STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205184	A. BUILDING 01 B. WING	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - SO PARIS	477 HIGH ST SOUTH PARIS, ME 04281

(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: 10/08/2024 Maine Veteran's Home in South Paris, 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 substantial compliance.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey Date of Survey: 10/08/2024 Maine Veteran's Home in South Paris, 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.	K 000		
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	K 918		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amanda Dumont	DNS	10/22/24

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205184	A. BUILDING 01 B. WING	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 918	Continued From page 1 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 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 interview, and generator inspection documentation review during the facility tour, the long-term care facility failed to maintain the Essential Electric System Generator per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, sections 8.3.7., and 5.6.6. and NFPA 99, Healthcare Facilities Code, 2012 edition, section 6.4.1.1.17. Findings: On October 8th, 2024, between 10:00 AM and 1:30 PM, a surveyor, with the Facilities Manager present, observed the following: 1. Emergency Power Supply Systems, including all appurtenant components, shall be inspected weekly. The weekly generator inspection reports	K 918		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205184	A. BUILDING 01 B. WING	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINE VETERANS HOME - SO PARIS	477 HIGH ST SOUTH PARIS, ME 04281

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K 918	Continued From page 2 do not show a voltage conductance test for sealed batteries or an electrolyte specific gravity reading for unsealed automotive batteries. The test is being conducted on the monthly generator checks, but not on the weekly ones.. 2. The remote annunciator panel to the generator in the C-wing nurse's station did not operate when the Maintenance Manager pushed the test button. The surveyor confirmed these findings with the Facilities Manager at the time of the observation.	K 918		

MAINE VETERANS' HOMES – South Paris
PLAN OF CORRECTION

Maine Veterans' Homes submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services, the State of Maine or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.

		The plans of correction address all bullets required under plan of correction. The only exception is the final bullet pertaining to waiver request. We do not request any waivers.	Date
K 918	Electrical Systems-Essential Electrical Systems Maintenance and Testing	1. The facility maintenance system (Tels building management system) has been updated with the line item **Battery test (volts or specific gravity)** on the weekly generator maintenance. This is effective as of 10/14/24. Audits of the weekly generator tests will be performed monthly and reported quarterly to the facility Quality Assurance Improvement Committee (QAPI).	11/20/24 11/20/24
K 918	Electrical Systems-Essential Electrical	2. The facility generator remote annunciator panel will be troubleshoot and repaired by Power Products (Generator Vendor) by 11/20/24.	11/20/24

RECEIVED

BY:

	Systems Maintenance and Testing	The facility maintenance system (Tels building management system) has been updated with a monthly tasking for the **Generator Annunciator Panel (Verify operation)**. This is effective as of 10/18/24.	11/20/24
		Audits will be performed on a monthly basis and reported quarterly to the facility Quality Assurance Improvement Committee (QAPI).	11/20/24

PowerProducts
"THE POWER SOURCE"
a W. W. Williams Company

Portland
432 Warren Avenue
Portland, ME 04103
207-797-5950

*** Customer Review ***
Date / Time: 10/17/2024 10:37:50AM
Repair Order: 401
Customer: 246458
Branch: POR
Invoice Total: $3,110.60
Charge
Page 1 of 1

Bill To: MAINE VETERANS HOME
477 HIGH STREET
ATTN: TRAVIS LABRECQUE
SO. PARIS, ME 04281
Shop: 207-743-6300 Fax: 207-743-7595

Ship To: MAINE VETERANS HOME
ATTN: Travis Labrecque
477 High St
South Paris, ME 04281-6507

RECEIVED
OCT 22 2024
BY:_____

Customer P/O:	Created By	Completion Date:
	jcervone	

Unit Number: 45056737 **Model Year: 2024** **Make/Model: Cummins 175DGFB**
Type:Generator **VIN: 45056737**

Task: 1 28 **Repair Work** **Department: Gen SVC**
Complaint: REPLACE FAILED ANNUNCIATOR PANEL PCB

Supp.	Part	Description / Ref Number		U/M	Quantity	Price	Ext Price
	Freight In	Freight Inbound	Misc		1.00	50.00	50.00
	Supply-Man	Manual Shop Supplies	Misc		1.00	25.00	25.00

Totals

Total Parts:	**$1,765.60**
Total Core Chg:	**$0.00**
Total Core Ret:	**$0.00**
Total EHC:	**$0.00**
Total Labor:	**$1,270.00**
Total Miscellaneous:	**$75.00**
Invoice Subtotal:	**$3,110.60**
Total Tax:	**$0.00**
Invoiced Total:	**$3,110.60**

Payment Method
Charge

This quote is valid for thirty (30) days from the date of the quotation and unless otherwise indicated on the quote, shall automatically expire at such time.

Warranty/Terms and Conditions*
W.W. Williams warrants its workmanship for 90 days after completion of services. Products sold are warranted exclusively by the manufacturer. W.W. Williams expressly disclaims all other warranties, expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose. IN NO EVENT SHALL W.W. WILLIAMS BE LIABLE FOR ANY PUNITIVE, INDIRECT, INCIDENTAL, CONSEQUENTIAL, SPECIAL OR UNKNOWN DAMAGES, INCLUDING BUT NOT LIMITED TO, LOSS OF PROPERTY OR EQUIPMENT, LOSS OF DATA, LOSS OF USE, LOSS OF TIME, LOSS OF REVENUE, LOSS OF PROFIT, OR LOSS OF INCOME. *For complete warranty limitations, disclaimers and detailed Terms and Conditions please see www.williams.com/Terms

Return Policy: Returns must be accompanied by this invoice and in the original, unopened box or packaging. A 15% restocking charge will be applied to all returned items. No returns on electrical items. No returns on special order items. No returns after 30 days from the date of invoice.

Signature: Ken J. Bro, CEO