STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205117	A. BUILDING 01 B. WING _____	07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARIBOU REHAB AND NURSING CENTER	10 BERNADETTE ST CARIBOU, ME 04736

(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: 07/01/2025 Caribou Rehab & Nursing Center, a long-term care facility, was surveyed on 07/01/2025 between the hours of 10:00 AM and 3:00 PM and is not in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for Emergency Preparedness.	E 000		
E 004 SS=D	Develop EP Plan, Review and Update Annually CFR(s): 483.73(a) §403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a). The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following: * [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or	E 004		

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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E 004	Continued From page 1 CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. * [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years. . This REQUIREMENT is not met as evidenced by: Federal Recertification Survey Date: 07/01/2025 Based on record review, the long-term care facility failed to conduct the annual review of the Emergency Preparedness Plan in accordance with 42 CFR §483.73(a). Finding: During a survey on 07/01/2025 between the hours of 10:00 AM and 3:00 PM, a surveyor, with the Facilities Manager and Maintenance Director present, observed the following: 1. The annual review of the emergency preparedness plan had not been reviewed since	E 004		

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E 004	Continued From page 2 2021. The surveyor confirmed this finding with the Facilities Manager and Maintenance Director at the time of the observation.	E 004		
E 015 SS=F	Subsistence Needs for Staff and Patients CFR(s): 483.73(b)(1) §403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal.	E 015		

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E 015	Continued From page 3 *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This REQUIREMENT is not met as evidenced by: Federal Recertification Survey Date: 07/01/2025 Based on record review, the long term care facility failed to maintain provision of subsistence needs for staff and patients whether they evacuate or shelter in place for Emergency Preparedness Plan in accordance with 42 CFR 483.73. Finding: During a survey on 07/01/2025, between 10:00 AM and 3:00 PM, a surveyor, with the Facilities Manager and Maintenance Director present, observed the following:	E 015		

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E 015	Continued From page 4 1. The was no documentation provided in the emergency preparedness plan for sewage or waste disposal in the event they had to shelter in place. When I asked for documentation, no MOU, procedure or policy could be produced. The surveyor confirmed this finding with the Facilities Manager and Maintenance Director at the time of the record review.	E 015		
K 000	INITIAL COMMENTS Federal Recertification Survey Date: 07/01/2025 Caribou Rehab & Nursing Center, a long term care facility, was surveyed on 07/01/2025 between the hours of 10:00 AM and 3:00 PM 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 not in substantial compliance.	K 000		
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 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	K 324		

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K 324	Continued From page 5 * 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 facility failed to protect the commercial cooking operations by ensuring the floor is marked in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 edition, Section 12.1.2.2, as referenced by NFPA 101, Life Safety Code, 2012 edition, Section 19.3.2.5.1, and 9.2.3. This deficient practice could affect the kitchen area of the facility by having a commercial cooking assembly that is not properly in place under the extinguishing system. Finding: On 07/01/2025, between 10:00 AM and 3:00 PM, a surveyor, with the Maintenance Director, Administrator, and the Facilities Manager observed the following 1.When commercial cooking appliances are on wheels, an approved method of marking the precise location for the appliance to be installed to ensure it is properly protected by the	K 324		

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K 324	Continued From page 6 extinguishing system shall be applied. An approved method shall ensure that the appliance is returned to its position before cooking takes place. There are no markings that ensure the stove is returned to the correct location. The interview with the Maintenance Director and Facilities Manager verified no markings on the floor and the intent of the code was discussed. This finding was verified by the Maintenance Director, the Administrator, and the Facilities Manager at the time of observations and the exit interview on 07/01/2025 from 10:00 AM to 3:00 PM.	K 324		
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 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	K 918		

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K 918	Continued From page 7 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 and interview the long-term care facility failed to install a remote emergency shut-off device per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 5.6.5.6 as referenced by NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.4. Finding: On 07/01/2025, between 10:00 AM and 3:00 PM, a surveyor, with the Maintenance Director, Administrator, and the Facilities Manager observed the following: 1. All generating stations shall have a labeled remote manual stop device on the premises outside of the generator housing. The emergency stop button is on the side of the generator inside the generator room. During the time of the observation, an interview with the facility maintenance personnel regarding the code requirements and acceptable locations for the device was completed.	K 918		

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K 918	Continued From page 8 The surveyor confirmed this finding with the Maintenance Director, Administrator, and the Facilities Manager at the time of the observation, and during the exit interview on 07/01/2025, between 10:00 AM and 3:00 PM.	K 918		