Environment and is not in substantial compliance.	{K 000}		
{K 712} SS=F	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:	{K 712}		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 712}	Continued From page 1 Based on observations and interview, this long-term care facility failed to ensure that fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.6. Finding: Observations and Interviews during a facility tour with the Administrator present on 11/07/2024 from 3:30 PM to 4:30 PM identified, confirmed that the following fire drill for the facility was not completed or missing: 1. The facility was unable to provide any documentation of fire drills performed after the 08/20/2024 federal inspection. The administrator states the new facility was moved into on 09/20/2024 and no fire drills had been performed. He advised they will perform a fire drill tomorrow. The surveyor confirmed this finding with the Administrator at the time of the observation and record review.	{K 712}		