STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205154	A. BUILDING **01** 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**

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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		
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		

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 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		
K 222 SS=F	Egress Doors CFR(s): NFPA 101	K 222		

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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		

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K 222	Continued From page 3 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,	K 222		

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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		

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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		

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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		

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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		

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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		