

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

PRINTED: 08/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205185	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		RECEIVED SEP 12 2024	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER MAINE VETERANS HOME - BANGOR			STREET ADDRESS, CITY, STATE, ZIP CODE 44 HOGAN RD BANGOR, ME 04401			
(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: 08/20/2024 Maine Veterans Home, a long term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities Emergency Preparedness.	E 000				
K 000	INITIAL COMMENTS Federal Recertification Survey: Survey Date: 08/20/2024 Maine Veterans Home, a Long Term Care Facility, was surveyed to the National Fire Protection Association 101 Life Safety Code 2012 Edition as reference on 42 CFR 483.90 (a-d) physical environment and is not in substantial compliance.	K 000				
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet	K 923				

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 923	Continued From page 1 In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations and interview, the Nursing Facility failed to ensure the portable oxygen was stored per NFPA 99 Health Care Facilities Code 2012 edition, 11.3.2.1 through 11.3.2.3 in 1 of 4 patient areas. Findings: Based on observation, on 8/20/24 between 9:00 AM and 12:30 PM, in the presence of surveyors 39983, 47175 and the Facilities Manager, the following was not met: 1. The quantity of portable oxygen E tanks exceeds 300 cubic feet stored in a room located in the Delta Unit.	K 923				

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K 923	Continued From page 2 This finding was verified by the Facilities Manager at the time of the observation.	K 923	K923 1) The excess tanks were removed from the smoke compartment. 2) An audit of facility smoke compartments was completed to ensure oxygen storage limits were not exceeded. 3) Respiratory Therapy staff will be in-serviced on the limits of oxygen storage per smoke compartment. 4) Random audits of smoke compartments will be completed for three months to ensure oxygen storage does not exceed limits in smoke compartments. 5) The QAPI committee will review the audits to ensure the solution is sustained.		08/30/24 08/30/24 08/30/24 08/30/24 08/30/24	