STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205082	A. BUILDING 01 B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINNACLE HEALTH & REHAB AT SANFORD	1142 MAIN ST SANFORD, ME 04073

(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: 11-16-23 Pinnacle Health & Rehab at Sanford, 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 Survey Date: 11-16-23 Pinnacle Health & Rehab at Sanford, 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=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 exit corridors free of obstructions per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.3.4. Findings:	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 On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. Wing 2 couch found stored in the corridor and not attached to the wall or the floor. Staff confirmed that it had been moved to the opposite side of the hall, where the wall hooks were mounted. 2. Wing 2 Storage Cabinet stored in the corridor. This cabinet does not positively latch and it is not attached to the wall or the floor. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 211		
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9	K 321		

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K 321	Continued From page 2 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to maintain the corridor doors free of non-rated materials per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.2.1. Findings: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. 1st Floor Biohazard room has non-rated carpeting installed on the lower portion. 2. 2nd Floor Biohazard room has non-rated carpeting installed on the lower portion. 3. 1st Floor Biohazard room has non-rated plastic handle protector installed. 4. 2nd Floor Biohazard room has non-rated plastic handle protector installed. The surveyor confirmed these findings with the Maintenance Director at the time of the	K 321		

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K 321	Continued From page 3 observation.	K 321		
K 331 SS=F	Interior Wall and Ceiling Finish CFR(s): NFPA 101 Interior Wall and Ceiling Finish 2012 EXISTING Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s). This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to provide documentation that the carpet material attached to the corridor walls and doors met the requirements for Class A or B interior finish per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.3.1. Findings: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. Corridor walls on both patient floors have carpeting installed on the lower portion. Documentation could not be provided to indicate that it met Class A or B interior finish rating. 2. Corridor doors throughout the 2 patient floors have carpeting installed on the lower portion.	K 331		

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K 331	Continued From page 4 Documentation could not be provided to indicate that it met Class A or B interior finish rating. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 331		
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to maintain the required ceiling assembly for a sprinkler protected facility per NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition, Section 8.6.4.1.1 and NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.5.1.	K 351		

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K 351	Continued From page 5 Findings: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. Wing 1 Oxygen Storage room has a hole in the center ceiling tile. This ceiling assembly is in in place so that the appropriate temperature of the stairwell will activate the required sprinkler heads when reached. 2. Wing 2 Housekeeping Closet has a ceiling tile that does not resist the passage of smoke. This ceiling assembly is in place so that the appropriate temperature of the stairwell will activate the required sprinkler heads when reached. 3. The sprinkler head in the basement IT closet in the Central Supply room is a upright sprinkler head in the ceiling that is the wrong head for the pendant attchement. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 351		
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	K 353		

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K 353	Continued From page 6 maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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 observation and interview, the long term care facility failed to maintain the sprinkler heads free of obstructions per NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.1.1.1 and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.5.1 and 9.7.5. Finding: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. 2nd Floor Biohazard room sprinkler head found obstructed with a piece of a plastic bag. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 353		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101	K 363		

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K 363	Continued From page 7 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 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:	K 363		

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K 363	Continued From page 8 Based on observation and interview, the long term care facility failed to maintain the panic hardware of the cross corridor doors at the Wing 1 Nurses Station per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.6.3.5. Finding: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. The panic hardware on the both cross corridor doors at the Wing 1 Nurses Station is loose and detached from the door. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 363		
K 751 SS=D	Draperies, Curtains, and Loosely Hanging Fabr CFR(s): NFPA 101 Draperies, Curtains, and Loosely Hanging Fabrics Draperies, curtains including cubicle curtains and loosely hanging fabric or films shall be in accordance with 10.3.1. Excluding curtains and draperies: at showers and baths; on windows in patient sleeping room located in sprinklered compartments; and in non-patient sleeping rooms in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20 percent of the wall. 18.7.5.1, 18.3.5.11, 19.7.5.1, 19.3.5.11, 10.3.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to provide documentation	K 751		

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K 751	Continued From page 9 to indicate that the activities closet curtain had been treated with NFPA 701 compliant product after laundering per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.5.1. Finding: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. Documentation could not be provided to indicate that the activities closet curtain had been treated with an NFPA 701 compliant product. Maintenance Director confirmed that this curtain had just been laundered. The surveyor confirmed this finding with the Maintenance Director at the time of the observation and interview.	K 751		
K 761 SS=E	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80)	K 761		

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K 761	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the long term care facility failed to have an individual who can demonstrate knowledge and understanding of the operating components of fire doors conduct the annual fire door inspections per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.6, 19.2.2.1, and 7.2.1.15.5. Finding: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. Documentation could not be provided to indicate that the Maintenance Director had been educated by a certified door inspector or become certified himself with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 761		
K 911 SS=F	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99)	K 911		

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K 911	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to equip the generator with an emergency stop device outside the generator enclosure per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, section 5.6.5.6, and NFPA 99, Health Care Facilities Code, 2012 edition, Section 6.4.1.1. Finding: Based on observation and interview on November 16, 2023, between 08:30 AM and 11:30 AM, a surveyor, with the Director of Maintenance present, observed the following: 1. The only generator remote emergency stop station/device is inside the generator enclosure/housing. There is no labeled remote emergency stop station/device elsewhere. The surveyor confirmed this finding with the Director of Maintenance at the time of the observation.	K 911		