STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205120	A. BUILDING **01** B. WING _____	**09/10/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERVILLE CENTER FOR HEALTH AND REHAB	**7 HIGHWOOD ST** **WATERVILLE, ME 04901**

(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 Survey date: 9/10/2024 Waterville Center for Heath & 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 Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 09-10-2024 Waterville Center for Health & Rehabilation, 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 133 SS=F	Multiple Occupancies - Construction Type CFR(s): NFPA 101 Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3	K 133		

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 133	Continued From page 1 This REQUIREMENT is not met as evidenced by: K133 Multiple Occupancies - Construction Type Based on observation, the facility failed to meet the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition chapter 19 section 19.1.1.4 for construction type and supporting construction for health care and/or other building occupancies. A 2-hour separation was not provided in accordance with section 8.2.1.3 between existing healthcare occupancies and new and between the apartment occupancy and the healthcare. Findings include: On 09/10/2024 between hours of 10:00 am and 3:30 PM. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. The 2-hour fire barrier separations located between new and existing building sections on the first floor, second floor, third floor, and fourth floor, as well as the 2-hour fire separation barrier between apartment occupancy and the healthcare/chapel area on the first, second and third floors. All barriers are penetrated by wires, ductwork, conduit, or had approximately 4"x4"holes cut in various locations where firestopping assemblies are required to maintain the integrity of the 2-hour fire resistive barrier. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 133		
K 200 SS=D	Means of Egress Requirements - Other CFR(s): NFPA 101	K 200		

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K 200	Continued From page 2 Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that every corridor shall provide access to not less than two approved exits in accordance with sections 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies per the requirements of NFPA 101 2012 edition 19.2.5.4. Findings: On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. On the first floor one of the marked means of egress from the corridor entered into the physical therapy room, requiring occupants to exit through an intervening room or space. This was fixed during survey. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 200		

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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 maintain the minimum headroom clearance at an exterior exit door. NFPA 101, Life Safety Code, 2012 Edition, 7.1.5 in Means of Egress Requirements. Findings: On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. Wall mounted fan was found in the second floor corridor mounted below 6'8". 2. Ceiling fans in the corridors in the residential care area were found protruding below 6'8". The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 211		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors	K 222		

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K 222	Continued From page 4 Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic	K 222		

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K 222	Continued From page 5 fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to ensure that doors at the means of egress meet the requirements of NFPA 101 life safety code 2012 edition sections 7.2.1.4.2 for door leaf swing direction, and sections 7.2.1.5.3 and 7.2.1.6.2 under requirements for door locks, latches, and alarm devices. Findings: On 9/10/2024, between 10:00 am and 3:30 pm, a surveyor, with the Maintenance Supervisor and Administrator present, observed the following: 1. The second floor patio gate was found to swing opposite the path of egress. 2. Egress doors throughout the facility are equipped with badge access in order to exit. Door locking arrangements shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side. The facility failed	K 222		

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K 222	Continued From page 6 to provide exit access that was readily accessible at all times by having special locking arrangements in accordance with LSC Section 19.2.2.2.4, 19.2.2.2.5, 19.2.2.2.5.2 and 7.2.1.6. The surveyor confirmed these findings with the Maintenance Supervisor and the Administrator at the time of observation.	K 222		
K 223 SS=F	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 observation, the facility failed to ensure that 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,	K 223		

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K 223	Continued From page 7 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 per the requirements of NFPA 101 2012 edition. Findings: On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. The door separating the basement corridor from the garage in the tunnel does not latch and was held open with a metal rod due to the magnetic hold not functioning properly. 2. The employee entrance door was found unable to latch. This was repaired during the survey. 3. The coat hanging room door was found propped open with a wedge. This was corrected during survey. 4. Doors leading to the kitchen were found propped open with a device installed on the self-closer pinning it in the open position unless closed manually. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 223		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101	K 271		

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K 271	Continued From page 8 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 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 in accordance with survey and and certification letter 05-38. On 9/10/2024, between 9:00 am and 12:00 pm, a surveyor, with the Maintenance Supervisor and Administrator present, observed the following: 1. The patio exits on to a lawn not on to a hard packed, all-weather, level travel surface. The surveyor confirmed these findings with the Maintenance Supervisor and the Administrator at the time of observation.	K 271		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1	K 291		

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K 291	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to provide Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with NFPA 2012 edition 7.9. Findings: On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. The basement lacks the appropriate emergency lighting throughout areas accessible by staff. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 291		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to meet	K 293		

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K 293	Continued From page 10 the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition for exit and directional signs that are displayed in accordance with 7.10, 19.2.10.1, 19.2.10.2,19.2.10.3, and 19.2.10.4. Findings: On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. The basement lacks the appropriate exit signage throughout areas accessible by staff. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 293		
K 321 SS=F	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 11 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, the facility failed to ensure that hazardous areas are protected per the requirements of NFPA 101 2012 edition 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. Findings: On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. Penetrations in 1-hour rated fire wall in boiler room separating the kitchen and lobby from the boiler room.	K 321		

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K 321	Continued From page 12 2. Penetrations in the 1-hour rated ceiling separating the boiler room from the nursing home above. 3. Penetrations found in the floor/ ceiling assembly in the basement area and corridor leading to the adjacent building/garage. 4. Power wheelchair battery charging was being done in the library which is open to the corridor. Rooms with battery charging are higher hazard and require separation with a 1-hour barrier or a smoke partition and sprinkler coverage. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 321		
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 * 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	K 324		

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K 324	Continued From page 13 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, the facility failed to ensure that cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under NFPA 101 2012 edition 19.3.2.5.4. Findings: On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. On the fourth floor, an oven with a cook top was being used to prepare food for the residents of the fourth floor while being open to the corridor, and without smoke detection within 20ft. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 324		
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:	K 325		

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	205120	A. BUILDING **01** B. WING _____	**09/10/2024**

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K 325	Continued From page 14 * 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, the facility failed to ensure that Alcohol Based Hand Rub Dispenser (ABHR) are not installed within 1 inch of an ignition source Per the requirements of NFPA 101 2012 edition 19.3.2.6. Findings: On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. In room R334 and in the 2nd floor cafe, an ABHR was found mounted above within 1 inch of	K 325		

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K 325	Continued From page 15 a light switch. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 325		
K 341 SS=F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70 2011 edition, National Electric Code, and NFPA 72 2010 edition, National Fire Alarm Code to provide effective warning of fire in any part of the building. Findings:	K 341		

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K 341	Continued From page 16 On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. No fire alarm notification devices were found located in the basement. 2. No fire alarm pull stations were found located in the basement. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 341		
K 351 SS=F	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 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)	K 351		

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K 351	Continued From page 17 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that sprinklers are installed under exterior roofs, canopies, porte-cocheres, balconies, decks, or similar projections exceeding 4ft per the requirements of 18.5.7.1 in NFPA 13 2010 edition. Findings: On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. Projections from the building consisting of combustible materials exceeding 4ft without sprinkler coverage were found at the main entrance, outside of the physical therapy room exit, outside of the boiler room, and above entrances into the courtyard. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 351		
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.	K 353		

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K 353	Continued From page 18 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 observation and record review, the long-term care facility failed to ensure that 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 sections 7.3.1 and 14.2.1.1 Findings: On 09/10/2024, between 10:00 AM and 3:30 PM, surveyor, with the Maintenance Director, and Administrator, observed the following: 1. Paint was found on a sprinkler head located in the medical supply room on the first floor. The surveyor confirmed this finding with the Maintenance Director, and Administrator at the time of the observation and review.	K 353		
K 754 SS=D	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers	K 754		

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K 754	Continued From page 19 Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space 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, the facility failed to ensure that 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 as required in NFPA 101 2012 edition 19.7.5.7. Findings: On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. Mobile trash and soiled linen carts were found unattended in the corridors outside of rooms 228 and 221 on the second floor. This was corrected during survey.	K 754		

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K 754	Continued From page 20 The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 754		
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that Fire doors assemblies are inspected and tested annually in accordance with NFPA 80 2010 edition, Standard for Fire Doors and Other Opening Protectives. Findings: On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. Fire door assemblies throughout the building	K 761		

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K 761	Continued From page 21 are equipped with lower latching hardware but the required floor strike plates were not present. 2. Fire doors and rated door frames throughout the facility had paint rendering the labels unreadable. This was corrected during survey. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 761		
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 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	K 920		

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K 920	Continued From page 22 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)} On 09/10/2024, between 10:00 AM and 3:30 PM, surveyor, with the Maintenance Director, and Administrator present observed the following: 1. In the business office, a coffee maker was found plugged in to a relocatable power tap. 2. In the life enrichment office, a mini fridge was found plugged in to an extension cord. The surveyor confirmed this finding with the Maintenance Director, and Administrator at the time of the observation.	K 920		
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing	K 923		

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K 923	Continued From page 23 gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that Cylinder and Container Storage areas were safeguarded in accordance with NFPA 99, Health Care Facilities code, 2012 edition, section 5.1.3.3.2 and 5.1.3.3.3 in 1 Oxygen storage closet inspected in the facility at the entrance of the facility. This deficient practice could affect the corridor located at the main entrance to the facility. Deficient practices have the potential of obstructing egress capabilities to the main entrance.	K 923		

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K 923	Continued From page 24 Findings Include: On 09/10/2024 between hours of 10:00 am and 3:30 pm. this surveyor accompanied with Director of Facilities and the Administrator did observe the following: 1. The Oxygen cylinder and container storage closet located next to the main entrance of the facility in the corridor had combustible items stored within 5 feet of the oxygen cylinders. 5.1.3.3.2* Design and Construction. Locations for central supply systems and the storage of positive-pressure gases shall meet the following requirements: (9) They shall have racks, shelves, and supports, where provided, constructed of noncombustible materials or limited-combustible materials. 11.3.2 Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (2)Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. 11.6.5.2 If empty and full cylinders are stored within the same enclosure, empty cylinders shall be segregated from full cylinders. 11.6.5.3 Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed in a rapid manner. NFPA 99, 2012 edition. A. The oxygen storage closet near room 247 on the second floor contained 27 e tanks exceeding the allowable volume for the room. This was	K 923		

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K 923	Continued From page 25 corrected during the survey. The surveyor confirmed this finding with the Maintenance Director and the Administrator at the time of the observation.	K 923		