STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205126	A. BUILDING **01** B. WING _____	**10/22/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - AUGUSTA	**35 HEROES WAY AUGUSTA, ME 04330**

(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 Dates: 10/22/2024 Maine Veterans Home - Augusta, a long term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 10/22/2024 Maine Veterans Home - Augusta a long-term care facility is not in substantial compliance with the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment.	K 000		
K 161 SS=E	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories	K 161		

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 161	Continued From page 1 sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the required fire-rated structural steel beams per NFPA 101, Life Safety Code, 2012 Edition, Section 19.1.6.1. Findings: On 10/22/2024 between 09:00 AM and 1:00 PM, a surveyor, with the Facilities Manager present, observed the following: 1. The I beam above electrical panel DP-N-L-S has fireproofing missing in the electrical room on	K 161		

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K 161	Continued From page 2 the Community Center Ground Floor. 2. The I beam in the med gas room has fireproofing missing on the Community Center Ground Floor. 3. The I beam has fireproofing missing in Pump Room 2 on the Community Center Ground Floor. 4. The I beam has fireproofing missing in Pump Room 1 on the Community Center Ground Floor above HP-4. 5. The I beam has fireproofing missing in the storage Room CCG4 on the Community Center Ground Floor. 6. The I beam has fireproofing missing in the IT Room 2 on the Community Center Ground Floor. 7. The I beam has fireproofing missing in Emergency Power Room above panel DP-EQ-H-N on the Community Center Ground Floor. 8. The I beam closest to the sprinkler room has fireproofing missing in the middle of the web in the Receiving Room, in two places, on the Community Center Ground Floor. The surveyor confirmed these findings with the Facilities Manager at the time of the observation.	K 161		
K 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General 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. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by:	K 211		

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K 211	Continued From page 3 Based on observation and interview, the long-term care facility failed to maintain the required headroom height free of obstructions of 6 feet, 8 inches in the doorframes per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.1, and 7.1.5.1. Findings: On 10/22/2024, between 09:00 AM and 1:00 PM, a surveyor, with the Facilities Manager present, observed the following: 1. The door closure magnet in Freedom Way Bravo door frame by the courtyard protrude to a height of 6'4" measured from the base of the magnet to the finished floor. 2. The door closure magnets in the Eagle Landing Bravo door frame by Resident Room 13 protrude to a height of 6'4" measured from the base of the magnet to the finished floor. 3. The door closure magnets in the Eagle Landing Bravo door frame by the Team Office protrude to a height of 6'4" measured from the base of the magnet to the finished floor. 4. The door closure magnets in the door frame in Eagle Landing Alpha by Resident Room 01 protrude to a height of 6'4" measured from the base of the magnet to the finished floor. The surveyor confirmed these findings with the Facilities Manager at the time of the observation.	K 211		
K 222 SS=F	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the	K 222		

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K 222	Continued From page 4 use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.	K 222		

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K 222	Continued From page 5 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on Observations the facility failed to ensure doors at the means of egress meet the requirement of NFPA 101 life safety code 2012 edition 19.2.2.2.5.1, 19.2.2.2.6 for doors in a means of egress equipped with a latch or lock that requires the use of a tool or key from the egress side. Findings: On October 22, 2024, between 9:00 AM and 1:00 PM, during a facility tour, a surveyor, with the Maintenance Director, and Assistant Maintenance Director present observed the following: 1. The facility failed to provide exit access (gates in the courtyard, exit doors in the non memory care wings, doors to interior stairwells leading to exits, and doors in staff only areas leading to exits) was readily accessible at all times by having special locking arrangements (badge exit	K 222		

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K 222	Continued From page 6 egress, or code pad) with staff being the only people with access to exits regardless of resident independent cognitive ability which is not in accordance with LSC Section 19.2.2.2.4, 19.2.2.2.5, 19.2.2.2.5.2 and 7.2.1.6. This deficient practice could affect exiting from all facility designated exits, as well as an indeterminable number of residents, staff and visitors. Observation and Interview with the Maintenance Director at the time of observation confirmed the exit doors had proximity card readers that could only be accessed by staff with access cards or codes that were not posted. The facility failed to provide exit access that was readily accessible at all times by having special locking arrangements in accordance with LSC Section 19.2.2.2.4, 19.2.2.2.5, 19.2.2.2.5.2 and 7.2.1.6. These findings were confirmed at the time of observation and during exit interview with the Maintenance Director, and Assistant Maintenance Director.	K 222		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These	K 363		

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K 363	Continued From page 7 requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the corridor doors to resist the passage of smoke exit per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.6.3. Finding: On 10/22/2024, between 09:00 AM and 1:00 PM, a surveyor, with the Facilities Manager present, observed the following:	K 363		

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K 363	Continued From page 8 1. The clean linen closet storage closet in the corridor in Freedom Way Bravo did not latch when closed as the latching mechanism on the door did not line up with the receiving hole in the striker plate on the frame. The surveyor confirmed this finding with the Facilities Manager at the time of the observation.	K 363		