| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 205115 | A. BUILDING 01 B. WING | 11/08/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DEXTER HEALTH CARE | 64 PARK STREET DEXTER, ME 04930 |

| (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<br><br>Federal Recertification Survey:<br>Survey Date: 11/8/23<br><br>Dexter Health Care, 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<br><br>Federal Recertification Survey:<br>Survey Date: 11/8/23<br><br>Dexter Health Care, 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 211<br>SS=D | Means of Egress - General<br>CFR(s): NFPA 101<br><br>Means of Egress - General<br>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.<br>18.2.1, 19.2.1, 7.1.10.1<br>This REQUIREMENT is not met as evidenced by:<br>Based on Observation during facility tour, the facility failed to ensure that aisles,passageways, corridors,exit discharge,exit locations and accesses are in accordance with National Fire Protection Association(NFPA)101 , Life Safety Code,2012 edition, Chapter 7 , and that the means of egress is continuously maintained free | K 211 | All residents had the potential to be affected by the sidewalk being in poor repair.<br><br>After contacting several local paving companies, Cameron paving gave us a reasonable quote and can start the work on 11/17/23. Per attached quote, Cameron Paving will dig out existing walkway, re-grade, and pave an appropriate walkway/means of egress from back exit of the building by the main dining room to the parking lot, replacing the existing walkway. They will pave the ramp as well.<br><br>Maintenance will complete weekly audits of the building to ensure means of egress remain free of obstructions for 2 months. Results of the audits will be reviewed with Corporate Compliance QAPI group to ensure timing of subsequent audits.<br><br>Completion date: 12/1/23 | |

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

11/16/23

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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|---|---|---|---|
| | 205115 | A. BUILDING 01 _____ B. WING _____ | 11/08/2023 |

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| DEXTER HEALTH CARE | 64 PARK STREET DEXTER, ME 04930 |

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| K 211 | Continued From page 1<br>of all obstructions to full use in case of emergency unless modified by NFPA 101 safety code, 2012 edition, sections 18.2., 18.2.2 through 18.2.11, and 7.1.10.1<br><br>Finding:<br>Observation during a facility tour, this surveyor 39983 on 11-8-2023 between 9:00 AM and 12:00 PM in the presence of the Administrator, Administrator in Training, the following was found:<br><br>1. The sidewalk located at the Main dining room exit door is in very poor condition, surface areas are not level, changes in the surface of the walkway exceeding 1/4", standing water was observed because of large holes and multiple cracks in pavement exceed 1/2".<br><br>This finding was verified by the Director of Maintenance, Administrator, and Administrator in training, at the time of the observation. | K 211 | | |

# Contract Proposal

1-800-640-5657
Call Fred at 207-322-2231

RECEIVED
NOV 16 2023
BY:

***Paving Services***
***Industrial — Commercial — Residential***

Cameron Paving (seller) herby offers to perform the following work:

Customer: Dexter Health Center

Address: _____ Telephone: _____

Address/Location of Work: _____

Description of Work: Pave approx 230' x 8' and regrade with new 2" minus gravel 12" depth Power pave Section with ramp and drainage installed 2.5" and compact.

Contract Price $ 11,570

Deposit Paid at Time of Contract $ _____

Balance Due in full on Completion $ _____

**This Price Includes:** (Check all that apply)

- ❑ Approximately 1 1/2" of Class 1
- ❑ Approximately 1 1/2" of Class 2
- ❑ Approximately 3" of Asphalt
- ❑ Gravel Base
- ❑ Fine Grading
- ❑ Dig Out
- ❑ 2 Courses of Asphalt where needed
- ❑ Seal Coating
- ❑ 3/4" Millings
- ❑ Commercial Patching
- ❑ Edges Tacked
- ❑ Excavating
- ❑ Concrete Walls
- ❑ Concrete Aprons
- ❑ Curbing
- ❑ Power Rolled
- ❑ Road Grader
- ❑ Mill Edges
- ❑ Machine Laid
- ❑ Snowplowing & Removal
- ❑ Tennis Courts
- ❑ Trucking
- ❑ Dredging
- ❑ Bulkheading
- ❑ Specialized Concrete
- ❑ Tar & Chip
- ❑ Hot Rubber Edges

Any required building/zoning permits are the responsibility of the Customer to obtain and pay for, unless specifically included above. ALL MATERIALS OWNED BY Cameron Paving until paid in full. Make checks payable to Cameron Paving. ALL CHANGE ORDERS MUST BE IN WRITING SIGNED BY CUSTOMER AND SELLER.

Estimated Date Work to Begin: _____ Estimated Date Work to be Completed: _____

Customer represents that he/she is the owner of the premises where the work is to be performed: (Check one) Yes____ No___. If Customer is not the owner, the owner must sign below indicating consent to the work by Cameron Paving as specified above.

Owner's Signature: _____ Date: _____

Owner's name and address: _____

_____

## ACCEPTANCE OF PROPOSAL

I/we, the customer, herby agree that the above prices, specifications and conditions are satisfactory and are accepted by me/us. Cameron Paving is authorized to perform the work as specified herein. Customer agrees to make payment as outlined above, and to pay interest at the rate of 1% per month on any balance due and owing longer that thirty (30) days. In the event of default by Customer, Customer agrees to pay all costs of collection, including reasonable attorneys' fees in addition to any other damages incurred by Cameron Paving. There will be a 5% charge on any credit card payments.

YOU THE CUSTOMER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION, SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.

By signing this contract, Customer acknowledges receipt of two (2) copies of the attached Notice of Cancellation. The parties agree that the date of this transaction is the date the last party signs below.

Accepted and Agreed to:

Customer: _____ Cameron Paving _____

Date _____

Print Name _____ Date _____