State of Maine
Department of Public Safety
Office of the Fire Marshal
52 State House Station
Augusta, ME 04333-0052

JANET T. MILLS
GOVERNOR

MICHAEL SAUSCHUCK
COMMISSIONER

RICHARD MCCARTHY
STATE FIRE MARSHAL

COMPLAINT SURVEY

June 29, 2023

Harbor Hill Center
Attn: Nancy Hanson, Administrator
2 Footbridge Rd
Belfast, ME 04915

Administrator Hanson,

Provider ID#: 205122
Facility ID#: HF5045B
Event ID #: 2ETO21

On **June 23, 2023,** the Office of the State Fire Marshal, conducted a Complaint Survey at Harbor Hill Center, determine if your facility complies with Federal participation requirements for nursing facilities in the Medicare and/or Medicaid program (In which you will be receiving a Form CMS-2567). Your facility was found not to be in substantial compliance with the participation requirements for Life Safety Code. Please find the enclosed Statement of Deficiencies prepared following that survey. Please provide your Plan(s) of Correction for the listed deficiencies under the column titled, "Provider's Plan of Correction". Please submit your Plan of Correction within the **10 (Ten) days** of receipt.

An acceptable plan of correction must contain the following elements:

1. The plan for correcting each specific deficiency cited;
2. Efforts to address improving the process that led to the deficiency cited;
3. The procedure for implementing the acceptable plan of correction for each deficiency cited;
4. Procedures for monitoring and tracking to ensure that the plan of correction is effective and that specific deficiencies cited remain corrected and/or in compliance with the regulatory requirements;

5. The title of the person responsible for implementing the acceptable plan of correction.
6. A completion date for correction of each deficiency cited (Note: The correction dates on the plan of correction must be no later than 45 calendar days from the date of the survey).

Please email back the plan of correction to: FMOHealthcare@maine.gov.

If you have any questions, please feel free to call me at (207) 626-3880.

Yours for Better Fire Prevention,

Richard McCarthy
State Fire Marshal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205122	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/23/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR HILL CENTER	**2 FOOTBRIDGE RD** **BELFAST, ME 04915**

(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 000	INITIAL COMMENTS Federal Complaint Survey Survey Date: 6/23/23 Intake #: 2ET021 Harbor Hill Center, 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 223 SS=E	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the Nursing Facility failed to ensure the kitchen door and the storage door on first floor are self-closing and kept in the closed position at all time in accordance with NFPA 101 19.2.2.2.7, 19.2.2.2.8 Findings:	K 223		

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 223	Continued From page 1 Based on observation and interview on 06/23/23 between the hours of 9 am and 11 am, in the accompany of the Assistant Administrator, did observe: 1) Kitchen door was being held open with a door wedge. 2) Storage room door on first floor was being held open with a door wedge. This was confirmed by the Assistant Administrator at time of tour.	K 223		
K 233 SS=D	Clear Width of Exit and Exit Access Doors CFR(s): NFPA 101 Clear Width of Exit and Exit Access Doors 2012 EXISTING Exit access doors and exit doors are of the swinging type and are at least 32 inches in clear width. Exceptions are provided for existing 34-inch doors and for existing 28-inch doors where the fire plan does not require evacuation by bed, gurney, or wheelchair. 19.2.3.6, 19.2.3.7 This REQUIREMENT is not met as evidenced by: Based on observations , the Nursing Facility failed to ensure the means of egress was free from all obstructions in accordance with NFPA 101 19.2.3.6, 19.2.3.7 Based on observation and interview on 06/23/23 between the hours of 9 am and 11 am, in the accompany of the Assistant Administrator, did observe:	K 233		

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K 233	Continued From page 2 Findings: 1) Exit door in the pysical tharapy room was obstructed by PT walking ramp with rails. This was confirmed by the Assistant Administrator at time of tour.	K 233		
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 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 observations and interview, the facility failed to ensure that Sprinkler System was inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. This deficient practice could affect the entire facility, patients/residents,	K 353		

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K 353	Continued From page 3 visitors, and members of facility staff in this location(S). Findings: Based on observation and interview on 06/23/23 between the hours of 9 am and 11 am, in the accompany of the Assistant Administrator, did observe: Two sprinkler head located in the kitchen and Landry room were 'loaded" with debris . This could affect the operation of the sprinkler head. These findings were verified by the Assistant Administrator and Director of Maintenance at the time of observations.	K 353		
K 361 SS=E	Corridors - Areas Open to Corridor CFR(s): NFPA 101 Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 This REQUIREMENT is not met as evidenced by: Based on observations , the Nursing Facility failed to ensure that all the rooms were being maintained to resist the passage of smoke to the corridor area in accordance with NFPA 101 19.3.6.1.	K 361		

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K 361	Continued From page 4 Findings: Based on observation and interview on 06/23/23 between the hours of 9 am and 11 am, in the accompany of the Assistant Administrator, did observe: 1) The fire sprinkler room has openings/penetrations above the door at ceiling height 2) Electrical room has openings/penetrations above the doors. This was observed by the Assistant Administrator and the Director of Maintenance	K 361		
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed	K 920		

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K 920	Continued From page 5 immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observations , the Nursing Facility failed to ensure extension cords and power strips were installed in accordance with 10.2.4.10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Findings: Based on observation and interview on 06/23/23 between the hours of 9 am and 11 am, in the accompany of the Assistant Administrator, did observe: 1) Two banks of Direct TV receivers in activity directors office first floor, had multiple power strips and extension cord being used as permanent wiring. 2) Reception desk front entry was using extension cord and power strip that was being used for permanent wiring. This was observed by the Assistant Administrator and the Maintenance Director	K 920		