STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205163	A. BUILDING **01** B. WING _____	**06/11/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MID COAST SENIOR HEALTH CENTER	**58 BARIBEAU DRIVE** **BRUNSWICK, ME 04011**

(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 Date of Survey:06/11/2024 Mid Coast Senior Health Center, a long-term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey Date of Survey:06/11/2024 Mid Coast Senior Health Center, a long-term care facility was surveyed pursuant to the National Fire Protection Association 101, Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment and is in 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.	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 18.1.3.5, 19.1.3.5, 8.2.1.3 This REQUIREMENT is not met as evidenced by: Based on plans review, observation and interview during the facility tour, the long-term care facility failed to maintain the clear locations of the 2-hour seperation walls for inspection per NFPA 101, Life Safety Code, 2012 Edition, Sections 8.2.1.3., and 19.1.3.5. Finding: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. During the facility tour the inspection team was unable to effectively inspect the two-hour fire rated seperating wall between residential care, and the long-term care facilities. The locations annotated on the plans we looked at versus the building layout did not match. Please provide an accurate life safety drawing of the building. The surveyor confirmed this finding with the Facilities Director and Lead Maintenance Tech at the time of the observation.	K 133		
K 211 SS=D	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.	K 211		

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K 211	Continued From page 2 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview during the facility tour, the long-term care facility failed to maintain the exit discharges to continuously maintained free of all obstacles or impediments. No furnishings, decorations, or other objects shall obstruct exits or their access thereto, egress therefrom, or visibility thereof. Ref: NFPA 101, Life Safety Code, 2012 Edition, Sections 7.1.10.1-2, 7.1.6.4, and 19.2.1. Findings: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. A portion of the Bodwell exit discharge path to the public way is a grass surface which is not an all-weather, all-condition surface that will be slip-resistant in all foreseeable conditions. 2. The basement exit corridor is being used as a storage location with furniture which obstructs the exit. 3. The Chans corridor has a table in the corridor by the electrical panel. 4. The Door to the loading dock has plastic windguard strips installed, that obstructs the egress path. 5. Mere Point corridor has a med cart with laptop stored in egress.	K 211		

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K 211	Continued From page 3 6. Storage in egress corridor outside Chans Home Health & Hospice. The surveyor confirmed these findings with the Facilities Director and Lead Maintenance Tech at the time of the observation.	K 211		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors 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	K 222		

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K 222	Continued From page 4 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 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 Observation and Interview, the facility failed to provide exit access serving the Bodwell Wing egress stairwell, Mere Point egress door, and Mere Point egress door that were readily accessible at all times by having special locking arrangements (coded key exit egress) with staff being the only people with access to exits regardless of resident independent cognitive ability which is not in accordance with LSC	K 222		

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K 222	Continued From page 5 Section 19.2.2.2.4, 19.2.2.2.5, 19.2.2.2.5.2 and 7.2.1.6. This deficient practice could affect exiting from all facility designated exits, as well as an indeterminable number of residents, staff and visitors. Findings Include: Observation on June 11, 2024, at approximately 9:30AM to 4:00PM during the facility tour identified the facility designated exits at all exits had a coded exit by key code controlled by staff without any means to provide visitors or oriented residents access to the means of exit. Interview on June 11, 2024, at approximately 9:30AM to 4:00PM during the facility tour with the Facilities Director and Lead Maintenance Tech stated the doors were all key code controlled, and residents did not have the codes. Observation and Interview with the Facilities Director and Lead Maintenance Tech at the time of observation confirmed the exit doors had key code that could only be accessed by staff. The facility failed 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 this finding with the Facilities Director and Lead Maintenance Tech at the time of the observation.	K 222		
K 311 SS=D	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings	K 311		

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K 311	Continued From page 6 between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to ensure that vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour per NFPA 101, Life Safety Code, 2012 edition Section 19.3.1.1 Findings: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. The doors and frames on every floor serving stairwell basement and 1st floor are not equipped with a label that identifies the fire rating of the door. The surveyor was unable to verify the rating of the door assembly. 2. Basement stairwell sprinkler pipe penetration not not sealed with rated material. The surveyor confirmed these findings with the Facilities Director and Lead Maintenance Tech at the time of the observation.	K 311		
K 321 SS=F	Hazardous Areas - Enclosure CFR(s): NFPA 101	K 321		

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K 321	Continued From page 7 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. 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 and interview during the facility tour, the long-term care facility failed to maintain the smoke and fire resistance of Hazardous areas per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.2.1. Findings:	K 321		

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K 321	Continued From page 8 On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. The elevator machine room has a louvered panel in the door which will not resist the passage of smoke. 2. The elevator machine room door doesn't self-close and positively latch upon release. 3. The kitchen paper goods storage door is warped and it hits the frame on the latch side, not allowing it to self-close and latch. 4. The flu vaccine door has a louvered panel which will not resist the passage of smoke. 5. Patient room #105 is now being used as a storage room without a self-closing door. 6. The Chans boiler room wall and ceiling has unfirestopped penetrations. 7. Mechanical room off break room door doesn't self-close and positively latch upon release. 8. Basement mechanical equipment door doesn't self-close due to bungee cord secured to door handle and wall and positively latch due to tape over latch. 9. Sprinkler room has louvers in wall which will not resist the passage of smoke. 10. Sprinkler room has unsealed penetrations in ceiling. The surveyor confirmed these findings with the Facilities Director and Lead Maintenance Tech at the time of the observation.	K 321		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities	K 324		

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K 324	Continued From page 9 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 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 and interview, the long-term care facility failed to properly install and maintain equipment protected by the kitchen hood extinguishing system NFPA Standard: NFPA 101, Life Safety Code (2012) Sections 19.3.2.5.2*, 9.2.3, NFPA Standard: NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011) Sections 12.1.2.2*, 12.1.2.3, 12.1.2.3.1 Finding:	K 324		

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K 324	Continued From page 10 On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. The wheeled, gas-fired 9 burner stove/oven and wheeled, fryolator located on the cooking line in the kitchen were not provided with an approved method that would ensure that the appliances were returned to an approved design location after they had been moved for maintenance and cleaning. The surveyor confirmed this finding with the Facilities Director and Lead Maintenance Tech at the time of the observation	K 324		
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	K 353		

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K 353	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and inspection documentation review, the long term care facility failed to maintain the wet sprinkler system per NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Sections 5.2.1.1.1-4, 5.2.6, 6.2.3, and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.5.1., 4.6.12, and 9.7.5. Findings: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. According to the most recent Johnson Controls quarterly sprinkler inspection report and observation at the sprinkler riser there is no hydraulic design information sign attached to the riser. 2. There is a non-factory paint on the sprinkler head in the Bodwell Nurse's Station. 3. The escutcheon ring is missing from the sprinkler head in the closet in the admin wing by the copier and the mailboxes. 4. The ceiling tiles are missing in the loading dock and the floor machine room. The absence of tiles will hinder the operation of the sprinkler system. The surveyor confirmed these findings with the	K 353		

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K 353	Continued From page 12 Facilities Director and Lead Maintenance Tech at the time of the observation.	K 353		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483,	K 363		

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K 363	Continued From page 13 and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the corridor door from closing and positively latching per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.6.3. Findings: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. The Privacy Curtain in room 301 obstructed the patient room door from closing and positively latching. 2. The Privacy Curtain in room 303 obstructed the patient room door from closing and positively latching. 3. Mechanical Equipment room in basement has bungee cord holding door open and tape preventing door from closing and positively latching. 4. Break room double doors does not self-close and positively latch when doors are released from magnet. The surveyor confirmed this finding with the Facilities Director and Lead Maintenance Tech at the time of the observation.	K 363		
K 712 SS=F	Fire Drills CFR(s): NFPA 101	K 712		

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K 712	Continued From page 14 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on documentation review and interview during the facility tour, the long-term care facility failed to hold fire drills under varying conditions, at least quarterly on each shift per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1. Finding: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. In 2023 3rd shift only did one fire drill. This occurred in October during the 4th quarter. 2. In 2023 1st Shift had no drills in the 1st and 4th quarter. 3. In 2023, 2nd Shift had no drills in the 2nd and 4th quarter. 4. In 2024 there were no fire drills conducted in the first quarter for any shift.	K 712		

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K 712	Continued From page 15 5. In the log for May 9th, 2024 at 06:50 the drill is written for 1st and 3rd shift. Please provide documentation showing which shifts participated in this quarterly drill. The surveyor confirmed this finding with the Facilities Director and Lead Maintenance Tech at the time of the observation.	K 712		
K 761 SS=C	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 and interview during the facility tour, the long-term care facility failed to maintain the fire door assemblies in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 edition, section 4.2, 4.3, 5.2.1, and 5.2.13.3 and NFPA 101, Life Safety Code, 2012 Edition, Sections 8.3.3.1, and 19.3.5.	K 761		

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K 761	Continued From page 16 Findings: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. The last time the fire doors had their annual inspection was between 05/30 and 06/08 in 2023. Please provide documentation for the 2024 annual fire door inspection with a plan for fixing the existing deficiencies from last year and this year. 2. Fire rated door labels and fire door frame labels were missing or painted over in the following locations. Please provide documentation that all fire rated doors and frames are labeled according to NFPA 80, chapter 4. a. the gym b. 1st floor by the boiler room c. Elevator machine room d. PT/OT corridor door e. Chase Home Health & Hospice stairwell door f. The door frame serving basement stairwell has 2 penetrations where self-closer was removed and screw holes were not filled 3. Blocking or wedging of doors in the open position shall be prohibited. Fire rated doors were wedged open in the following locations: a. maintenance tool room in the basement level b. Central supply in the basement level c. Kitchen paper storage d. kitchen food storage	K 761		

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K 761	Continued From page 17 The surveyor confirmed these findings with the Facilities Director and Lead Maintenance Tech at the time of the observation.	K 761		
K 909 SS=D	Gas and Vacuum Piped Systems - Information an CFR(s): NFPA 101 Gas and Vacuum Piped Systems - Information and Warning Signs Piping is labeled by stencil or adhesive markers identifying the gas or vacuum system, including the name of system or chemical symbol, color code (Table 5.1.11), and operating pressure if other than standard. Labels are at intervals not more than 20 feet, are in every room, at both sides of wall penetrations, and on every story traversed by riser. Piping is not painted. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency. 5.1.14.3, 5.1.11.1, 5.1.11.2, 5.2.11, 5.3.13.3, 5.3.11 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, interview and documentation review during the facility tour, the long-term care facility failed to maintain the medical gas piping to be paint free per NFPA 99, Health Care Facilities Code, 2021 edition, section 5.1.11.1.5. Finding: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the	K 909		

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K 909	Continued From page 18 following: 1. Upon review of the Wm J . Frank medical gas inspection report dated 01/09/2024, the medical gas piping being painted is a deficeincy. Provide documentation that all medical gas piping is maintained to NFPA 99 code. The surveyor confirmed this finding with the Facilities Director and Lead Maintenance Tech at the time of the observation.	K 909		
K 918 SS=C	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source 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	K 918		

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K 918	Continued From page 19 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 during the facility tour, the long-term care facility failed to maintain theEssential Electric System Generator batteries per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, section 8.3.7. , and NFPA 99, Healthcare Facilities Code, 2012 edition, sections 6.4.4.1.1.3. Finding: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. The generator inspection reports do not show a voltage conductance test for sealed batteries or an electrolyte specific gravity reading. The surveyor confirmed this finding with the Facilities Director and Lead Maintenance Tech at the time of the observation.	K 918		
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other	K 919		

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K 919	Continued From page 20 List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to comply with NFPA 99, Healthcare Facilities Code, 2012 sections 10.5.2.7, 10.5.3.1, & NFPA 101, Life Safety Code, 2012 Edition sections 19.5.1.1, 9.1.2, and NFPA 70, National Electrical Code, 2011 edition, Section 110.26. Findings: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. In Mere Point common area/living room, a wheelchair charging station are in the common area. Currently there is one charger plugged in not in use but staged under the electrical outlet. Batteries shall not be charged in any area open to any path of egress or exit corridors per manufacturer specifications. Batteries are required to be charged in a rated room not open to the corridor. The risk is the release of combustible and/or toxic gases. Batteries should also be charged with the guidelines set forth by the manufacture's recommendations. 2. The required three feet of accessible space to the electrical panel box is obstructed by a table in	K 919		

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K 919	Continued From page 21 the Chans wing. The surveyor confirmed these findings with the Facilities Director and Lead Maintenance Tech at the time of the observation.	K 919		

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K 293	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 observation, interview and documentation review during the facility tour, the long-term care facility failed to maintain the Chans corridor exit signs will provide constant illumination in the event of a power failure per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.10. Findings: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. There are five illuminated exit signs that did not remain illuminated when the test button was pressed. 2. No documentation could be produced showing the monthly and annual testing of illuminated exit signs and emergency lighting. The surveyor confirmed these findings with the Facilities Director and Lead Maintenance Tech at the time of the observation.
K 343	Fire Alarm System - Notification CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview during the facility tour the long term care facility failed to maintain the Fire Alarm visual notification devices are unobstructed per NFPA 72, National Fire Alarm and Signaling

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

The above isolated deficiencies pose no actual harm to the residents

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K 343	Continued From Page 1 code, 2010 Edition, Sections 14.3.1, 14.3.4, and NFPA 101, Life Safety Code, 2012 Edition, Section 9.6.3. Finding: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. A visual notification device for the fire alarm system becomes obstructed when the door is held open with the magnet at Bodwell Nurse's station. The surveyor confirmed this finding with the Facilities Director and Lead Maintenance Tech at the time of the observation.
K 351	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) This REQUIREMENT is not met as evidenced by: Based on observation and interview during the facility tour, the long-term care facility failed to ensure complete sprinkler coverage per NFPA 101, Life Safety Code, 2012 Edition, Sections 9.7.1.1(1), and 19.3.5. Finding: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. No sprinkler head could be found in the walk in freezer. One was located in the cooler, but not the freezer.. The surveyor confirmed this finding with the Facilities Director and Lead Maintenance Tech at the time of the observation.

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K 355	Portable Fire Extinguishers CFR(s): NFPA 101 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: Based on observation and interview during the facility tour, the long term care facility failed to maintain the Class K fire extinguisher signage in accordance with NFPA 10 Standard for Portable Fire Extinguishers, 2010 edition, section 5.5.5.3 and NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.5. Finding: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. A placard shall be conspicuously placed near the extinguisher that states that the fire protection system shall be activated prior to using the class K fire extinguisher. The surveyor confirmed this finding with the Facilities Director and Lead Maintenance Tech at the time of the observation.
K 374	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observation and interview during the facility tour, the long-term care facility failed to maintain the cross-corridor smoke barrier doors per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.7.8. Finding: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead

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K 374	Continued From Page 3 Maintenance Tech present, observed the following: 1. The 90-minute cross corridor smoke barrier doors are being dented and damaged by the coordinator at the top of the door frame. During testing of the doors the coordinator failed to allow the doors to properly close to resist the passage of smoke. The surveyor confirmed this finding with the Facilities Director and Lead Maintenance Tech at the time of the observation.
K 920	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 by: Based on observation and interview during the facility tour, the long-term care facility failed to maintain the prevention of extension cords being used as a substitute for fixed wiring of a structure per NFPA 70, National Electric Code, 2011 edition, section 400.8. Findings: On June 12th, 2024, between 9:30 AM and 4:00 PM, a surveyor, with the Facilities Director and Lead Maintenance Tech present, observed the following: 1. A treadmill in the gym area was plugged into an orange extension cord. 2. A power strip was mounted to the wall with the cord wrapped around the corridor facing part of the wall (spine) in the admin area. 3. Fish tank in egress corridor outside Mere Point and Bodwell has powerstrip mounted to tank stand. The surveyor confirmed these findings with the Facilities Director and Lead Maintenance Tech at the time of the observation.