Russell Park Rehabilitation & Living Center
158 Russell Street, Lewiston, ME 04240 Tel. (207) 786-0691 Fax (207) 782-8094

November 9, 2023

State of Maine, Department of Public Safety
Office of State Fire Marshal
52 State House Station
Augusta, ME 04330-0052

Via E-mail Transmission to: FMOHealthcare@Maine.gov; Joanne.Cummings@Maine.Gov; ronald.j.peaslee@maine.gov; gregory.j.day@maine.gov.

Dear Mr. Day and Mr. Peaslee:

Pursuant to receipt of your letter and the statement of deficiencies resulting from a Complaint Life Safety Code survey completed on October 24, 2023, attached please find the facility's plan of correction which serves as our allegation of compliance.

Should you have any questions regarding the enclosed, please feel free to contact my office at (207) 786-0691.

Sincerely,

Lori A. Pomelow, BA RN MLA
Administrator

cc: Mary Jane Richards, Chief Executive Officer, North Country Associates
Ernie Poirier, Physical Plant Director, North Country Associates
Chester Blanchard, Interim Environmental Services Director

Attachment(s)

RECEIVED
NOV 09 2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205052	A. BUILDING 01 _____ B. WING _____	C 10/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSSELL PARK REHABILITATION & LIVING CENTER	158 RUSSELL ST 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
K 000	INITIAL COMMENTS State Survey: Date: 10/24/2023 Russell Park Rehabilitation & Living 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		
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, the long-term care facility failed to maintain emergency lighting per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.9.1 Finding: On October 24, 2023, between 9:00 AM and 12:00 PM, a surveyor, with the acting Maintenance Director present, observed the following: 1. Generator room; requires emergency lighting. The surveyor confirmed this finding with the acting Maintenance Director at the time of the observation.	K 291	See addendum 11/24/23 or as soon as avail by electrical vendor quote attached	
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101	K 321		

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

[signature] Administrator 11/9/2023

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 321	Continued From page 1 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain hazardous areas. per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.2.1.3. Findings: On October 24, 2023, between 9:00 AM and	K 321	See addendum	11/24/2023

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K 321	Continued From page 2 12:00 PM, a surveyor, with the acting Maintenance Director present, observed the following: 1. F wing Conference Room is being used for storage this requires self-closer and latching device. 2. Maintenance Office door was propped open with box, this does not allow door to self-close and latch. 3. D wing Tub/Shower/Laundry Room across from D1 90-minute fire door does not self-close and latch due to floor door stop. The surveyor confirmed these findings with the acting Maintenance Director at the time of the observation.	K 321	See addendum	11/24/23 was sent as door closer up and by vendor quote attached
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	K 324	See addendum	11/24/2023

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K 324	Continued From page 3 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 This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to properly install and maintain equipment protected by the kitchen hood extinguishing system NFPA Standard: NFPA 101, Life Safety Code (2012) Sections 19.3.2.5.2*, 9.2.3, NFPA Standard: NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011) Sections 12.1.2.2*, 12.1.2.3, 12.1.2.3.1 Finding: On October 24, 2023, between 9:00 AM and 12:00 PM, a surveyor, with the acting Maintenance Director present, observed the following: 1. The wheeled, gas-fired stove/oven and wheeled, gas-fired griddle located on the cooking line in the kitchen were not provided with an approved method that would ensure that the appliances were returned to an approved design location after they had been moved for maintenance and cleaning. The surveyor confirmed this finding with the acting Maintenance Director at the time of the observation.	K 324	See addendum	11/24/23

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K 361	Continued From page 4	K 361		
K 361 SS=D	Corridors - Areas Open to Corridor CFR(s): NFPA 101 Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain hazardous area is open to the corridor. per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.2.1.5. Findings: On October 24, 2023, between 9:00 AM and 12:00 PM, a surveyor, with the acting Maintenance Director present, observed the following: 1. E wing exit corridor; 2 hospital beds stored in the exit corridor. Acting Maintenance Director advised they received new furniture, and the garage is completely full and have nowhere to place these. 2. D wing exit corridor; 3 hospital beds and 3 closets stored in the exit corridor. Acting Maintenance Director advised they received new furniture, and the garage is completely full and have nowhere to place these. The surveyor confirmed these findings with the acting Maintenance Director at the time of the observation.	K 361	See addendum	11/24/23

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K 500	Continued From page 5	K 500		
K 500 SS=D	Building Services - Other CFR(s): NFPA 101 Building Services - Other List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure the clothes dryer vent in the D Wing was installed improperly per NFPA 91, Standard for Exhaust Systems for Air Conveying of Vapors, Gases, Mists, and Noncombustible Particulate Solids, 2010 Edition, Section 4.4.12, NFPA 99, Health Care Facilities Code, 2012 Edition, Section 15.5.2.2. and manufacturer's specifications. Findings: On October 24, 2023, between 9:00 AM and 12:00 PM, a surveyor, with acting Maintenance Director and Administrator present, observed the following: 1. Flexible ductwork was found attached to the back of the clothes dryer. This is only allowed in areas where the appliance is required to be mobile or portable per NFPA 91. 2. The total length of the dryer vent is 8.5 ft. This	K 500	See addendum 11/24/23	

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K 500	Continued From page 6 exceeds the maximum 7.87 ft length noted in the Speed Queen Model #LDE3ORGS173TW01 Installation manual. The surveyor confirmed these findings with acting Maintenance Director and Administrator at the time of the observation.	K 500		
K 914 SS=F	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 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 observation and interview, the long-term care facility failed to maintain testing and maintenance of the electrical system in patient rooms NFPA 99, Healthcare Facilities	K 914	see addendum	11/24/23

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K 914	Continued From page 7 Code, 2012 Edition, Sections 6.3.3, 6.3.3.1.5, 6.3.3.2, 6.3.4.1, 6.3.4.2 Finding: On October 24, 2023, between 9:00 AM and 12:00 PM, a surveyor, with the acting Maintenance Director present, observed the following: 1. Patient bedroom duplex outlets are not hospital grade and have not been properly tested at annual intervals. During interview with acting Maintenance Director, no records have been maintained for the testing of the patient room duplex recepticals. The surveyor confirmed this finding with the acting Maintenance Director at the time of the observation.	K 914	See addendum	11/24/23
K 918 SS=E	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	K 918	See addendum	11/24/23

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K 918	Continued From page 8 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 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, interview, and record review, the long term care facility failed to maintain the required documentation to indicate that the emergency generator was tested weekly and monthly per NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.4.1.1.3 and NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 8.4.1. Findings: On October 24, 2023, between 9:00 AM and 12:00 PM, a surveyor, with acting Maintenance Director and Administrator present, observed the following: 1. The weekly inspections for the generator were missed in the following weeks:	K 918	see addendum 11/24/23 see addendum 11/24/23	

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K 918	Continued From page 9 12/18/22 - 12/24/22, 1/1/23 - 1/7/23, 1/22/23 - 1/28/23, 8/13/23 - 8/19/23, & 9/17/23 - 9/23/23 2. The monthly under load tests for the generator were missed in the following months: November 2022, January 2023, April 2023, & August 2023 The surveyor confirmed these findings with acting Maintenance Director and Administrator at the time of the record review.	K 918	see addendum	11/24/23
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to test and maintain multiple outlet connections in patient rooms NFPA 99, Healthcare Facilities Code, 2012 Edition, Sections 10.2.3.6 Finding: On October 24, 2023, between 9:00 AM and 12:00 PM, a surveyor, with the acting Maintenance Director present, observed the following:	K 919	see addendum	11/24/23

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K 919	Continued From page 10 1. Patient bedrooms multiple outlet connections that are not hospital grade and have no record of testing connection. The surveyor confirmed this finding with the acting Maintenance Director at the time of the observation.	K 919	see addendum	11/24/23

RUSSELL PARK REHABILITATION & LIVING CENTER
STATE OFFICE of the FIRE MARSHAL
STATE COMPLAINT INVESTIGATION-LIFE SAFETY CODE
PLAN OF CORRECTION RE: EVENT# XL8R21
November 9, 2023

K291 Emergency Lighting:

- No residents were affected by the lack of emergency lighting.
- Residents/Visitors and Staff could be affected by the lack of emergency lighting.
- Emergency lighting of at least 1 ½ hour duration will be installed in the generator room as soon as the fixture is received and the electrical vendor can install the light. (Quote attached)
- The Environmental Services Director, or designee, will complete audits to identify the proper operation of the emergency lighting in the generator room, once installed, for the next 3 months. Any issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: November 24, 2023**

K 321 Hazardous Areas – Enclosure(s):
Findings #1-3:

- No residents were affected by the 1) F wing conference room door lacking a self-closer and latching device; 2) the maintenance door being propped open; or 3) the D-wing shower door not self-closing and latching due to floor door stop present.
- Residents/Visitors and Staff could be affected by these practices.
- 1) A self-closer will be installed on the F-wing conference room door as soon as the proper self-closer is obtained by the vendor; (Quote attached); 2) the door to the maintenance shop was closed as soon as the issue was identified; and 3) the D-wing door was closed upon notification of the issue where the floor door stop was in use.
- The facility implemented a monitoring system to ensure self-closers are present where required, doors are not propped open, and floor door stops are not used where not indicated. The Environmental Services Director, or designee, will complete routine audits to identify self-closers are in place where required; doors are not propped open and floor door stops are not in use, where they are not indicated for the next 3 months, Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: November 24, 2023**

11/9/23

K 324 Cooking Facilities:

- No residents were affected by the facility not having the designated marks under the wheels of the cook stove.
- Residents/Visitors and Staff have the potential to be affected by this omission.
- Marks were placed on the floor below the cooking appliance so the appliance can be returned to the approved design location when it is moved for cleaning or repair.
- The Environmental Services Director, or designee, will complete routine audits on the cooking appliance to ensure the marks remain intact and the appliance remains in the approved design location, as indicated when the appliance is moved for cleaning and/or repair for 3 months. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: November 24, 2023**

K 361 Corridors - Areas Open to Corridor:
Findings #1-2:

- No residents were affected by the furniture in the exit corridors.
- Residents/Visitors and Staff have the potential to be affected by this practice.
- 1) E-wing exit corridor: the 2 hospital beds were removed from the exit corridor; 2) D-wing exit corridor: the 3 hospital beds and 3 closets were removed from the exit corridor.
- The Environmental Services Director, or designee, will complete routine audits to ensure furniture is not stored in the exit corridors for 3 months. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: November 24, 2023**

K 500 Building Services - Other:
Findings #1-2:

- No residents were affected by this issue.
- Residents/Visitors and Staff have the potential to be affected.
- The D-wing dryer has been moved to a different location where the dryer can be vented properly. 1) The flexible ductwork was removed and rigid dryer vent was installed to the back of the dryer; 2) the vent was then vented to the outside so the length of the dryer vent does not exceed the 7.87 feet (which is the manufacturer's specification for this specific dryer).
- The Environmental Services Director, or designee, will complete routine audits to ensure the dryer venting is maintained in accordance with manufacturer's specifications for this specific dryer, for the next 3 months. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: November 24, 2023**

11/9/23

Russell Park Rehabilitation & Living Center
State Complaint Investigation 10/24/2023

K 914 Electrical Systems – Maintenance and Testing:

- No residents were affected by this omission.
- Residents/Visitors and Staff have the potential to be affected.
- Records have been established and annual retention testing has been conducted for receptacles in resident rooms, as indicated.
- The Environmental Services Director, or designee, will complete routine audits to ensure on-going testing of receptacles in resident rooms is being completed in accordance with the specific LSC governing such, for the next 3 months. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: November 24, 2023**

K 918 Electrical Systems – Essential Electric System:
Findings #1-2:

- No residents were affected.
- Residents/Visitors and Staff have the potential to be affected.
- 1) The weekly testing which was not completed for the 10 weeks cited cannot be reproduced or documented after the time has elapsed; 2) The monthly load tests which were not documented for the 4 months as cited cannot be reproduced or documented after the time has elapsed. Records of the weekly inspections and monthly load tests have been completed since the date of the complaint inspection on 10/24/23, and will be maintained appropriately.
- The Environmental Services Director, or designee, will complete routine audits to ensure appropriate weekly inspections and monthly load tests are being completed and documented for the next 3 months. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: November 24, 2023**

K 919 Electrical Equipment – Other:

- No residents were affected by this practice.
- Residents/Visitors and Staff have the potential to be affected.
- Multi-plug connections which were not hospital grade have been removed from resident rooms. The facility will work with an electrical vendor to install duplex receptacles, as indicated, so as to not require the use of multi-plug connections. The multi-plug connections will be removed as soon as identified in the event a resident/family member installs one in any resident room.
- The Environmental Services Director, or designee, will complete routine audits to ensure multi-plug connections which are not hospital grade, are not in use, and will remove any multi-plug connections as soon as they are identified, as indicated for the next 3 months. Issues will be reviewed and addressed through the facility's Quality Assurance Committee, as necessary.
- **Completion Date: November 24, 2023**

11/9/23

ELECTRICAL SYSTEMS OF MAINE

ESM

1200 Minot Ave, P.O. Box 1395 Auburn, ME 04211 **Tel** – 207-783-7126 **Fax** – 207-795-0311

Email –craig@electricalsystemsofmaine.com

11/9/2023

Russell Park Rehab & Living
158 Russell Street
Lewiston, ME 04240

Job: Generator Room Emergency Light

We are pleased to provide an estimate for the electrical work associated with adding a self-contained emergency light unit in the generator room. Items included in this proposal are the following:

1. Provide and install one (1) 90-minute self-contained emergency light unit in the generator room.
2. Provide and install EMT conduit run for power source to the added emergency light.
3. Provide and install #12 THHN wire within new conduit run for added emergency light.
4. Provide and install all miscellaneous materials.
5. Provide all labor.
6. Obtain and pay for electrical permit.

Materials and Labor: $1,500.00

Authorized Signature _____

ACCEPTANCE OF PROPOSAL

Authorized Signature _____ Date 11/9/2023

RECEIVED
NOV 09 2023
BY:

Quote

EXACTITUDE
HARDWARE CONSULTANTS
A DIVISION OF THE COOK & BOARDMAN GROUP, LLC

12 Sky View Drive
Cumberland Foreside, ME 04110
Tel: 207-829-8631 Fax: 207-781-2059

Quote # : **4470473**
Quote Date : **Nov 9, 2023**
Expiration Date : **Jan 8, 2024**

Customer:

North Country Associates
P. O. Box 1408
Lewiston, ME 04243

Ship To:

Russell Park Rehab
C/O North Country Associates
Attn: Chet
158 Russell Street
Lewiston, ME 04240

Tel: 207-786-3554 Fax: 207-786-8507

Account Code : 107606
Terms : Net 30
Customer Job # : Conference Room
Salesperson : Stan Mailman
Order Name : Door Closer

Purchase Order # : Lori
Shipped Via : UPS Ground

Attn:Lori Pomelow @ 786--0691 ext.102
Please call with any questions Attn:Stan Mailman @ 829-8660

Qty	Product Description	Unit Price	Extended Price
1	Closer 1431 UO EN	310.57	310.57

Description	Price
Freight	20.00

Pre-Tax Total	:	330.57
10091 - ME-MAINE STATE TAX	:	18.18
Quote Total	:	**348.75**

Printed Nov 9, 2023 11:33 AM