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 _____	**05/29/2024**

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: 05-29-24 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		
K 000	INITIAL COMMENTS Federal Recertification Survey Date:05/29/2024 Augusta Center for Health and Rehabilitation, 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 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 that the exterior means of egress are maintained free of obstructions per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.1, and 7.1.10.1.	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 Finding: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. The exterior walkway to the public way from Kennebec Wing shows heaving in the center of the walking path with a drop-off on the sides making it uneven and a trip hazard. The elevation difference in the center of the walkway to the edges is between 1-2 inches of difference. The life safety code only allows a half inch of deviation in grade change. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 211		
K 321 SS=D	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.	K 321		

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K 321	Continued From page 2 19.3.2.1, 19.3.5.9 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 ensure that the hazard areas are free of unprotected penetrations of the rated enclosure per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.2.1 Finding: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. A copper pipe penetration in the boiler room did not have firestopping present above the #3 water heater. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 321		
K 325 SS=D	Alcohol Based Hand Rub Dispenser (ABHR)	K 325		

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K 325	Continued From page 3 CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure that the Alcohol Based Hand Rub Dispenser (ABHR)were installed per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.2.6 Finding: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director	K 325		

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K 325	Continued From page 4 and Administrator present, observed the following: 1. A alcohol based hand rub dispenser located in the passport wing dayroom was installed above a heating source. The dispenser was relocated away from the heat source by maintenance staff during the survey. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 325		
K 331 SS=D	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 ensure that the interior finishes meet the ratings prescribed in NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.3, and 10.2. Findings: On May 29, 2024, between 9:00 AM and 12:15	K 331		

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K 331	Continued From page 5 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. The plywood in the files storage area is not a rated board. There was no documentation provided that the sheet of plywood has been treated to be flame retardant from the manufacturer. 2. The decorations on resident room doors could not be verified to meet the interior finish rating and no documentation was provided showing they were treated with an approved flame retardant spray product. The surveyor confirmed these findings with the Maintenance Director and Administrator at the time of the observation.	K 331		
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure that the Fire Alarm Control Panel was free of troubles per NFPA 72, National Fire Alarm and Signaling	K 345		

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K 345	Continued From page 6 Code, 2010 Edition, Section 10.16 and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.4.1. and 9.6.1.5. Finding: On May 29, 2024, between 9:00 am and 12:15 pm, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. Fire Alarm Control Panel indicated a silenced trouble in Room 20 - Z002 - M33:P073. Documentation could not be provided to show when this was scheduled to be repaired. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 345		
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	K 351		

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K 351	Continued From page 7 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 ensure that the exterior projections have adequate sprinkler protection per NFPA 101, Life Safety Code, 2012 Edition, Sections 9.7, and 19.3.5 as well as NFPA 13 Standard for the Installation of Sprinkler Systems, 2010 edition, section 8.15.7. Finding: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. The combustible two part overhang covering the kitchen exit has only one horizontal sprinkler head. Please provide documentation from the sprinkler inspection company that the one sprinkler head provides adequate coverage. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 351		
K 754 SS=F	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space	K 754		

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K 754	Continued From page 8 shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure that the receptacles containing combustible material greater than 32 gallons are in a protected room and not exposed to the corridor. NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.5.7. and 19.7.5.7.2 (4) Findings: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. A paper recycling container (approximately 55-65 gallons) was being stored in a alcove open to the corridor located across from the administrators office and no documentation was provided to indicate that the container was listed as meeting the requirements of FM Approval Standard 6921, Containers for Combustible Waste.	K 754		

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K 754	Continued From page 9 The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation. Based on observation and interview, the long term care facility failed to ensure that the soiled linen and trash receptacles greater than 32 gallons are in a protected room and not exposed to the corridor. NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.5.7. Finding: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. Soiled Linen and trash receptacles are being stored in an alcove exposed to the exit corridor in all three resident care wings.. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 754		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 205077	MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	DATE SURVEY COMPLETE: 5/29/2024

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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 363	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 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 ensure that the corridor doors resist the passage of smoke and are serviceable per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.6.3 Findings: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. The door to resident room 37 on the Kennebec Wing has a gap of 9/16 of an inch on the top latch side measured from the inside of the door in the closed position. 2. The door to resident room 6 on the Saco wing (S-CD-12) is delaminating. Documentation was provided at the time of inspection showing that a request for funding has been submitted for replacement but no documentation showing a door has been ordered was provided at the time of inspection. 3. The employee breakroom (A-CD-04) door is delaminating and is unserviceable. Documentation was provided at the time of inspection showing that a request for funding has been submitted for replacement but no documentation showing a door has been ordered was provided at the time of inspection. The surveyor confirmed these findings with the Maintenance Director and Administrator at the time of the observation.

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The above isolated deficiencies pose no actual harm to the residents