STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205149	A. BUILDING **01** B. WING _____	**02/12/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KATAHDIN HEALTH CARE LLC	**22 WALNUT STREET** **MILLINOCKET, ME 04462**

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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		
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		
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		
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		
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		

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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) 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	K 920		

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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		