

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

PRINTED: 11/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205077	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		RECEIVED NOV 02 2024	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER AUGUSTA CENTER FOR HEALTH & REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 11/18/2024 Augusta Center for Health and 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				
K 000	INITIAL COMMENTS Federal Recertification Survey Date of Survey 11/18/2024 Augusta Center for Health 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 Part 483.90(a-d) - Physical Environment is not in substantial compliance.	K 000				
K 363 SS=F	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	K 363				

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

TITLE

(X6) DATE

Ashley M. [Signature]

Administrator

12-2-24

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.

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

PRINTED: 11/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205077	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		RECEIVED DEC 02 2024	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER AUGUSTA CENTER FOR HEALTH & REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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	E 000				
	Federal Recertification Survey 11/18/2024 Augusta Center for Health and 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.					
K 000	INITIAL COMMENTS	K 000				
	Federal Recertification Survey Date of Survey 11/18/2024 Augusta Center for Health 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 Part 483.90(a-d) - Physical Environment is not in substantial compliance.					
K 363 SS=F	Corridor - Doors CFR(s): NFPA 101	K 363				
	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					

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

TITLE

(X6) DATE

Ashley M. [Signature]

Administrator

12-2-24

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.

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

PRINTED: 11/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205077	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER AUGUSTA CENTER FOR HEALTH & REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
K 363	Continued From page 1 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 in all 3 of the smoke compartments per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.6.3. Findings: On 11/18/2024 between 09:00 and 12:30, a surveyor, with the Maintenance Supervisor present, observed the following: 1. Resident room 4 door in the Saco Wing has gaps in excess of a half inch on the latch side that also shows light from the corridor into the room. 2. Resident room 10 door in the Saco Wing has gaps in excess of a half inch on the latch side that	K 363			

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

PRINTED: 11/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205077	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		RECEIVED NOV 02 2024	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER AUGUSTA CENTER FOR HEALTH & REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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
K 363	Continued From page 2 also shows light from the corridor into the room. 3. Resident room 11 door in the Saco Wing has gaps in excess of a half inch on the latch side that also shows light from the corridor into the room. 4. Resident room 15 door in the Saco Wing has gaps in excess of a half inch on the latch side that also shows light from the corridor into the room. 5. Resident room 24 door in the Penobscot Wing hits on the frame on the hinge side of the door not allowing it to fully close. 6. Resident room 29 door in the Kennebec Wing has gaps in excess of a half inch on the latch side that also shows light from the corridor into the room. 7. The office door at the end of the Penobscot Wing next to Resident Room 25, and across from Resident Room 26 doesn't open to the full 90 degrees as storage is obstructing the operation of the door to open fully. The surveyor confirmed these findings with the Maintenance Supervisor at the time of the observation.	K 363				

RECEIVED

DEC 02 2024

BY: _____

December 2nd, 2024

Plan of Correction for Life Safety Inspection Conducted on 11/18/2024

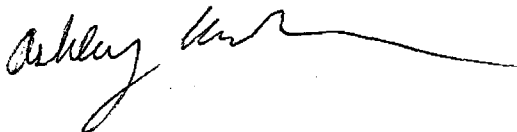
K363

Following the life safety inspection on 11/18/24, the Administrator and Director of Maintenance audited room and office doors in the building for compliance and found no additional doors of concern. Doors 4, 10, 11, 15, 24, and 29 had astragals installed and were reviewed to ensure that they close without a gap and are smoke-tight.

Exactitude, Inc. reviewed the door of room 24 and was able to repair the door to be smoke-tight and free of gaps. The Activities Department, at the end of the Penobscot Unit was in-serviced on the importance of the door being able to open to a full 90 degrees and close unobstructed. The debris was cleared from around the door, allowing the door to open and close without obstruction.

To ensure that compliance is maintained, facility doors will be audited randomly by the Director of Maintenance until 100% compliance is reached for a period of 3 months. The results of these audits will be reported monthly in QAPI and Safety Meeting.

Date of Compliance 12/2/2024



Ashley Nichols, LCSW, LNHA

Administrator

Augusta Center for Health & Rehabilitation

anichols@nhca.com

207-416-5224