

RECEIVED

SEP 05 2024

PRINTED: 08/29/2024
FORM APPROVED
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205085	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER HORIZONS LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 29 MAURICE DRIVE BRUNSWICK, ME 04011		
(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: 08.27.2024 Horizons Living and Rehab, a long-term care facility, was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment and is in substantial compliance.	E 000			
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 08.27.2024 Horizons Living and Rehab, 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 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source	K 353	See Attached		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

C. J. Jarvis

Administrator

9/5/24

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.

RECEIVED

SEP 05 2024

PRINTED: 08/29/2024
FORM APPROVED
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205085	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER HORIZONS LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 29 MAURICE DRIVE BRUNSWICK, ME 04011		
(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 353	Continued From page 1 Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to ensure that Sprinkler System was inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems Chapter 5, section 5.2.1.1.1. Finding: On August 27, 2024, between 09:00 AM and 12:00 AM a surveyor, with the Administrator and Director of Environmental Services present, observed the following: 1. Multiple sprinkler heads in the dining room were "loaded" with debris. This could affect the operation of the sprinkler head. The finding was verified by the Administrator and Director of Environmental Services at the time of observation.	K 353			
K 918 SS=D	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	K 918	See Attached		

RECEIVED

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

SEP 05 2024

PRINTED: 08/28/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205085	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER HORIZONS LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 29 MAURICE DRIVE BRUNSWICK, ME 04011		
(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 2 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 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 generator inspection documentation review during the facility tour, the long-term care facility failed to maintain the Essential Electric System Generator per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, sections 8.3.7. Finding:	K 918			

RECEIVED

SEP 05 2024

PRINTED: 08/29/2024
FORM APPROVED
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

BY: _____

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205085	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER HORIZONS LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 29 MAURICE DRIVE BRUNSWICK, ME 04011		
(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 3 On August 27, 2024, between 09:00 AM and 12:00 AM a surveyor, with the Administrator and Director of Environmental Services present, observed the following: 1. Emergency Power Supply Systems, including all appurtenant components, shall be inspected weekly. The weekly generator inspection reports do not show a voltage conductance test for sealed batteries or an electrolyte specific gravity reading for unsealed automotive batteries. The finding was verified by the Administrator and Director of Environmental Services at the time of observation.	K 918			

RECEIVED

SEP 05 2024

BY: _____

Plan of Correction-Fire Marshall Survey dated 8/27/24

K353

Sprinkler heads in the dining room will be cleaned by 9/16/24.

Sprinkler heads in common areas will be inspected for dust/debris will be inspected and cleaned by 9/16/24.

The Environmental Services Director or designee will be inspecting the sprinkler heads every four months to determine if there is debris and initiate cleaning procedures for sprinkler heads. This will begin on 9/6/24.

The results of those inspections will be reviewed at the QAPI Committee to determine if there are any necessary actions to take to ensure that the sprinkler heads remain free of dust/debris. This will begin on 9/16/24 and continue until compliance is achieved.

K918

The weekly generator log was updated to include a place to enter the voltage testing for the generator. The was completed on 8/30/24.

The Environmental Services Director or designee will conduct voltage testing weekly and document the results on the weekly log. This will begin on 9/6/24.

The Environmental Services Director will monitor the generator logs for compliance and provide a report to the QAPI committee to determine if there are any necessary actions to take to ensure that the weekly generator was in compliance with voltage testing. This will begin on 9/16/24 and continue until compliance is achieved.

RECEIVED

SEP 05 2024

BY: _____

Weekly Generator Test

Year: _____

Directions: If you find an item in good condition place a check mark, if it is in need of attention, place an X and write a comment

	Date	Initials	General Condition	Belts / Hoses	Block Heater	Leaks	Battery Voltage	Panels in Place	Exhaust System	Meter Reading	Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											