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	02/04/2025

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
E 000	Initial Comments Federal Recertification Survey Survey Date: 02.04.2025 Rumford COmmunity Home, a long term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73- Emergency Preparedness Requirement for Long Term Care Facilities.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey: Survey Date: 02.04.2025 Rumford Community Home, a Long Term Care Facility, was surveyed to the National Fire Protection Association 101 Life Safety Code 2012 Edition as reference on 42 CFR 483.90 (a-d) physical environment and is not in substantial compliance.	K 000		
K 133 SS=D	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: Administrator — (X6) DATE: 2/19/2025

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 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 observation and interview, the long-term care facility failed to ensure that fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Life Safety Code, 2012 Edition 19.1.3.5, 8.2.1.3 Finding: On 02.04.2025, between 10:00 AM and 1:30 PM, a surveyor with the Director of Ancillary Services present, observed the following: 1. The 2 hr wall located between Long-term Care and Res Care had penetrations with no fire stopping material present above ceiling. 2. The 90-minute fire rated door between the Long-Care and Res Care installed in the 2-hour fire barrier was in a 20-minute rated frame. This finding was verified by the Director of Ancillary Services at the time of observations.	K 133		
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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	205099	A. BUILDING 01 B. WING	02/04/2025

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

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K 353	Continued From page 2 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, documentation review and interview, the long-term care facility failed to maintain the water-based fire protection system by not having a quarterly inspection performed in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 edition, Section 4.4 as referenced by NFPA 101, Life Safety Code, 2012 edition, Section 19.3.5.1 and 9.7.5. This deficient practice could affect the facility, and the sprinkler in case of activation of the sprinkler system. Finding: On 02.04.2025, between 10:00 AM and 1:30 PM, a surveyor with the Director of Ancillary Services present, observed the following: 1. The sprinkler system was not inspected for quarter 4 of 2024. The facility was unable to provide documentation showing a 4th quarter inspection. This finding was verified by the Director of Ancillary Services at the time of observations.	K 353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 712	Continued From page 3	K 712		
K 712 SS=D	Fire Drills CFR(s): NFPA 101 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, observation and interview, the long-term care facility failed to ensure that fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.4 through 19.7.1.7 Findings: On 02/4/2025, between 10:00 AM and 1:30 PM, surveyor, with the Director of Ancillary Services present, we observed the following: 1. The facility failed to conduct the proper number of fire drills during the previous 12 months. The following fire drills for the facility were not completed or missing: A. Second quarter of 2024, third shift, they did do a make up but the make up drill on 4/30/2024 was on the wrong shift	K 712		

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K 712	Continued From page 4 B. Third quarter of 2024, second shift, they did do a make up but the make up drill on 7/11/2024 was on the wrong shift The surveyor confirmed this finding with the Director of Ancillary Services at the time of the observation.	K 712		
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maihtenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and	K 918		

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K 918	Continued From page 5 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 documentation and interview, the facility failed to ensure that the generator had proper maintenance records and was being exercised in accordance with the auxiliary generator power per NFPA 110 Section 8.3.6.1 Finding: Based on documentation, interview on 02/04/2025 between the hours of 10:00 am and 1:30 pm. this surveyor accompanied with Director of Ancillary Services, and Asst. Director of Ancillary Services did observe the following: 1. The generator records for weekly inspections, the battery voltage was not recorded on the records. The facility failed to have on file or show the following, Maintenance and testing of the voltage in accordance with NFPA 110. The surveyor confirmed this observation with the Director of Ancillary Services, and Asst. Director of Ancillary Services at the time of the observation.	K 918		

RECEIVED
FEB 19 2025

Provider Identification Number	Date Survey Completed
205099	February 4, 2025
Name of Provider or Supplier	**Street Address, City, State, Zip Code**
Rumford Community Home	11 John F Kennedy Lane, Rumford ME 04276

ID TAG	SUMMARY STATEMENT OF DEFICIENCIES	ID TAG	PROVIDER'S PLAN OF CORRECTION
K133 S/S=D	Multiple Occupancy- Construction Type 1. The 2-hour wall located between Long-Term Care and Res Care had penetrations with no fire stopping material present above ceiling. 2. The 90-minute fire rated door between the Long-Term Care and Res Care installed in the 2-hour barrier was in a 20-minute rated frame.	K133 S/S=D	All residents have the potential to be affected. 1.The penetrations between the 2-hour wall located between Long Term Care and Res Care have been sealed with fire stopping material. Other fire walls were reviewed as part of the survey process and found to be in compliance. The Director of Ancillary Services or designee will ensure all penetrations are sealed according to NFPA101 standards when repair work is completed by in house team and/or outside contractor. 2.Freeman Air inspected all doors in the facility in July of 2024. At the time of the inspection, the doors were found to be in compliance. The metal labels (see attached photos) from the manufacturer state "Fire door frame" which is the requirement for a metal frame on a 2-hour wall. There was also a C.A Noble Field Labeling Agency mylar sticker on the door stating it was a 20-minute rated frame for a smoke barrier. This sticker has been removed to ensure there is no confusion in the future. The Director of Ancillary Services or designee will audit smoke and fire doors in the facility to ensure no additional stickers are present. Administrator will review completed audits done by the Director of Ancillary Services and also complete random audits. Audit results will be reviewed through the facility Quality Assurance/Performance Improvement process until substantial compliance is achieved and maintained for a period of 12 months. Compliance Date: 3/1/2025

K353 S/S=D	Sprinkler System- Maintenance and Testing 1. The sprinkler system was not inspected for quarter 4 of 2024. The facility was unable to provide documentation showing a 4th quarter inspection.	K353 S/S=D	All residents have the potential to be affected. Quarterly Sprinkler Inspection completed on 2/5/25. Re-education to be completed with Maintenance team to ensure quarterly sprinkler inspections are scheduled and completed at a minimum of quarterly. Administrator reached out to Maine Fire Protection to ensure accurate understanding of expectations related to scheduling inspections. Administrator will audit and track compliance for the next 12 months. Audit results will be reviewed through the facility Quality Assurance/Performance Improvement process to ensure substantial compliance is maintained for a period of 12 months. *Compliance Date: March 1, 2025*
K712 S/S=D	Fire Drills The facility failed to conduct the proper number of fire drills during the previous 12 months. The following fire drills for the facility were not completed or missing: 1. 2nd quarter of 2024, third shift, they did do a make-up but the make-up drill on 4/30/24 was on the wrong shift. 2. 3rd quarter of 2024, second shift, they did do a make-up but the make-up drill on 7/11/24 was on the wrong shift.	K712 S/S=D	All residents have the potential to be affected. Fire Drills will be completed per NFPA101 standards on alternate shifts under varying conditions. Fire Drill Calendar developed for each quarter of 2025 to ensure fire drills are completed on alternate shifts and under varying conditions. Director of Ancillary Services to ensure monthly fire drill schedule is followed and ensure fire drills are scheduled on each shift, each quarter. Administrator to ensure fire drill has been completed and compliance is achieved by the 15th day of each quarter allowing for additional days within the month to complete fire drill(s), if needed. Administrator will review Post Fire Drill Evaluation forms monthly X 10 to ensure continued compliance.

	RECEIVED FEB 19 2025 BY:		Audit results will be reviewed through the facility Quality Assurance/Performance Improvement process to ensure substantial compliance is maintained for a period of 12 months. *Compliance Date: March 1, 2025*
K918 S/S=D	Electrical Systems 1. The generator records for weekly inspections, the battery voltage was not recorded on the records.	K918 S/S=D	All residents have the potential to be affected. Generator record log to be updated to include all required documentation per NFPA 110(10), Sec. 8.4.1. including the battery voltage. Re-education to be completed with maintenance team to ensure understanding of new form and requirements per NFPA 110(10), Sec. 8.4.1. Director of Ancillary Services to complete audits weekly X 8 of documentation to ensure compliance. Administrator to randomly review Director of Ancillary Services audits. Audit results will be reviewed through the facility Quality Assurance/Performance Improvement process to ensure substantial compliance is maintained for a period of six months. *Compliance Date: March 1, 2025*

Manufacturer Metal Frame Labels