STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205064	A. BUILDING **01** B. WING _____	**04/15/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSS MANOR	**758 BROADWAY** **BANGOR, ME 04401**

(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: 04/15/25 Ross Manor, 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		
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 04/15/2025 Ross Manor, 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 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview the long-term care facility failed to ensure that exit discharges provide a level walking surface with respect to changes in elevation and shall be maintained free of obstructions in accordance with NFPA 101, Life Safety Code, 2012 edition,	K 271		

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 271	Continued From page 1 Sections 7.1.6, 7.7, and 19.2.7. Findings: On 04/15/2025, between 9:00 AM and 1:00 PM, a surveyor, with the Maintenance Supervisor, observed the following: 1. The exit discharge from the Laurel LTC 300 wing to the public way is uneven with a sag in the pavement. Interview with the Maintenance Director revealed that the sag is caused by a pipeline running under the walkway. This rounded sag is approximately 2 inches deep and is a trip hazard. 2. The paved exit discharge from Waterman Wing to the public way is cracked and has a hole that is 2 inches deep and 2 inches wide with a length of 3 inches. This poses a trip hazard during an emergency evacuation. 3. The exit discharge from Laurel LTC to the puplic way is under water. The depth of the water is approximately 3 inches deep in the deepest part. Fording water doesn't make teh exit slip resistant and free of obstructions. The surveyor confirmed these findings with the Maintenance Director at the time of observation and at the exit interview on 04/15/2025, between 9:00 AM and 1:00 PM.	K 271		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour	K 321		

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K 321	Continued From page 2 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 the long-term facility failed to ensure that hazardous areas are protected to resist the passage of smoke per NFPA 101, Life Safety Code, 2012 edition, Section 19.3.2.1 Findings: On 04/15/2025, between 9:00 AM and 1:00 PM, the surveyors, with the Maintenance Director present, identified the following:	K 321		

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K 321	Continued From page 3 1. Waterman soiled linen storage room has a penetration behind the gray wire track and flexible conduit track in the 1-hour rated fire wall. An interview with the maintenance director revealed that there are wires and fleixible conduit behind the gray metal covering during our discussion. The Mainenance Director confirmed my finding when I showed him with my flashlight. See the enclosed photo. 2. The 176 square foot 1-hour rated storage room called the Brief Room by the entrance to Waterman wing has an unfirestopped wire penetration on the wall. The surveyor confirmed these findings with the Maintenance Director at the time of the observation and during the exit interview on 04/15/2025, between 9:00 AM and 1:00 PM	K 321		
K 341 SS=E	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8	K 341		

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K 341	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the proper height for the operable part of the Manually Actuated Alarm-Initiating Devices throughout the facility per NFPA 101, Life Safety Code, 2012 edition, sections 19.3.4.2.1, and 9.6.2.5 and NFPA 72, National Fire Alarm and Signaling Code, 2010 edition, Section 17.14.4 Findings: On 04/15/2025, between 09:00 AM and 1:00 PM, the surveyors, with the Maintenance Director present identified the following Manually Actuated Alarm-Initiating Devices, (Pull Stations) with the operable part of each device higher than 48 inches above the floor level. The Maintenance Director was present while each of pull station's heights were verified with the surveyors tape measure and laser measuring device. 1. The education room pull station operable part is 50 1/4 inches above the floor. 2. The operable part of the pull station #12.004by Waterman Room 717 is 50 1/2 inches above the floor. 3. The Waterman Lobby pull station operable part is 50 inches above the floor. 4. The Waterman former ramp exit operable part of the pull station is 49 ½ inches above the floor. 5. The Waterman wing pull station operable part by the soiled linen is 50 ½ inches above the floor. 6. The operable part of the pull station by the loading dock is 52 ½ inches above the floor.	K 341		

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K 341	Continued From page 5 7. The operable part of the pull station by Room 509 is 50 ¾ inches above the floor. 8. The operable part of the pull station by the Director of Nursing office is 50 ¾ inches above the floor. 9. The operable part of the pull station by the exit to the outside rec yard in the Williams Skilled wing is 50 ½ inches above the floor. 10. The operable part of the pull station at the main entrance in the Williams Skilled wing is 50 ½ inches above the floor. 11. The operable part of the pull station in the Occupational Therapy in the Williams Skilled wing is 50 ½ inches above the floor. 12. The operable part of the pull station at the physical Therapy room in the Williams Skilled wing is 52 3/4 inches above the floor. These findings were verified by the Maintenance Director at the time of observation and the exit interview on 04/15/2025, between 9:00 AM and 1:00 PM.	K 341		
K 351 SS=E	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	K 351		

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K 351	Continued From page 6 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 install water-based fire protection systems in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 edition, Section 8.15.7.1. Findings: Observation and interview with the Maintenance Director present on 04/15/2025 between 09:00 AM and 1:00 PM identified that sprinklers are not installed under all exterior roofs, canopies, porte-cocheres, balconies, decks, or similar projections exceeding four feet. The measurments were acknowledged by the Maintenance Director at the time of the observation in all three findings. 1. The projection of the outside roof that is connected to the combustible building at the end of the Laurel/ LTC 500 wing extends 49 inches from the building siding to the end of the projection and it has no sprinkler protection. 2.The projection of the outside roof that is connected to the combustible building at the end of the Waterman skilled wing by room 708 extends 49 inches from the building siding to the end of the projection and it has no sprinkler protection.	K 351		

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K 351	Continued From page 7 3.The projection of the outside roof that is connected to the combustible building at the end of theWaterman skilled wing by room 718 extends 49 inches from the building siding to the end of the projection and it has no sprinkler protection. These findings were acknowledged by the Maintenance Director at the time of observation, and at the exit interview on 04/15/2025 between 09:00 AM and 1:00 PM	K 351		
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 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the long-term care facility failed to ensure that	K 353		

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K 353	Continued From page 8 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, 2011 edition, sections 5.3.1.1.1, and 13.4.4 Findings: On 04/15/2025, between 09:00 AM and 1:00 PM, with the Maintenance Director present, observed the following: 1. According to the Sprinkler inspection certificate dated 04/10/2025 by Maine Fire, sample dry head sprinklers shall be submitted to a recognized testing laboratory and replace the removed heads with new dry heads after they have been in service for 50 years. Interview with the Maintenance Director provided a signed proposal with Maine Fire. Further interview with the Maintenance director revealed that Maine Fire is scheduled to perform the test on May 9th, 2025. 2. The quick opening device/ accelerator is damaged and worn according to the sprinkler inspection certificate dated 04/10/2025. Interview with the Maintenance Director and witnessing a phone call to Maine Fire revealed that the QOD is going to be replaced at the same time as the sprinkler head testing on May 9th, 2025. These findings were acknowledged by the Maintenance Director at the time of observation and the exit interview on 04/15/2025, between 9:00 AM and 1:00 PM.	K 353		
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101	K 355		

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K 355	Continued From page 9 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, the long-term care facility failed to install portable fire extinguishers and applicable accessories in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 edition, Sections 5.5.5.3, and 6.1.3.8.3, as referenced by NFPA 101, Life Safety Code 2012 edition, Sections 19.3.5.12, and 9.7.4.1. Findings: On 04/15/2025, between 09:00 AM and 1:00 PM, with the Maintenance Director present, observed the following: 1. A placard shall be conspicuously placed near the class K extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher. There is no placard installed near the class K extinguisher in the kitchenette in the Waterman wing. 2. A placard shall be conspicuously placed near the class K extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher. There is no placard installed near the class K extinguisher in the kitchenette in the Laurel LTC wing. 3. A placard shall be conspicuously placed near the class K extinguisher that states that the fire	K 355		

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K 355	Continued From page 10 protection system shall be activated prior to using the fire extinguisher. There is no placard installed near the class K extinguisher in the kitchenette in the Occupational Therapy room. 4. The fire extinguisher in the sprinkler room by the generator is 3 inches off the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 inches. 5. The fire extinguisher in the electrical room by the loading dock is 3 inches off the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 inches These findings were acknowledged by the Maintenance Director at the time of observation and the exit interview on 04/15/2025, between 9:00 AM and 1:00 PM..	K 355		
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	K 363		

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K 363	Continued From page 11 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 REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to maintain the corridor doors to resist the passage of smoke to and from the corridor as referenced by NFPA 101, Life Safety Code 2012 edition, Section 19.3.6.3. Finding: Observation and interview during a facility tour with the Management Director present on 04/15/2025, between 09:00 AM and 1:00 PM identified: 1. The door frame in Resident room 504 is bent upwards at the top. This has created a gap	K 363		

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K 363	Continued From page 12 between the top center of the door and the door frame that measured 11/16 of an inch. This damage makes the door and frame assembly not resist the passage of smoke. An interview with the Maintenance Director revealed that the maintenance department did not know the door frame was damaged or how it happened. The surveyor confirmed this finding with the Maintenance Director at the time of the observation and during the exit interview on 04/15/2025, between 09:00 AM and 1:00 PM	K 363		
K 761 SS=F	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 interview and documentation review, the long-term care facility failed to conduct an annual fire door inspection that ensures that all fire rated doors and hardware are inspected, tested, and maintained by individuals performing the door inspections that possess knowledge,	K 761		

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K 761	Continued From page 13 training or experience that demonstrates ability in accordance with NFPA 80, Standard for Fire Door and Other Opening Protectives, 2010 edition, Section 5.2.3.1 as referenced by NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.6, and 8.3.3.1 Finding: Documentation review and interview during a facility tour with the Administrator and Director of Environmental Services present on 04/15/2025, between 09:00 AM and 1:00 PM identified: 1. The facility had no documentation that the doors had been inspected by a trained employee or a qualified outside vendor in the last year. I compared the name on the most recent fire door report done in May of 2024 and found it to be the current Maintenance Director. I asked him if he has any documentation of training, knowlege or experience regarding the inspection of fire doors and the Maintenance Director told me that," They want me to get one, but I still haven't." The surveyor confirmed this finding with the Maintenance Director at the time of the observation and during the exit interview on 04/15/2025, between 09:00 AM and 1:00 PM	K 761		
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by	K 914		

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	205064	A. BUILDING **01** B. WING _____	**04/15/2025**

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K 914	Continued From page 14 documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on documentation review and interview, the facility failed to ensure that the inspection of receptacles not listed as hospital-grade at resident bed locations are tested at intervals not exceeding 12 months in accordance with NFPA 99, Healthcare Facilities Code, 2012 edition, Sections 6.3.3.2.4., and 6.3.4.1.3. Finding: On 04/15/2025, between 09:00 AM and 1:00 PM, the surveyors, with the Maintenance Director present, identified the following: 1. The annual testing of the non-hospital grade receptacles in resident bed locations could not be verified through documentation for the calendar year of 2024, or 2025. The only documentation is for the testing of GFCI in the resident room bathrooms. The columns for the required testings for non hospital grade receptacles are blank on	K 914		

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K 914	Continued From page 15 sheet. There is no documentation showing the testing for physical integrity, grounding circuit continuity, correct polarity of the hot and neutral connections, or retention force of the grounding blade in the receptacle inspection sheets. An interview with the Maintenance Director while looking at the documentation revealed that the only receptacles inspected are the GFCI ones. See submitted copies of the sheets. This deficient practice could pose an electrical hazard to all residents, visitors, and members of facility staff in these locations. This finding was verified by the Maintenance Director at the time of the documentation review and the exit interview on 04/15/2025, between 09:00 AM and 1:00 PM	K 914		
K 918 SS=F	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	K 918		

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K 918	Continued From page 16 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 observation, and 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 8.1.1, 8.3.7., 8.3.8, and 8.4.1, and NFPA 99, Healthcare Facilities Code, 2012 edition, section 6.4.4.1.1.3.This deficient practice could affect the patients/residents, visitors, and members of facility staff in this location. Findings: Review of documentation and interview with the Maintenance Director present on 04/15/2025 between 09:00 AM and 1:00 PM identified the following deficiencies: 1. Emergency Power Supply Systems, including all appurtenant components, shall be inspected	K 918		

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K 918	Continued From page 17 weekly. There are no weekly generator inspections being conducted or documented. An interview with the Maintenance Director verified that the only documentation of the generator inspections are done with the monthly load testing. The document regarding the Inspection and testing of emergency generators from the CMS website was provided to the maintenance Director at the time of documentation review. 2. The monthly inspection sheets are missing the following information: identification information of the generator, the date it was placed in service, kW rating of the generator, and fuel type. 3. No documentation showing an annual fuel quality test was provided on the generator testing and maintenance documentation. A fuel quality test shall be performed at least annually using appropriate ASTM standards or the manufacturer's recommendations. During the facility tour, the generator received it's service. The Maintenance Director advised the surveyors that the annual fuel test will be part of the inspection conducted today. 4. All generating stations shall have a labeled remote manual stop device on the premises where the prime mover is located outside the building, outside of the generator housing. The only switch to shut off the generator is a toggle switch on the inside of the generator compartment on the control panel. The generator service technician and the Maintenance Director verified that there is no other device to turn off the generator. These findings were verified by the Maintenance Director at the time of observation,	K 918		

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K 918	Continued From page 18 documentation review, and at the exit interview on 04/15/2025 between 09:00 AM and 1:00 PM.	K 918		
K 920 SS=F	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, the long-term care facility failed to ensure that power strips are not used for non-PCREE (Patient-care-related electrical equipment) and that power strips are not used as a substitute for fixed wiring in accordance with NFPA 99 Healthcare Facilities Code, 2012 edition, Section	K 920		

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K 920	Continued From page 19 10.2.4.2.1, and NFPA 70, National Electrical Code, 2011 edition, chapter 400.8(1). Finding: Observation and interview with the Maintenance Director present on 04/15/2025 between 09:00 AM and 1:00 PM identified 1. The Ace Grounded 6 outlet adapter converts two grounded outlets to six grounded outlets, so this would be considered a power strip device. These adapters are mounted to the outlets as an addition to the building's fixed wiring. An interview with the Maintenance Director claims that these adapters are UL listed but no documentation for the specific listing for patient care areas was produced. These Ace Grounded 6 outlet adapters were observed throughout the facility in resident care rooms in vicinity to the bed. The locations and presence of these Ace Grounded 6 outlet adapters was acknowleged by the Maintenance Director. This finding was acknowleged by the Maintenance Director at the time of observation, on 04/15/2025 between 09:00 AM and 1:00 PM.	K 920		