RECEIVED
SEP 17 2024

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

PRINTED: 08/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205154	A. BUILDING _____ B. WING _____	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN REHABILITATION & NURSING CENTER	59 WEST FRONT ST SKOWHEGAN, ME 04976

(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: 8/27/2024 Woodlawn Rehabilitation & Nursing, 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	This Plan of Correction constitutes my written allegation of compliance for deficiencies during the recent survey on August 27th 2024. However, submission of this Plan of Correction is not the admission that a deficiency exists or that it is cited correctly. This Plan of Correction is submitted to meet the requirements established by State and Federal Law.	
K 000	INITIAL COMMENTS Federal Recertification Survey: Survey Date: 08-27-2024 Woodlawn Rehabilitation & Nursing, 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 SS=D	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: Based on observation and interview, the long-term care facility failed to maintain the minimum headroom clearance in 2 of 2 patient wings, obstructing the path of egress. NFPA 101, Life Safety Code, 2012 Edition, 19.2.2 through	K 211	All residents have the potential to be affected by this practice. No residents were affected by this practice. All wall mounted hallway fans were removed from facility hallways as of 8/27/24 Trash can that was located on West Wing outside of resident room was removed on 8/27/24. Facility designee will conduct routine rounds to ensure hallways are clear of obstructions that represent violations to life safety codes. Daily audits will be conducted by facility designee for four weeks until 100% compliance is maintained regarding life safety codes for means of egress being free from obstructions.	8/27/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Vanessa Hopkins	Administrator	9/7/24

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 211	Continued From page 1 19.2.11, 19.2.1, 7.1.10. Findings: Based on observation, on 08/27/24 between 9:00 AM and 12:30 PM, Surveyor 39983, in the presence of the Administrator and Maintenance Director, the following was not met: 1. Portable fans attached to the walls in the corridors extend out 16" and is 75" from the floor. 2. Trash can located in patient wing stored in corridor outside resident room 209. This finding was verified by the Administrator and Maintenance Director at the time of the observation. Based on observation, the facility failed to ensure that Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7 of NFPA 101 life safety code 2012 edition 7.2.1.4.2 Door leaf swing direction. On 8/27/2024, between 9:00 am and 12:00 pm, a surveyor, with the Maintenance Supervisor and Administrator present, observed the following: 1. The marked exit door in the dining room area leading to the courtyard does not swing outward in the path of egress. The surveyor confirmed these findings with the Maintenance Supervisor and the Administrator at the time of observation.	K 211	QAPI will review audits to ensure 100% compliance has been met. Dining room door will be replaced with a door that allows the door to swing outward to courtyard to ensure a means of egress is possible according to life safety codes.	10/15/24
K 222 SS=F	Egress Doors CFR(s): NFPA 101	K 222	All residents have the potential to be affected by this practice no resident was affected by this practice.	

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K 222	Continued From page 2 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the 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	K 222	A code to release the exit gate is now posted to allow non-staff members the ability to open gate without assistants. The sign stating push until alarm sounds, door can be opened in 15 seconds was removed from dining room door, the current door is a pull to open. The delayed egress sign on the dining room door was removed, as the door does not register alarm or open after 15 seconds. The deadbolt on dining room door was removed from dining room door allowing for only one locking device on door. The door exiting from the dining room into the courtyard will be replaced to allow proper egress from dining room to courtyard. When dining room door is replaced it will have only one locking device. The new dining room door will be equipped with a keypad to allow delayed egress. An inspection conducted by maintenance of all exit doors was completed on 8/30/24 to ensure all exit doors met life safety codes regarding exit doors.	8/27/24 12/1/24

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K 222	Continued From page 3	K 222		

throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.
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 that doors at the means of egress meet the requirements of NFPA 101 life safety code 2012 edition Chapter 19 section 19.2.2.2.4, 19.2.2.2.5.2, 19.2.2.2.6 and Chapter 7 section 7.2.1.6.1 under requirements for door locks, latches, and alarm devices.
Findings:

On 8/27/2024, between 9:00 am and 12:00 pm, a surveyor, with the Maintenance Supervisor and Administrator present, observed the following:
1. The exit gate in the courtyard is equipped with a coded keypad for unlocking. The code to the keypad was not posted, thus requiring help from a staff member to exit.
2. The door exiting the dining room leading to the courtyard is marked as "Push until alarm sounds,

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K 222	Continued From page 4 door can be opened in 15 seconds", design of the door is pull to be open. 3. Delayed egress on the dining room exit door leading to the courtyard is not functioning, the door does not register alarm or open after 15 seconds. 4. The dining room exit door leading to the courtyard is equipped with both delayed egress locking and a dead bolt. 19.2.2.2.6 (3) states: Only one locking device shall be permitted on each door. The surveyor confirmed these findings with the Maintenance Supervisor and the Administrator at the time of observation.	K 222		
K 271 SS=F	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that exit discharge is arranged in accordance with NFPA 101 Life Safety Code 2012 edition chapter 19 section 19.2.7 Chapter 7 section 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface in accordance with survey and and certification letter 05-38.	K 271	All residents have the potential to be affected by this practice. No resident was affected by this practice. A hard packed level walking surface will be constructed according to regulatory requirements and kept free from obstruction from courtyard gate to sidewalk.	10/15/24

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K 271	Continued From page 5 On 8/27/2024, between 9:00 am and 12:00 pm, a surveyor, with the Maintenance Supervisor and Administrator present, observed the following: 1. The courtyard exits on to a lawn and not on to a hard packed, all-weather, level travel surface. The surveyor confirmed these findings with the Maintenance Supervisor and the Administrator at the time of observation.	K 271		
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the Nursing Facility failed to ensure the portable fire extinguisher was inspected and maintained in accordance with NFPA 10, 2010 edition, Standard for Portable Fire Extinguishers. NFPA 101, Life Safety Code, 2012 edition, 19.3.5.12 Findings: Based on observation, on 08/27/24 between 9:00 AM and 12:30 PM, Surveyor 39983, in the presence of the Administrator and Maintenance Director, the following was not met: The restaurant type K portable fire extinguisher located in the kitchen has "obsolete" written on	K 355	No resident was affected by this practice. All residents have the potential to be affected by this practice. The obsolete restaurant type K-class-fire extinguisher located in the kitchen was replaced with an updated K-class fire extinguisher An audit of all fire extinguishers within the facility was conducted by maintenance director to ensure all fire extinguishers meet regulatory requirements. A review of the current system used by Maintenace to ensure all fire extinguishers are up to date and fully compliant with all life safety codes was conducted, and gaps in the system were identified and corrected. All inspections regarding life safety codes will be reviewed monthly by QAPI for 6 months until 100% compliance is met regarding life safety codes. The Maintenace Director will receive additional education regarding the Fire Safety Program to ensure facility remains fully compliant regarding fire safety program	9/3/24 10/15/24

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K 355	Continued From page 6 the tag and was last inspected in August of 2022. This finding was verified by the Administrator and Maintenance Director at the time of the observation.	K 355		
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 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	K 363	All residents have the potential to be affected by this practice. No residents were affected by this practice. The door frames for resident room 204 and and the Director of Nursing's door were adjusted so the doors latch according to regulations. All doors in facility were inspected by Maintenance director to ensure all doors latch according to regulations. Maintenance Director will bring monthly door inspection report to QAPI where they will be reviewed for 6 months to ensure 100% compliance is met.	8/28/24

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K 363	Continued From page 7 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 observations and interview, the Nursing Facility failed to ensure corridor doors latched per NFPA 101 Life Safety Code 2012 edition. 19.3.6.3, CFR parts 403, 418, 460, 482, 483, and 485. Findings: Based on observation, on 08/27/24 between 9:00 AM and 12:30 PM, Surveyor 39983, in the presence of the Administrator and Maintenance Director, the following was not met: 1. Resident room 204 door does not latch when door is closed. Attempted to close and latch door 6 times. 2. Director of Nurses office door located in patient wing does not latch when door was closed. Attempted to close and latch 6 times. This finding was verified by the Administrator and Maintenance Director at the time of the observation.	K 363		
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills	K 712	All residents have the potential to be affected by this practice. No resident was affected by this practice.	

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K 712	Continued From page 8 Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observation and record review, the long-term care facility failed to ensure that fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.4 through 19.7.1.7. Findings: On 08/27/2024, between 9:00 AM and 12:00 PM, the surveyor, with the Maintenance Director and Administrator present, observed the following: 1. The facility failed to conduct the proper number of fire drills during the previous 12 months. The following fire drills for the facility were not completed or missing: A. First quarter of 2024, third shift B. Second quarter of 2024, first shift The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 712	Maintenance Director will complete fire drills once per each shift for each quarter of the year. QAPI will review the fire drills were completed each shift for every quarter for the next year to ensure fire drills are taking place as regulated. Two fire drills were completed on August 30th 2024 for the missed drills for the first quarter 3rd shift and second quarter 1st shift, to ensure each shift is receiving the necessary training requirements regarding fire safety.	

RECEIVED
SEP 17 2024
BY:

PROSEAL, LLC

198 COLLEGE AVENUE
WATERVILLE, ME 04901
207-872-0029
prosealme@roadrunner.com

ESTIMATE

Contract #	Date
21021	10/9/2024

Customer Phone	441-3002

Customer Name & Billing Address:

WOODLAWN NURSING HOME
59 WEST FRONT STREET
SKOWHEGAN, ME 04976

Job Location

59 WEST FRONT ST.
SKOWHEGAN

Description	Totals
WALKWAY INSTALLATION - 59 WEST FRONT ST. SKOWHEGAN	
EXCAVATION / FULL DEPTH (18") REMOVE EXISTING MATERIAL AND DISPOSAL	1,500.00
PAVE WITH 2.5" OF COMPACTED PAVEMENT	3,600.00
Sales Tax	0.00

ACCEPTANCE OF CONTRACT: The above prices, specifications and conditions are satisfactory and are hereby accepted. I authorize ProSeal,LLC to perform the work as specified. I agree to pay according the the terms above. Any changes or additions made may affect the original price.

Total **$5,100.00**

Terms

Due Upon Completion

Signature Veronica Hopkins **Date:** 9/16/24

If payments are not made as specified, contractor may cancel this contract at any time without any liability to contractor. All material is guaranteed to be as specified. Any alteration or deviation from above specifications involving extra costs will be executed upon written or verbal orders and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents or delays beyond our control. In the event this business is sold, this contract will be taken over by a new owner. Property owner to carry necessary insurance. Our workers are fully covered by workers' compensation insurance. Customer agrees to pay finance charges of 1 ½% per month annual rate 18% on outstanding balance over 30 days, together with all costs of collection, including a reasonable attorney's fee.

Veronica Hopkins - Fwd: RE: Estimate 21021 from PROSEAL, LLC

From: Jason Munsey
To: Veronica Hopkins;
Date: 9/16/2024 11:54 AM
Subject: Fwd: RE: Estimate 21021 from PROSEAL, LLC

>>> "Proseal" <prosealme@roadrunner.com> 09/16/2024, 11:17 AM >>>

Hi Jason,

We can have this done by October 14th. It might happen much sooner than that, I'm just giving you a date to give us plenty of time to work around existing contracts and possible weather delays.

If you would like us to proceed, please sign and return a copy of the contract.

ProSeal,LLC

Rebekah Boyce

Office Manager

198 College Avenue

Waterville, Maine 04901

207-872-0029

www.prosealme.com

From: Jason Munsey <maintwoodlawn@firstatlantic.com>
Sent: Monday, September 16, 2024 7:45 AM
To: prosealme@roadrunner.com
Subject: Re: Estimate 21021 from PROSEAL, LLC

Proposal

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RECEIVED
SEP 17 2024
BY: _____

Oakland Siding & Window
Robert Beaulieu

PROPOSAL SUBMITTED TO: Woodlawns Nursing Home	JOB NAME	JOB #
ADDRESS West Front st	JOB LOCATION	
	DATE 9-14-2024	DATE OF PLANS Dec 1st 2021 To be discussed
PHONE # 474-9300	FAX #	ARCHITECT

We hereby submit specifications and estimates for:

Change 1 Patio door in back dining Room
Job will include
1 78W X 80H door with left side to
open with a out swing to the left
Remove and replace outside trim with azeck trim
Remove and replace inter trim with wood trim.
put water shield under new door to prevent rot
all trash and old door will be removed by me.

Cost of project 6,750;00

If their is any water damage under etsisting
door it will be discussed with the apropriate
people and will be addressed and Fix at
a extra cost if wanted

We propose hereby to furnish material and labor – complete in accordance with the above specifications for the sum of:

$ 6.750'00 Dollars

with payments to be made as follows: 3.000'00 befor job begins for ~~materials~~ most of materials the rest upon Job completion

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Respectfully submitted Robert Beaulieu

Note — this proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature _____

Date of Acceptance _____ Signature _____

A-NC3819 / T-3850 09-11