STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205122	A. BUILDING 01 _____ B. WING _____	10/16/2023

RECEIVED
BY:

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR HILL CENTER	2 FOOTBRIDGE RD BELFAST, ME 04915

(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 10/16/23 Harbor Hill 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.	E 000	Please note that the filing of this Plan of Correction does not constitute any admission as to the alleged violation set forth in this statement of deficiencies. This Plan of Correction is being filed as evidence of the facility's continued compliance with an applicable law.	
K 000	INITIAL COMMENTS Federal Recertification Survey: Survey Date: 10/16/23 Harbor Hill Center, 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 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	K 222		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nancy Hanson — TITLE: Administrator — (X6) DATE: 10/30/23

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 222	Continued From page 1 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 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	K 222		

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K 222	Continued From page 2 automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the Nursing Facility failed to ensure the means of egress was accessible to egress at all times. 19.2.2.2.5.2* Door-locking arrangements shall be permitted where patient special needs require specialized protective measures for their safety, provided that all of the following are met: (1) Staff can readily unlock doors at all times in accordance with 19.2.2.2.6. (2) A total (complete) smoke detection system is provided throughout the locked space in accordance with 9.6.2.9, or locked doors can be remotely unlocked at an approved, constantly attended location within the locked space. (3)*The building is protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.1. (4) The locks are electrical locks that fail safely so as to release upon loss of power to the device. (5) The locks release by independent activation of each of the following: (a) Activation of the smoke detection system required by 19.2.2.2.5.2(2) (b) Water flow in the automatic sprinkler system required by 19.2.2.2.5.2(3) Finding: Based on observation of the surveyor 39983 on 10/16/23 between 10:30 AM and 1:30 PM, in the presence of the Maintenance Director and Supervisor of Maintenance, the following was not met: 1. The door to the folding room next to the laundry room, has a locking hasp installed to lock	K 222	The locking hasp installed on the folding room door located next to the laundry room was removed immediately. The maintenance staff will be inserviced on NFPA 101, 2012 Edition, Egress Doors. The folding room door will be inspected monthly for the next three months and findings will be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) Committee meeting. Administrator/Designee to monitor.	10.16.23

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K 222	Continued From page 3 the door from the outside, not allowing the door to be opened from the inside for egress. The locking device was removed during the inspection. This finding was verified by the Maintenance Director and Supervisor of Maintenance at the time of the observation.	K 222		
K 232 SS=D	Aisle, Corridor, or Ramp Width CFR(s): NFPA 101 Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the Nursing Facility failed to ensure the means of egress was free from all obstructions in 1 of 4 patient areas, per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.3.4. Findings: On 10/16/2023, between 10:30 AM and 1:30 PM, surveyor 39983, with the Supervisor of Maintenance present, observed the following: 1. Med carts are stored in the corridor across from the nurses station located in the skilled nursing wing. Staff members stated the med carts are normally stored there unless the fire alarm goes off.	K 232	1. The med carts stored in the corridor across from the nurses station located in the skilled unit were relocated. 2. The cardboard boxes with curtains and patient slings stored in the corridor across form the oxygen room were removed. Staff will be inserviced on NFPA 101, 2012 Edition, Section 19.2.3.4. The means of egress will be inspected monthly for the next three months and the findings will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor	11.20.23

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K 232	Continued From page 4 2. Cardboard boxes with curtains and patient slings stored in corridor across from oxygen storage room. The surveyor confirmed this finding with the Supervisor of Maintenance at the time of the observation.	K 232		
K 712 SS=F	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 observation and document review and confirmed with the Maintenance Director, the long-term care facility failed to ensure that fire drills were 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 10/17/2023, between 10:30 AM and 2:30 PM, surveyor 47175, with the Maintenance Director present, observed the following:	K 712		

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K 712	Continued From page 5 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. Third quarter of 2023, second shift B. Second quarter of 2023, Second and third shift C. First quarter of 2023, Second shift D. Fourth quarter of 2022, Second and third shift The surveyor 47175 confirmed this finding with the Maintenance Director at the time of the observation.	K 712	Fire Drills will be held at expected and unexpected times under varying conditions at least quarterly on each shift. A fire drill schedule has been created to ensure drills are held at expected and unexpected times. The Senior Maintenance Director will inservice the Maintenance Supervisor on the requirements of NFPA 101, 2012 Edition, 19.7.4 through 19.7.1.7. The training will be documented on the centers Inservice form and placed in the employee's training record. The inservice will be completed by 10.27.23. Fire drills will be reviewed monthly for the next three months and findings will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor.	11.20.23
K 754 SS=D	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Based on observations and within the presence	K 754		

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K 754	Continued From page 6 of the Maintenance Director, the Nursing Facility failed to ensure that trash cans were stored properly. NFPA 101 Life Safety Code, 2012 edition. 19.7.5.7 Soiled Linen and Trash Receptacles, (1) The average density of container capacity in a room or space shall not exceed 0.5 gal/ft2 (20.4 L/m2). (2) A capacity of 32 gal (121 L) shall not be exceeded within any 64 ft2 (6 m2) area. Finding: Based on observation of the surveyor 39983 on 10/16/23 between 10:30 AM and 1:30 PM, in the presence of the Supervisor of Maintenance, the following was not met: 1. Trash cans located outside of resident rooms 104 and 105 in corridor. This finding was verified by the Supervisor of Maintenance at the time of the observation.	K 754	The trash cans located outside of resident rooms 104 & 105 have been relocated. Staff will be inserviced on NFPA 101, 2012 Edition, Section 19.7.5.7, Soiled Linen & Trash Receptacles. Corridors will be inspected monthly for the next three months and findings will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor.	11.20.23
K 920 SS=D	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	K 920		

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K 920	Continued From page 7 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 observations and interview, the Nursing Facility failed to ensure appliances were plugged in directly to a wall outlet by using an extension cord per NFPA 99, 2012 edition, 10.2.3.6, 10.2.4, NFPA 70, 400-8, 590.3(D) Findings: Based on observation of the surveyor 39983 between 10:30 AM and 1:45 PM on 10/16/23, in the presence of the Supervisor of Maintenance, the following was not met: 1. A portable air conditioner located in the nurses station is plugged into an extension cord that runs under the med room door plugged into an outlet in the med room. This finding was verified by the Supervisor of Maintenance at the time of the observation.	K 920	The extension cord powering the portable air conditioner located at the nurses station was removed. Staff will be inserviced on NFPA 99, 2012 Edition, Sections, 10.2.3.6, 10.2.4, NFPA 70, 400-9, 590.3(D). Nurses station will be inspected monthly for the next three months and findings will be reviewed at the monthly QAPI Committee meeting.	11.20.23