Cummings, Joanne

From: Cummings, Joanne
Sent: Monday, October 30, 2023 9:56 AM
To: Pomelow, Lori [Russell Park]
Cc: Peaslee, Ronald J; Day, Gregory J
Subject: 205052 State Inspection Russell Park SOFD
Attachments: 205052 State Inspection Russell Park SOFD.pdf

Administrator Pomelow,

On October 24, 2023, a state inspection was completed at your facility and was found not to be in substantial compliance.

Once completed, signed dated and your titled affixed, email back to Ron Peaslee, Greg Day & myself.

Thank you.

Joanne Cummings
Office Associate II
Maine State Fire Marshal's Office
45 Commerce Drive, Suite 1
Augusta, ME 04330
O (207) 626-3882
F (207) 287-6251

STATE OF MAINE
Department of Public Safety
Office of State Fire Marshal
45 Commerce Drive, Suite 1
Augusta, ME 04330

JANET T. MILLS
GOVERNOR

MICHAEL SAUSCHUCK
COMMISSIONER

RICHARD MCCARTHY
STATE FIRE MARSHAL

STATE INSPECTION

October 30, 2023

Russell Park Rehabilitation & Living Center
Attn: Lori Pomelow, Administrator
158 Russell St
Lewiston, ME 04240

Provider ID#: 205052
Event ID #: XL8R21

Administrator Ms. Pomelow,

On **October 24, 2023,** an inspector from the Office of State Fire Marshal conducted a State Inspection at your facilityand was found not to be in substantial compliance. Please provide your Plan of Correction (POC) for the listed deficiencies under the column titled, "Providers Plan of Correction" or the POC may be submitted as a separate document. The POC must be submitted by the **tenth (10th) calendar day** from your receipt of this letter. For either format, the Form CMS 2567 must be signed, dated and title affixed.

Your Plan(s) of Correction must also contain:

1. The plan for correcting each specific deficiency cited;
2. Efforts to address improving the process that led to the deficiency cited;
3. The procedure for implementing the acceptable plan of correction for each deficiency cited;
4. A completion date for correction of each deficiency cited;
5. Procedures for monitoring and tracking to ensure that the plan of correction is effective and that specific deficiencies cited remain corrected and/or in compliance with the regulatory requirements;
6. The title of the person responsible for implementing the acceptable plan of correction.

You can email the Plan of Correction to Joanne.Cummings@Maine.gov or fax to (207) 287-6251.

If you have any questions, please feel free to call me at (207) 441-1293.

Yours for Better Fire Prevention,

Roanld J. Peaslee, CFI CFPE
Northern Inspections Supervisor

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		
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

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 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		

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 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		
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		

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 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		

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 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		

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 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		

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 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		

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 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		
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		

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 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		

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 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		
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		

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 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		