STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205174	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFIELD REHAB & LIVING CENTER	95 MAIN STREET PO BOX 489, HARTLAND, Maine, 04943

(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
K0000	INITIAL COMMENTS Federal Recertification Survey 07/22/2025 Sanfield Rehabilitation and Living 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 not in substantial compliance.	K0000		
K0211 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. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is NOT MET as evidenced by: Based on observation, and interview, the long-term care facility failed to maintain the Exit Corridor free of headroom obstructions per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.1, 7.1.5.1 and 7.1.10.1. Finding: During a survey on 07/22/2025 between the hours of 9:00 AM and 1:00 PM, a surveyor, with the Maintenance Director and the Administrator present observed the following: Interview with the Maintenance Director and the Administrator during the facility tour, we discussed headroom requirements of 6'8" in height above the floor. The Administrator and the Maintenance Director acknowledged the headroom requirement. The section of	K0211		08/15/2025

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205174	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

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K0211 SS = D	Continued from page 1 the Life Safety Code was presented to the Maintenance Director after the exit interview. Interview with the Administrator revealed that nobody knows for sure when it was installed. The ceiling mounted air conditioning unit projected down to only allow a headroom height of 6' 5" above the finished floor in the main corridor by room 17, and the dining room. The surveyor confirmed this finding with the Maintenance Director and the Administrator during the survey and during the exit interview.	K0211		
K0291 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 This STANDARD is NOT MET as evidenced by: Based on observations, interview and record review the long-term care facility failed to comply with NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.9.1, and 7.9.3.1.1 (3) regarding functional testing conducted annually for a minimum of 1 1/2 hours if the emergency lighting is battery powered. Findings: During a survey conducted on 07/22/2025 between the hours of 9:00 AM and 1:00 PM, this surveyor with the Adminstrator and Maintenance Director present observed the following:The facility has no documenation available showing the emergency lighting has been tested annually for 1 1/2 hours. This was confirmed by the surveyor, Administrator and Maintenance Director at the time of observation and exit interview.	K0291		08/15/2025
K0353 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	K0353		08/15/2025

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K0353 SS = D	Continued from page 2 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 This STANDARD is NOT MET as evidenced by: Sanfield Rehab and Living Center, a long-term care facility failed to maintain compliance with the Life Safety Code 101 2012 Edition section 9.7.5 and NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 edition, Chapter 5, section 5.2.1.1.1. Based on observations the long term care facility failed to ensure that Sprinkler System was inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 edition, Chapter 5, section 5.2.1.1.1. Federal Recertification Survey Date: 07/22/2025 Findings: During a facility tour on 07/22/2025 between the hours of 9:00 AM and 1:00 PM, this surveyor along with the Administrator and Maintenance Director observed the following: 1. One sprinkler head located outside under the stairwell by room 7 is corroded. This could affect the operation of the sprinkler head. This deficiency does not meet the minimum requirements of maintaining a sprinkler system. These findings were verified by the surveyor, Administrator and Maintenance Director at the time of	K0353		

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K0353 SS = D	Continued from page 3 observations and exit interview.	K0353		
K0363 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, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is NOT MET as evidenced by: Sanfield Rehab and Living Center, a long-term care facility, was surveyed persuant to the Life Safety Code 101, 2012 Edition and found to not be compliance with Chapter 19 section 19.3.6.3.1 doors protectiong corridor openings in other required enclosures of vertical openings, exits or hazardous areas shall be doors constructed to resisit the passage of smoke.	K0363		08/15/2025

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K0363 SS = D	Continued from page 4 Findings: Based on observations during a survey on 7/22/2025 between the hours of 9:00 AM and 1:00 PM, this surveyor along with the Adminstrator and Maintenance Director observed the following:Patient room 19's door does not positively latch when closing. This was attempted 5 times unsuccessfully.This finding was confirmed by the surveyor, Adminstrator and Maintenance Director at the time of observation and exit interview.	K0363		
K0511 SS = E Bldg. 01	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the long-term care facility failed to ensure the propane dryer exhaust vent was constructed in accordance with NFPA 54, National Fuel Gas Code, 2012 edition, Section 10.4.4.2 as referenced by NFPA 101, Life Safety Code, 2012 Edition, Sections 19.5.1.1, and 9.1. Finding: On 07/22/2025, between 09:00 AM and 1:00 PM, a surveyor with the Maintenance Manager and the Administrator present identified: The duct for exhausting clothes dryers was assembled with screws and tape at the seams of the elbows and the straight pipe that would catch lint and reduce the efficiency of the exhaust system. Interview with the Maintenance Manager indicated that he is able to remove the screws and retape the duct right away. The surveyor confirmed this finding with the Maintenance Manager and the Administrator at the time of the observation and during the exit interview.	K0511		08/15/2025

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E0000	Initial Comments Federal Recertification Survey Date: 07/22/2025 Sanfield Rehab & Living 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 Emergency Preparedness.	E0000		

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