STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205004	A. BUILDING 01 B. WING _____	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIBBARD SKILLED NURSING & REHABILITATION CENTER	1037 WEST MAIN STREET DOVER FOXCROFT, ME 04426

(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: 06/03/2025 Hibbard Skilled Nursing and Rehabilitation 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 for Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey Date of Survey 06/03/2025 Hibbard Skilled Nursing & Rehabilitation Center, 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 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observations with the Director of Facilities and the Maintenance Employee present, the facility failed to maintain the means of egress is continuously maintained free of all obstructions to full use in case of emergency in accordance	K 211		

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 211	Continued From page 1 with National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition, sections 19.2.1, 7.1.10.1, 7.1.5 Finding include: On 06/03/2025, between 10:00 AM and 3:00 PM, a surveyor, with the Operations Consultant, Administrator, and the Maintenance Employee present observed the following 1. The exit signs in the basement level corridor are installed at 6 feet, 6 inches in height to the bottom of the sign instead of the required minimum 6 feet, 8 inches required by the life Safety Code in the following locations. a. by the maintenance shop, b. by the staff development office, c. by the computer desk area in the corridor. The surveyor confirmed this finding with the Operations Consultant, Administrator, and the Maintenance Employee at the time of the observation, and with the administrator and the Maintenance Employee at the time of the exit interview on 06/03/2025, between 10:00 AM and 3:00 PM. Federal Recertification Survey Date: 06/03/2025 Based on observation, the long term care facility failed to maintain exit corridor width per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.2 through 19.2.11, 19.2.1, 7.1.10.1 Findings: On 06/03/2025, between 10:00 AM and 3:00 PM,	K 211		

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K 211	Continued From page 2 this surveyor, with the Administrator, Operations Consultant and Maintenance Employee present, observed the following: 1. The exit access corridor located in B Wing has 2 Blood Pressure/Pulse measuring devices plugged into the wall and stored in the corridor. The devices have been removed from the corridor at the time of the facility tour. This finding was confirmed by this surveyor, Administrator, Operations Consultant and Maintenance Employee at the time of observation . 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 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)	K 211		
K 321 SS=D		K 321		

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K 321	Continued From page 3 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: Federal Recertification Survey Date: 06/03/2025 Based on observation, the facility failed to ensure that hazardous areas are protected per the requirements of NFPA 101 2012 edition by a fire barrier having 1-hour fire resistance rating (with 3/4 hour 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. Findings: On 06/03/2025 between hours of 10:00 AM and 3:00 PM. this surveyor accompanied with Administrator, Operations Consultant and Maintenance Employee observed the following: 1. A power wheelchair was being charged in the solarium one which is open to the corridor. Rooms with battery charging are higher hazard and require separation with a 1-hour barrier or a smoke partition and sprinkler coverage. 2. A power wheelchair was being charged in the	K 321		

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K 321	Continued From page 4 salon area which is open to the corridor. Rooms with battery charging are higher hazard and require separation with a 1-hour barrier or a smoke partition and sprinkler coverage. The surveyor confirmed this finding with the Administrator, Operations Consultant and Maintenance Employee at the time of the observation. Based on observation, the facility failed to ensure that hazardous areas were safeguarded in accordance with NFPA 101, Life Safety Code, section 8.3.5. This deficient practice could affect the residents, visitors, and members of facility staff in this location. Deficient practices have the potential of allowing the passage of smoke and/or fire from the hazardous area into adjacent areas. Findings: On June 06, 2025, between 10:00 AM and 3:00 PM surveyors, with the Administrator, and the Operations Consultant present, observed the following: 1. Ceiling in the boiler room was penetrated by electrical wire conduit that was not protected by a firestopping system in accordance with NFPA 101 Life Safety Code, 2012 edition, section 8.3.5. Penetrations have the potential of allowing the passage of smoke and/or fire into adjacent areas. These findings were verified by the Administrator at the time of observation and exit interview.	K 321		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities	K 324		

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K 324	Continued From page 5 Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to protect the commercial cooking operations in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 edition Section 12.1.2.2, as referenced by NFPA 101, Life Safety Code, 2012 edition, Section 19.3.2.5.1, and 9.2.3. This deficient practice could affect the kitchen area of the facility by having a commercial cooking assembly that is not properly in place under the extinguishing system.	K 324		

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K 324	Continued From page 6 Finding: On 06/03/2025, between 10:00 AM and 3:00 PM, a surveyor, with the Operations Consultant, Administrator, and the Maintenance Employee present observed the following: 1.When commercial cooking appliances are on wheels, an approved method of marking the precise location for the appliance to be installed to ensure it is properly protected by the extinguishing system shall be applied. An approved method shall ensure that the appliance is returned to its position before cooking takes place. There was no method to mark the correct placement of the appliance in case it gets moved. The surveyor confirmed this finding with the Operations Consultant, Administrator, and the Maintenance Employee at the time of the observation, and with the administrator and the Maintenance Employee at the time of the exit interview on 06/03/2025, between 10:00 AM and 3:00 PM.	K 324		
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.	K 341		

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K 341	Continued From page 7 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 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 06/03/2025, between 10:00 AM and 3:00 PM, a surveyor, with the Operations Consultant, Administrator, and the Maintenance Employee present observed the following Manually Actuated Alarm-Initiating Devices, (Pull Stations) with the operable part of each device higher than 60 inches above the floor level. 1.The dining room pull station operable part height is 62 inches above the floor. 2. The main entrance operable part height is 61.75 inches above the floor. 3. The B wing operable part height is 62 inches above the floor 4. The A wing operable part height is 62 inches above the floor. 5. The operable part height is 62 inches above the floor by the employee payroll time clock. 6. The operable part height is 62 inches above	K 341		

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K 341	Continued From page 8 the floor by resident room #47. 7. The operable part height is 61.75 inches above the floor at the main entrance. 8. The operable part height is 61.25 inches above the floor by the social services office. 9. The operable part height is 62.25 inches above the floor in Tramel Dining. 10. The operable part height of three pull stations is 62 inches above the floor in the special care wing. 11. The operable part height is 62 inches above the floor The surveyor confirmed this finding with the Operations Consultant, Administrator, and the Maintenance Employee at the time of the observation, and with the administrator and the Maintenance Employee at the time of the exit interview on 06/03/2025, between 10:00 AM and 3:00 PM.	K 341		
K 351 SS=D	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 of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as	K 351		

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K 351	Continued From page 9 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, the long-term care facility failed to install the water-based fire protection system throughout the premises in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 edition, Sections 7.2.6.5.1 as referenced by NFPA 101, Life Safety Code, 2012 edition, Section 19.3.5. Findings: On 06/03/2025, between 10:00 AM and 3:00 PM, this surveyor, with the Administrator and Operations Consultant present observed the following: 1. Compressor used for sprinkler systems shall be listed for sprinkler use.The facility has a seperate temporary air compressor installed and attached to the dry sprinkler system. Interview with the Adminstrator and Operations Consultant it was indicated that the current compressor was not able to maintain the required air pressure for the system. While in the presence of this surveyor, the Operations Consultant called the sprinkler vendor and was advised a replacement compressor is on order and that the vendor would have a contract sent to the facility to be signed by both parties. The surveyor confirmed these findings with the Adminstrator and Operations Consultant at the time of the observation and during the exit	K 351		

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K 351	Continued From page 10 interview. Based on observation, the facility failed to meet the requirements of the National Fire Protection Association (NFPA) 1 2012 Edition 13.3.3.3 Findings: On June 06, 2025, between 10:00 AM and 3:00 PM, surveyors, with the Maintenance Employee present, observed the following: 1. The ceiling in the activities storage room had a damaged ceiling tile that left half of the tile open to areas beyond the smoke barrier enclosure. This deficient condition has the potential of allowing the passage of smoke and/or heat into adjacent areas. This was verified by the surveyor, Administrator and Maintenance Employee at the time of observation and in the exit interview.	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 _____	K 353		

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K 353	Continued From page 11 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, the long-term care facility failed to maintain the water-based fire protection system piping free of external loads in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 edition, Section 5.2.2.2. as referenced by NFPA 101, Life Safety Code, 2012 edition, Section 19.3.5.1 and 9.7.5. Finding: On 06/03/2025, between 10:00 AM and 3:00 PM, a surveyor, with the Operations Consultant, Administrator, and the Maintenance Employee present observed the following: 1. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hanging from the pipe. The sprinkler piping in the attic has cables ziptied to the pipes by the 1-hour fire rated smoke barrier wall above the A wing. The surveyor confirmed this finding with the Operations Consultant, Administrator, and the Maintenance Employee at the time of the observation, and with the administrator and the Maintenance Employee at the time of the exit	K 353		

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K 353	Continued From page 12 interview on 06/03/2025, between 10:00 AM and 3:00 PM.	K 353		
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Federal Recertification Survey Date: 06/03/2025 Based on observation, the long term care facility failed to maintain compliance with the 2012 NFPA 101 Life Safety Code Section 19.3.6.2-19.3.6.5 19.2.5.7.1.2. Findings: During a survey on 06/03/2025 between the hours of 10:00 AM and 3:00 PM, the surveyor with the Administrator, Operations Consultant and Maintenance Employee observed the following: 1. There are unsealed penetrations of cable wires and category 5 wires located in the 1-hour	K 372		

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K 372	Continued From page 13 smoke barrier wall separating the lobby area and the dining hall area. 2. There are unsealed of penetrations of electrical wire a conduit and a small 1/2 hole located in the 1-hour smoke barrier wall separating the lobby area and A wing. 3. There are unsealed penetrations of electrical wire and conduit located in the 1-hour smoke barrier wall separating the lobby area and B wing. 4. There is a penetration located in the attic area located between the lobby and dining hall area that is not fully sealed by firestopping material and appears to also have spray foam inside it as well These findings were confirmed by the surveyor, The Administrator, Operations Consultant and Maintenance Employee at the time of observation.	K 372		
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	K 761		

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	205004	A. BUILDING 01 B. WING _____	06/03/2025

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K 761	Continued From page 14 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, training or experience that demonstrates ability in accordance with NFPA 80, Standard for Fire Door and Other Opening Protectives, 2010 edition Section 5.2 as referenced by NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.6, and 8.3.3.1 Finding: On 06/03/2025, between 10:00 AM and 3:00 PM, a surveyor, with the Operations Consultant, Administrator, and the Maintenance Employee present observed the following: 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. No documentation of training, knowledge, or experience could be provided with the annual fire door report. The Operations Consultant called the employee that conducted the door inspections and he stated that he did the NFPA 80 course, but didn't know where the certification is. The employee was not on site at the time of the inspection. The surveyor confirmed this finding with the Operations Consultant, Administrator, and the Maintenance Employee at the time of the observation, and with the administrator and the Maintenance Employee at the time of the exit interview on 06/03/2025, between 10:00 AM and	K 761		

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K 761	Continued From page 15 3:00 PM.	K 761		
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to meet the requirements of NFPA 70, National Electrical Code, 2011 edition, Section 314.25, as referenced by NFPA 99, Healthcare Facilities Code, 2012 edition, section 6.3.2.1. Findings: On June 06, 2025, between 10:00 AM and 3:00 PM surveyors, with the Administrator, present, observed the following: 1. In the boiler room an electrical box was observed with no cover and wires exposed. This observation was acknowledged by the Administrator at the time of observation and at the exit conference.	K 911		
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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K 914	Continued From page 16 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 the facility, failed to ensure that inspect the retention force of receptacles not listed as hospital-grade are tested at intervals not exceeding 12 months in accordance with NFPA 99, Healthcare Facilities Code, 2012 edition, Section 6.3.3.2.. Finding: On 06/03/2025, between 10:00 AM and 3:00 PM, a surveyor, with the Operations Consultant, Administrator, and the Maintenance Employee present observed the following: 1. No documentation of the annual testing of the non-hospital grade receptacles could be provided at the time of the survey. No section of the receptacles binder referenced the physical integrity of each receptacle, continuity of the grounding circuit, correct polarity of the hot and neutral connections, and the retention force of the	K 914		

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K 914	Continued From page 17 grounding blade of each electrical receptacle. The only documentation for receptacles testing was the monthly inspection of the GFI outlets. The surveyor confirmed this finding with the Operations Consultant, Administrator, and the Maintenance Employee at the time of the observation, and with the administrator and the Maintenance Employee at the time of the exit interview on 06/03/2025, between 10:00 AM and 3:00 PM.	K 914		
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	K 918		

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K 918	Continued From page 18 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, the long-term care facility failed to install a remote emergency shut-off device per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 5.6.5.6 and NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.4. Finding: On 06/03/2025, between 10:00 AM and 3:00 PM, a surveyor, with the Operations Consultant, Administrator, and the Maintenance Employee present observed the following: 1. During the facility tour, no labeled remote emergency stop device was located outside the generator. When asked regarding the location of the emergency stop device, the Operations Consultant stated the he didn't think that there was one. 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 surveyor confirmed this finding with the	K 918		

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K 918	Continued From page 19 Operations Consultant, Administrator, and the Maintenance Employee at the time of the observation, and with the administrator and the Maintenance Employee at the time of the exit interview on 06/03/2025, between 10:00 AM and 3:00 PM.	K 918		
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 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: Federal Recertification Survey Date: 06-03-2025	K 920		

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K 920	Continued From page 20 Based on observation, 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 06/03/2025, between 10:00 AM and 3:00 PM, this surveyor, with the Administrator, and Operations Consultant present observed the following: 1. In the Social Services Office located in the Annex portion of the building, a refrigerator was plugged into a powerstrip. 2. In the breakroom located in the basement, an air conditioner was plugged into a powerstrip. 3. In Patient room 49, a six outlet box was found to be plugged into the wall that did not have any markings stating it was hospital grade. The surveyor confirmed this finding with the Administrator and Operations Consultant at the time of the observation.	K 920		