

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

PRINTED: 02/24/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205149	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING RECEIVED FEB 28 2025		(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER KATAHDIN HEALTH CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 22 WALNUT STREET MILLINOCKET, ME 04462		
(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: 2/12/2025 Katahdin Health Care, a long term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities Emergency Preparedness.	E 000	This plan of correction constitutes my written allegation of compliance for deficiencies during the recent survey on February 12, 2025. However, submission of this plan of correction is not the admission that a deficiency exist or that was cited correctly. This plan of correction is submitted to meet the requirement established to meet the requirement established by State and Federal Law.		
K 000	INITIAL COMMENTS Federal Recertification Survey: Survey Date: 02/12/2025 Katahdin Nursing Home, a Long Term Care Facility, was surveyed to the National Fire Protection Association 101 Life Safety Code 2012 Edition as reference on 42 CFR 483.90 (a-d) physical environment and is not in substantial compliance.	K 000			
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that exit discharge is arranged in accordance with NFPA 101 Life Safety Code 2012 edition chapter 19 section 19.2.7 Chapter 7 section 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and	K 271			

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 271	Continued From page 1 shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface in accordance with survey and and certification letter 05-38. On 2/12/2025, between 10:00 AM and 1:00 PM, a surveyor, with the Maintenance Director present, observed the following: 1. The egress path from the dining room exits on to a lawn and not on to a hard packed, all-weather, level travel surface. The surveyor confirmed these findings with the Maintenance Director at the time of observation.	K 271	K271 *The egress path from the dining room exits on to the lawn will be replaced by precast walkway pad *Any residents using C Wing have the potential to be affected by not having hard packed, all-weather, level travel surface * Maintenance will monitor the path from the dining room exits to the lawn to ensure its is passable until it is replaced by a packed all-weather travel surface, these findings will be reported to QAPI *Our Maintenance Department contacted a local contractor to install a precast walkway pad and that will be completed by May 15, 2025.		Date of correction 5/15/25 and on going
K 325 SS=D	Alcohol Based Hand Rub Dispenser (ABHR) 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	K 325			

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K 325	Continued From page 2 * 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 Alcohol-Based Hand-Rub Dispensers shall be protected in accordance with 8.7.3.1, per NFPA 101, 2012 edition, 19.3.2.6. Dispensers shall not be installed in the following locations: (A) Above an ignition source within a 1 in. (25 mm) horizontal distance from each side of the ignition source, (B) To the side of an ignition source within a 1 in. (25 mm) horizontal distance from the ignition source (c) Beneath an ignition source within a 1 in. (25 mm) vertical distance from the ignition source Findings: On 02/12/2025 between hours of 10:00 AM and 1:00 PM. this surveyor accompanied by the Maintenance Director and the Administrator did observe the following: 1. The Alcohol-Based Hand-Rub Dispenser has been installed above an ignition source in resident room 24. This finding was verified by the Director of Maintenance and Administrator at the time of the observation.	K 325	K325 *On 2/27/2025 the Alcohol-Based Hand Rub Dispenser in room 24 has been moved more than an inch from an ignition source *Resident in room 24 had the potential to be affected by having an Alcohol-Based Hand Rub within less of an inch from an ignition source *For three months Maintenance will check Alcohol-Based Hand Rubs to ensure they are an inch away from an ignition source. These findings will be reported to QAPI		Date of correction 2/27/25 and on going	
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101	K 355				

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K 355	Continued From page 3 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 6.1.3.8.1 Fire extinguishers having a gross weight not exceeding 40 lb (18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.53 m) above the floor. Findings: During a facility tour on 02/12/2025 from the hours of 10:00 am to 1:00 pm, this surveyor, the Maintenance Director and Administrator observed the following . Multiple fire extinguishers throughout the facility were measured and found to be 67" from the floor to the top of the fire extinguisher. This finding was confirmed by this surveyor, the Maintenance Director and Administrator at the time of the survey.	K 355	K355 *On 2/13/25 the multiple fire extinguishers throughout the facility that measured 67" from the floor to the top of the fire extinguisher were lowered to meet the 5ft requirement *Fire extinguishers over the 5 ft requirement might make it difficult for residents on B wing to get a hold of the fire extinguisher *For a month, weekly checks will be done will be done on the height on all fire extinguishers to ensure they meet the 5 ft requirement. These findings will be reported to QAPI.		Date of correction 2/13/25 and on going	
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	K 918				

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K 918	Continued From page 4 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 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 and NFPA 99, Health Care Facilities Code, 2012 Edition,	K 918	K 918 *2/14/25 CMD was contacted to install a remote switch on the exterior part of the generator *By having a remote exterior shut -off will make it easier to shut off the generator, all residents could be affected by not having a remote shut-off *2/27/25 CMD installed the remote shut-off switch. For three months the Maintenance Department will monitor the remote switch to ensure it is working		Date of correction 2/27/25	

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K 918	Continued From page 5 Section 6.4.4. All generating stations shall have a labeled remote manual stop device on the premises where the prime mover is located outside the building, outside of the generator housing. Findings On 02/12/2025, between 10:00 AM and 1:00 PM, this surveyor, with the Maintenance Director observed the following: The generator located at the exterior of the facility did not have a labeled manual stop device on the external housing of the generator. The surveyor confirmed this finding with the Maintenance Director at the time of the observation on 02/12/2025, between 10:00 AM and 1:00 PM	K 918			
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) assemblies 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	K 920			

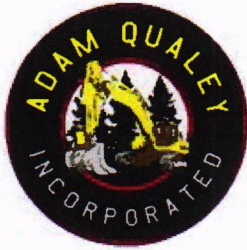
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FEB 28 2025

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K 920	Continued From page 6 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 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 observation and interview, the long-term care facility failed to ensure that power strips are not used for non-PCREE (Patient-care-related electrical equipment) and that power strips are not used as a substitute for fixed wiring in accordance with NFPA 99 Chapter 10, NFPA 70 chapter 4 {400-8(1) 590.2} Temporary wiring methods shall be acceptable only if approved based on the conditions of use and any special requirements of the temporary installation. Receptacles shall be listed and marked with the manufacturer 's name or identification and voltage and ampere ratings. On 2/12/25, between 10:00 AM and 1:00 PM, surveyor 39983, with the Maintenance Director, and Administrator present observed the following: 1. The storage room located in A wing has a temporary 6 plug adapter plugged into a 2 plug outlet, unsecured to the outlet with 3 Hoyer Lift battery chargers plugged in. The surveyor 39983 confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 920	K920 *On 2/25/25 the Maintenance Department relocated one the battery chargers to another storage room *All residents could be potentially affected by overloading the circuit. *For three months Maintenance will monitor to ensure that only two hoyer batteries are plugged into one storage room and the other battery is plugged in the other storage room. These findings will be reported to QAPI	Date of correction 2/25/25 and on going	



ADAM QUALEY INCORPORATED

17 Canyon Dr.
Millinocket, ME 04462
(207) 731-3837
admin@adamqualeyinc.com

Estimate

Date	Estimate #
2/27/2025	25-05

Customer Name & Address
Katahdin Health Care 22 Walnut St. Millinocket, ME 04462

Job Name / Location
RECEIVED FEB 28 2025 BY: _____

Description Of Work To Be Completed	Total
Grade and Install Precast Walkway Pad * Work To Be Completed by May 15, 2025	2,100.00
Estimate Valid Within 30 Days of Above Date	
Total Estimate \$2,100.00	