

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205004	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2024
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NAME OF PROVIDER OR SUPPLIER HIBBARD SKILLED NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1037 WEST MAIN STREET DOVER FOXCROFT, ME 04426
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(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
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E 000 Initial Comments

E 000

Federal Recertification Survey
Survey Date: 7/9/24

Hibbard Skilled Nursing & Rehab, 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.

K 000 INITIAL COMMENTS

K 000

Federal Recertification Survey
Survey Date: 7/9/24

Hibbard Skilled Nursing & Rehab, 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.

K 222 Egress Doors
SS=D CFR(s): NFPA 101

K 222

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 resident's had the potential to be
affected
A facility audit showed that no other
locks with this problem existed
The code for both external gate
locks was posted on the key pad in
a visible area.
Corrected on 7/17/24

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BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

7/22/24

(X6) DATE

7/22/24

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

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K 222	Continued From page 1 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 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	K 222				

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K 222	Continued From page 2 door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to ensure that doors at the means of egress meet the requirements of NFPA 101 life safety code 2012 edition sections 7.2.1.5.3 under requirements for door locks, latches, and alarm devices. Finding: On 7/9/2024, between 9:00 AM and 12:30 PM, a surveyor, with the Administrator present, observed the following: 1. Two gates in the outdoor courtyard are equipped with keypad activated locks on the egress side. The facility is required to have the code posted for the keypad activated locks in a conspicuous location to allow for exiting without assistance from an employee. The surveyor confirmed these findings with the Administrator at the time of observation.	K 222				
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) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity	K 920	All residents had the potential to be affected by this practice. An audit of other offices in the building was completed to ensure other appliances were not plugged into power strips. In the DON's office, the A/C was unplugged. This AC will not be plugged back into a power strip. The DON is on vacation for the next 10 days. If the AC is still required at that time the AC will be plugged directly into the wall.			

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K 920	Continued From page 3 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 Chapter 10, NFPA 70 chapter 4 {400.8(1)} On 07/09/24, between 9:00 AM and 11:30 AM, surveyor 39983, with the Administrator present observed the following: 1. In the Director of Nursing office, an air conditioner was found plugged into a power strip as a permanent power source. 2. In the Director of Skilled Services office, a microwave, printer, air conditioner, and coffee maker were found, plugged into a power strip as a permanent power source.	K 920	In the skilled Nurse Manager's office, the AC was unplugged from the power strip. The microwave and coffee maker were moved to where they could be plugged directly into the wall outlet. The AC will be plugged directly into a wall outlet if used in the future. Completion date: 7/19/2024		

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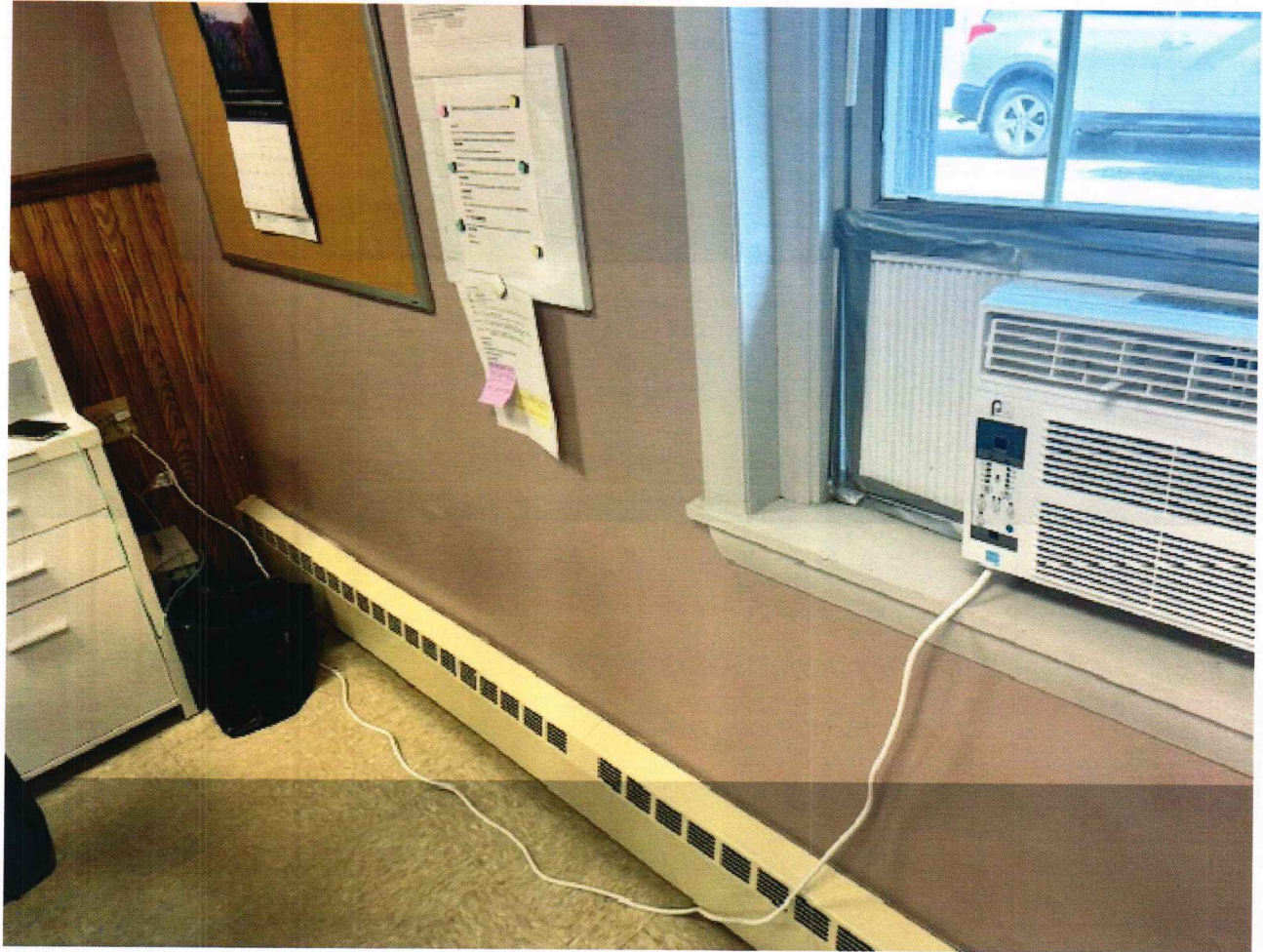
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K 920	Continued From page 4 The surveyor 39983 confirmed this finding with the Administrator at the time of the observation.	K 920				

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