STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205077	A. BUILDING 01 _____ B. WING _____	08/01/2023

RECEIVED
AUG 17 2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUGUSTA CENTER FOR HEALTH & REHABILITATION, LLC	188 EASTERN AVE 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: 08-01-23 Augusta Center for Health & Rehab, 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	Please see attached documentation	
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 08-01-23 Augusta Center for Health & Rehab, 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 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: Based on observation and interview, the long term care facility failed to ensure the corridors were free of obstructions and storage per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.3.4 (5) and 19.2.3.5.	K 211		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Megan Stevens — TITLE: Administrator — (X6) DATE: 8/17/23

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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K 211	Continued From page 1 Findings: On August 1, 2023, between 10:00 am and 11:45 am, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. Small trash can by Saco Wing Room 1 is not an approved item to be stored in the exit corridor. 2. Small trash can and equipment tote outside Saco Wing Room 11 are not approved items to be stored in the corridor. 3. Small trash can and equipment tote outside Saco Wing Room 12 are not approved items to be stored in the corridor. 4. Resident's bed was found stored at the end of the Saco Wing exit corridor. 5. Main entrance nurses's station has 2 comfy chairs and a side table unattached from the floor or wall. These need to be secured per 19.2.3.4 (5). The surveyor confirmed these findings with the Maintenance Director and Administrator at the time of the observation.	K 211		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small	K 324		

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K 324	Continued From page 2 appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to properly install and maintain equipment protected by the kitchen hood extinguishing system NFPA Standard: NFPA 101, Life Safety Code (2012) Sections 19.3.2.5.2*, 9.2.3, NFPA Standard: NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011) Sections 12.1.2.2*, 12.1.2.3, 12.1.2.3.1 Finding: On August 1, 2023, between 10:00 AM and 12:30 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following:	K 324		

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K 324	Continued From page 3 1. The wheeled, gas-fired stove/oven, located on the cooking line in the kitchen were not provided with a method that would ensure that the appliances could be returned to the designed and approved location after being moved for maintenance and cleaning. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 324		

8/7/2023

K211 Means of Egress-General:

All residents had the potential to be impacted by this practice.

No resident suffered ill effects from this practice.

Identified areas where egress was obstructed have been cleared.
All staff will be educated on ensuring egress and corridors are cleared, and the risks and hazards associated.
Maintenance Director, or designee will monitor egress obstruction during facility rounds.
Daily audits will be conducted x 2 weeks, weekly x 4 weeks. Maintenance Director will present at QAPI for a period of 3 months or until substantial compliance is achieved.

Completion Date: 9/7/2023

K324 Cooking Facilities:

All residents had the potential to be impacted by this practice.
Identified area in kitchen(stove) requiring demarcation, has been outlined.

Dietary staff will be educated on proper placement of kitchen equipment under ventilation system.

Maintenance Director or designee will monitor equipment placement during facility rounds.

Weekly audits will be conducted x 4 weeks, then random audit x 3 months. Results of auditing will be reported by Maintenance Director at QAPI for a period of 4 months, or until substantial compliance is achieved.

Completion Date: 9/7/2023