STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205099	A. BUILDING **01** B. WING _____	C **11/21/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUMFORD COMMUNITY HOME	**11 JOHN F KENNEDY LANE** **RUMFORD, ME 04276**

(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 Date of Survey 11/21/2024 Rumford Community Home, a long-term care facility, was surveyed pursuant to the National Fire Protection Association, 101 Life Safety Code, 2012 Edition as referenced in Part 483.90(a-d) - Physical Environment is not in substantial compliance due to a complaint regarding a fire in Patient room 12 in the South Wing.	K 000		
K 711 SS=F	Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: Based on documentation review and interview, the long-term care facility failed to act in accordance with the facility fire plan, in accordance with NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.2.1.2(2). Finding: On November 21, 2024, between 09:30 AM and	K 711		

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 711	Continued From page 1 11:20 PM, a surveyor, with the Director of Ancillary Services, Assistant Director of Ancillary Services and the Administrator present, observed the following: 1. When a fire occurred, no staff member initiated the fire alarm system in accordance with the fire plan. The fire plan references RACE, and A stands for Activate the fire alarm system. The surveyor confirmed this finding with the Director of Ancillary Services, and the Assistant Director of Ancillary Services at the time of the observation.	K 711		
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.	K 914		

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K 914	Continued From page 2 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain testing and maintenance of the electrical system in patient rooms NFPA 99, Healthcare Facilities Code, 2012 Edition, Sections 6.3.3, 6.3.4 Finding: On November 21, 2024, between 09:30 AM and 11:20 PM, surveyors, with the Director of Ancillary Services, Assistant Director of Ancillary Services and the Administrator present, observed the following: 1. Patient bedroom quadruple outlets are not hospital grade and have not been properly tested at annual intervals. During interview with acting Maintenance Director, no records have been maintained for the testing of the patient room duplex receptacles in the South Wing. The surveyor confirmed this finding with the Director of Ancillary Services, and the Assistant Director of Ancillary Services at the time of the observation.	K 914		