STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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: 08/13/2024 Coastal Manor, 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.	E 000		
E 037 SS=F	EP Training Program CFR(s): 483.73(d)(1) §403.748(d)(1), §416.54(d)(1), §418.113(d)(1), §441.184(d)(1), §460.84(d)(1), §482.15(d)(1), §483.73(d)(1), §483.475(d)(1), §484.102(d)(1), §485.68(d)(1), §485.542(d)(1), §485.625(d)(1), §485.727(d)(1), §485.920(d)(1), §486.360(d)(1), §491.12(d)(1). *[For RNCHIs at §403.748, ASCs at §416.54, Hospitals at §482.15, ICF/IIDs at §483.475, HHAs at §484.102, REHs at §485.542, "Organizations" under §485.727, OPOs at §486.360, RHC/FQHCs at §491.12:] (1) Training program. The [facility] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and	E 037	See Attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

X [signature] | Administrator | 9-13-24

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
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 037	Continued From page 1 procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures. *[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles. (ii) Demonstrate staff knowledge of emergency procedures. (iii) Provide emergency preparedness training at least every 2 years. (iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others. (v) Maintain documentation of all emergency preparedness training. (vi) If the emergency preparedness policies and procedures are significantly updated, the hospice must conduct training on the updated policies and procedures. *[For PRTFs at §441.184(d):] (1) Training program. The PRTF must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) After initial training, provide emergency preparedness training every 2 years. (iii) Demonstrate staff knowledge of emergency	E 037	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 037	Continued From page 2 procedures. (iv) Maintain documentation of all emergency preparedness training. (v) If the emergency preparedness policies and procedures are significantly updated, the PRTF must conduct training on the updated policies and procedures. *[For PACE at §460.84(d):] (1) The PACE organization must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Demonstrate staff knowledge of emergency procedures, including informing participants of what to do, where to go, and whom to contact in case of an emergency. (iv) Maintain documentation of all training. (v) If the emergency preparedness policies and procedures are significantly updated, the PACE must conduct training on the updated policies and procedures. *[For LTC Facilities at §483.73(d):] (1) Training Program. The LTC facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of all emergency	E 037	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 037	Continued From page 3 preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. *[For CORFs at §485.68(d):](1) Training. The CORF must do all of the following: (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency plan within 2 weeks of their first workday. The training program must include instruction in the location and use of alarm systems and signals and firefighting equipment. (v) If the emergency preparedness policies and procedures are significantly updated, the CORF must conduct training on the updated policies and procedures. *[For CAHs at §485.625(d):] (1) Training program. The CAH must do all of the following: (i) Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected	E 037	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 037	Continued From page 4 roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and procedures are significantly updated, the CAH must conduct training on the updated policies and procedures. *[For CMHCs at §485.920(d):] (1) Training. The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least every 2 years. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long term care facility failed to provide Emergency Preparedness training annually in accordance with 42 CFR 483.73 Finding: Based on interview and documentation review on 08/13/2024, between the hours of 10:15 AM and 2:45 PM, this surveyor accompanied with the Maintenance Director observed the following: 1. The was no evidence in the emergency preparedness training was provided to contract staff that is required in accordance with the plan	E 037	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 037	Continued From page 5 for staff training and testing of the emergency preparedness plan. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	E 037		
E 039 SS=F	EP Testing Requirements CFR(s): 483.73(d)(2) §416.54(d)(2), §418.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.102(d)(2), §485.68(d)(2), §485.542(d)(2), §485.625(d)(2), §485.727(d)(2), §485.920(d)(2), §491.12(d)(2), §494.62(d)(2). "[For ASCs at §416.54, CORFs at §485.68, REHs at §485.542, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FQHCs at §491.12, and ESRD Facilities at §494.62]: (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or	E 039	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 039	Continued From page 6 functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. *[For Hospices at 418.113(d):] (2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following: (i) Participate in a full-scale exercise that is community based every 2 years; or (A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section	E 039	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 039	Continued From page 7 is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed	E 039	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 039	Continued From page 8 messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed. *[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):] (2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared	E 039	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING _____	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 039	Continued From page 9 questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the [facility's] emergency plan, as needed. *[For PACE at §460.84(d):] (2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE organization must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the PACE experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions	E 039	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 039	Continued From page 10 designed to challenge an emergency plan. (iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the PACE's emergency plan, as needed. *[For LTC Facilities at §483.73(d):] (2) The [LTC facility] must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. (B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop	E 039	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING _____	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 039	Continued From page 11 exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed. *[For ICF/IIDs at §483.475(d)]: (2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year. The ICF/IID must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or. (B) If the ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed. *[For HHAs at §484.102] (d)(2) Testing. The HHA must conduct exercises	E 039	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 039	Continued From page 12 to test the emergency plan at least annually. The HHA must do the following: (i) Participate in a full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every 2 years; or. (B) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale community-based or individual, facility based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed. *[For OPOs at §486.360] (d)(2) Testing. The OPO must conduct exercises	E 039	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 039	Continued From page 13 to test the emergency plan. The OPO must do the following: (i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event. (ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. *[RNCHIs at §403.748]: (d)(2) Testing. The RNHCI must conduct exercises to test the emergency plan. The RNHCI must do the following: (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (ii) Analyze the RNHCI's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the RNHCI's emergency plan, as needed. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long term care facility failed to participate in a full-scale exercise of the	E 039	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 039	Continued From page 14 Emergency Preparedness Plan in accordance with 42 CFR 483.73 Finding: Based on interview and documentation review on 08/13/2024, between the hours of 10:15 AM and 2:45 PM, this surveyor accompanied with the Maintenance Director observed the following: 1. A full-scale exercise has not been conducted at this facility, they could provide no documentation of when the last full exercise had taken place. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	E 039	See Attached	
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 08/13/2024 Coastal Manor, 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 133 SS=F	Multiple Occupancies - Construction Type CFR(s): NFPA 101 Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows:	K 133	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 133	Continued From page 15 * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3 This REQUIREMENT is not met as evidenced by: Based on plans review, observation and interview during the facility tour, the long-term care facility failed to maintain the clear locations of the 2-hour separation walls for inspection per NFPA 101, Life Safety Code, 2012 Edition, Sections 8.2.1.3., and 19.1.3.5. Finding: Based on interview and documentation review on 08/13/2024, between the hours of 10:15 AM and 2:45 PM, this surveyor accompanied with the Maintenance Director observed the following: 1. During the facility tour the inspection team was unable to effectively inspect the two-hour fire rated separating wall between residential care, and the long-term care facilities. The locations annotated on the plans we looked at versus the building layout did not match. Please provide an accurate life safety drawing of the building. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 133	See Attached	
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101	K 211	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 211	Continued From page 16 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 observation and interview, the long-term care facility failed to maintain the corridors and exit discharges to be level, free of obstructions and impediments, and without excessive changes in elevation per NFPA 101, Life Safety Code, 2012 edition, Sections 19.2, 7.1.6, and 7.1.10.1 Based on interview and observation on 08/13/2024 between hours of 10:15 AM and 2:45 PM. this surveyor accompanied with the Maintenance Director observed the following: 1. Second floor exterior stairs have irregular risers and treads, chipped nosings, and structural integrity of the stairs is questionable. The surveyor confirmed these findings with the Maintenance Director at the time of the observation Based on observation and interview, the long-term care facility failed to maintain the corridors and exit discharges to be level, free of obstructions and impediments, and without excessive changes in elevation per NFPA 101, Life Safety Code, 2012 edition, Sections 19.2, 7.1.6, and 7.1.10.1	K 211	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING _____	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 211	Continued From page 17 Based on interview and observation on 08/13/2024 between hours of 10:15 AM and 2:45 PM. this surveyor accompanied with the Maintenance Director observed the following: Findings: 1. The second-floor walkway from the outside metal stairs to the public way has a drop-off at the side of the walk path exceeding 6 inches, and has a triangular section of concrete missing providing a change in elevation greater than a quarter inch. 2. The headroom at the base of the metal stairs has been reduced to 73 inches. (6' 1") which is less than the required 80 inches due to the construction of the roof assembly at the discharge of the stairs. 3. The 1st floor north discharge pathway on the road side is obstructed by foliage from 2 different bushes. 4. The back, North end, dining room brick exit discharge is unlevel, with changes in elevation due to the difference in height between the brick walking surface and the concrete steps to the sidewalk. The step rise height on the building side is 11 inches. The maximum rise is 7 inches. 5. The medical cart is being stored and charged in the marked exit corridor on the first level between the sittng area and the nurse's station by resident room 107 while not in use. 6. The exterior metal stairs shall have a licensed engineers inspection conducted with the report submitted to the Maine Fire Marshal's Office for review.	K 211	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 211	Continued From page 18 The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 211	See Attached	
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 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	K 222	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 222	Continued From page 19 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 automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on Observation and Interview, the facility failed to provide exit access serving the every egress door that were readily accessible at all times by having special locking arrangements (coded key exit egress) with staff being the only people with access to exits regardless of resident independent cognitive ability which is not in accordance with LSC Section 19.2.2.2.4, 19.2.2.2.5, 19.2.2.2.5.2 and 7.2.1.6. This deficient practice could affect exiting from all	K 222	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 222	Continued From page 20 facility designated exits, as well as an indeterminable number of residents, staff and visitors. Findings Include: Observation on August 13, 2024, at approximately 10:15AM to 2:45PM during the facility tour identified the facility designated exits at all exits had a coded exit by key code controlled by staff without any means to provide visitors or oriented residents access to the means of exit. Interview on August 13, 2024, at approximately 10:15AM to 2:45PM during the facility tour with the Maintenance Director stated the doors were all key code controlled, and residents did not have the codes. Observation and Interview with the Maintenance Director at the time of observation confirmed the exit doors had key code that could only be accessed by staff. The facility failed to provide exit access that was readily accessible at all times by having special locking arrangements in accordance with LSC Section 19.2.2.2.4, 19.2.2.2.5, 19.2.2.2.5.2 and 7.2.1.6. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 222	See Attached	
K 341 SS=D	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	K 341	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 341	Continued From page 21 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 This REQUIREMENT is not met as evidenced by: Based on interview and observation, the long-term care facility failed to ensure the proper notification devices are installed in the fire alarm system in accordance with NFPA 72, National Fire Alarm and Signaling Code, 2010 edition, Section 18.3.5.2., and NFPA 101, Life Safety Code, 2012 edition, Sections 9.6.1.3, 9.6.3.5, and 9.6.5. Based on interview and observation on 08/13/2024, between the hours of 10:15 AM and 2:45 PM, this surveyor accompanied with the Maintenance Director observed the following: Finding: 1. Notification devices designed to be used on a ceiling are mounted to a wall in the basement furnace area, and on the maintenance area in basement. The surveyor confirmed this finding with the Maintenance Director at the time of the documentation review.	K 341	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING _____	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 345 K 345 SS=D	Continued From page 22 Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on interview and documentation review, the long-term care facility failed to inspect the Electromechanical releasing devices semiannually in the fire alarm system in accordance with NFPA 72, National Fire Alarm and Signaling Code, 2010 edition, Section 14.3.1.9(c)., and NFPA 101, Life Safety Code, 2012 edition, Sections 9.6.1.3, 9.6.3.5, and 9.6.5. Based on interview and documentation review on 08/13/2024, between the hours of 10:15 AM and 2:45 PM, this surveyor accompanied with the Maintenance Director observed the following: Finding: 1. Documentation review of the most recent fire alarm inspection report dated 06/20/2024, no electromechanical door releasing devices were listed as inspected or tested in the report. No documentation could be provided at the time to show inspection or testing of the electromechanical door releasing devices. The surveyor confirmed this finding with the	K 345 K 345	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 345	Continued From page 23 Maintenance Director at the time of the documentation review.	K 345	See Attached	
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 documentation review of the last 4 quarterly sprinkler inspection reports dated 04/22/2024, 11/27/2023, 08/24/2023, 05/25/2023, the long-term care facility failed to maintain the sprinkler system in accordance with NFPA 101, Life Safety Code, 2012 edition, Section 9.7.5, and NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 edition, sections 4.1.8, 5.2.1.4, 5.4.1.5, 5.4.1.6, 5.2.2.2.	K 353	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 353	Continued From page 24 Based on interview, observations, and documentation review on 08/13/2024 between hours of 10:15 AM and 2:45 PM. this surveyor accompanied with the Maintenance Director observed the following: Findings: 1. A supply of spare sprinklers shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced. The stock of spare sprinklers shall include all types and ratings installed. According to the reports, 2 Tyco 200 QR brass vertical sidewall heads are needed to be added in the spare sprinkler head box. 2. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. One sprinkler wrench shall be provided for each type of sprinkler installed. According to the reports another type of wrench is needed in the box. 3. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. In the basement level, an insulated copper water pipe is secured to the sprinkler pipe between the laundry and the break room. 4. The ceiling penetrations need to be sealed around the sprinkler heads to prevent the heat from escaping past the heads and not activating the system as designed. This is occurring on heads at South Ramp and Second floor at top of convienant stairs. 5. All valves shall be equipped with signage.	K 353	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 353	Continued From page 25 According to the documentation, three antifreeze valves require signage installed. The surveyor confirmed this finding the Maintenance Director at the time of the documentation review.	K 353	See Attached	
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 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	K 363	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 363	Continued From page 26 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 and interview, the long-term care facility failed to maintain the corridor doors to resist the passage of smoke in 2 of 2 residential areas in the facility per NFPA 101, Life Safety Code, 2012 edition, Sections 19.3.6.3. Based on interview and observation on 08/13/2024 between hours of 10:15 AM and 2:45 PM. this surveyor accompanied with the Maintenance Director observed the following: Findings: 1. Resident room 102 has a 5/8 gap on the top latch side of the door. 2. Resident Room 108 has a 1 and 1/4 gap at the bottom of the door. 3. Resident Room 113 has a 3/8 gap at the top latch side of the door. 4. Resident room 210 has a door that rubs on the floor and does not freely close. The surveyor confirmed these finding with the Maintenance Director at the time of the observation.	K 363	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 918	Continued From page 27	K 918		
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 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:	K 918	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING _____	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 918	Continued From page 28 Based on interview and documentation review, the long-term care facility failed to perform weekly generator tests and inspections in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 8.4.1., and NFPA 101, Life Safety Code, 2012 edition, Sections 19.7.6, and 4.6.12. Based on interview and documentation review on 08/13/2024, between the hours of 10:15 AM and 2:45 PM, this surveyor accompanied with the Maintenance Director observed the following: Finding: 1. Emergency Power Supply Systems, including all appurtenant components, shall be inspected weekly. According to documentation review of the weekly generator inspections no documentation of the weekly inspection was annotated in the records for the week of 08/04/2024-08/10/2024. The surveyor confirmed this finding the Maintenance Director at the time of the documentation review.	K 918	See Attached	
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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 10 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 919	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 919	Continued From page 29 Based on observation and interview, the long-term care facility in 1 of 4 smoke compartments failed to test and maintain multiple outlet connections in patient rooms NFPA 99, Healthcare Facilities Code, 2012 Edition, Sections 10.2.3.6 Findings: Based on interview and documentation review on 08/13/2024, between the hours of 10:15 AM and 2:45 PM, this surveyor accompanied with the Maintenance Director observed the following: 1. Activities Room (room 212) an air conditioner plugged into a multi-adapter outlet. 2. Basement egress corridor outside the laundry room has a multi-adapter plug installed. 3. Attic has outlet missing protective cover. The surveyor confirmed these findings with the acting Maintenance Director at the time of the observation.	K 919	See Attached	
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if	K 923	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 923	Continued From page 30 sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to ensure that the Oxygen cylinder storage complies with NFPA 99, Health Care Facilities Code, 2012 Edition, Sections 11.3.2, and 11.6.5. Findings: Based on interview and documentation review on 08/13/2024, between the hours of 10:15 AM and 2:45 PM, this surveyor accompanied with the Maintenance Director observed the following:	K 923	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING _____	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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
K 923	Continued From page 31 1. The oxygen storage rooms located on the 2nd floor does not have signs identifying full cylinders from empty cylinders. 2. The Oxygen storage room on the 2nd floor, contained (7) - 9 cubic foot oxygen cylinders and (16) - 24 cubic foot oxygen cylinders totaling 447ft³. a. Combustible shelving and cardboard boxes were within 5 feet of the cylinders, The surveyor confirmed these findings with the Maintenance Director at the time of the inspection.	K 923	See Attached	

Coastal Manor
Plan of Corrections
LSC/EP Survey
Provider ID#: 205157
Facility ID#: 0507
Event ID#: 0CK921

Tag# E037 EP Training Program

1. Coastal Manor will require that all new staff from an outer facility review the emergency preparedness policies and procedures. Coastal Manor will also require that new (agency) staff conduct a walk through of the facility, with the Maintenance Director and the Director of Nursing, to become aware of the Emergency Preparedness Plan, Water shut-offs, Emergency water supply etc. Once completed, the staff member will be required to sign and date a statement of completion of the Emergency Preparedness training and will be kept with the facility Emergency Preparedness Plan notebook.

2. Coastal Manor will conduct Emergency Preparedness training with new/existing staff and agency staff on an annual basis. The participants will be required to sign and date that they have completed the Emergency Preparedness training and will be added to the Emergency Preparedness Plan notebook.

Tag# E039 EP Testing Requirements

1. Coastal Manor will conduct a "Mock" disaster drill that will satisfy the testing of the EP on September 17, 2024. This will include all agency staff and existing staff of Coastal Manor. All staff attending will be required to sign and date the EPP testing log as they have completed the training. The Maintenance Director and the Director of Nursing will comprise a plan and date for future training programs and add to the EPP

Tag# K133 Multiple Occupancies-Construction type

Coastal Manor has contracted with Life Safety Services on August 28, 2024 to survey the facility and complete a Life Safety Drawing per NFPA 101 Life Safety Code to show the two-hour fire rated separating wall between the Food/Lodging section and the Long Term Care facility. Life Safety Services will be at the facility on 9/16/24 to do the Life Safety Drawings. (See Attached Letter of Intent) According to Jordan Potts, the project manager, the drawings should be available for review by 9/30/24.

Tag# K211 Means of Egress-General

1. The Maintenance Director has witnessed the deficiencies and will bring soil in up to grade along the walkway and seed the area. Also, the Maintenance Director will cut back and repair the concrete path where it connects to the tar exit discharge to create the proper elevation. Both of these deficiencies will be done on or before September26th, 2024.

2. Buckholz Construction has been contracted to cut back the roof line of the overhang of the metal fire escape to a height no less than 80" per NFPA requirements. In addition, Buckholz Construction will replace sections of deteriorating wood with pressure treated wood. These corrective actions will be completed on or before September 19th, 2024.

3. The Maintenance Director has removed and/or pruned the foliage that obstructed the exit discharge on August 22, 2024. The Maintenance Director will ensure the foliage is maintained to not block any exit discharges or Fire Department connections. The Maintenance Director will add this requirement to the Monthly inspection checklist.

4. Coastal Manor has contracted ADH Landscaping (See attached) to tear up and relay the brick exit discharge and the granite step associated with it to proper grade. In addition, ADH Landscaping will tear up and re-lay brick at second North discharge that has sunken from heavy rains. This deficiency will be corrected on or before September 26th. The Maintenance Director will add to the Monthly Inspection checklist that a visual inspection of all exit discharges be performed. Any findings will be noted and corrected.

5. The maintenance Director and Director of Nursing will hold an inservice on September 25th, 2024 with all staff on the importance of maintaining clear corridors. Those attending will be required to sign and date that they have attended the inservice and will comply with requirements. The Maintenance Director will add to the weekly checklist report that he/she has conducted a visual walkthrough of the corridors and will remove any obstructions found. If any obstructions are found the Maintenance Director will report findings to the Director of Nursing.

6. Coastal Manor has contracted with American Aerial Services to design and fabricate new metal stairs to replace the wooden one. (See attached) They have also found an engineering company, L&L Structural Engineering Services, that will inspect the exterior metal stair discharge on October 29, 2024. They will have their inspection report done and sent to the OSFM on or before October 31, 2024. (See attached)

Tag# K222 Egress Doors

The Maintenance Director has labeled over all of the exit locking mechanisms the key code to exit the facility These labels are plainly visible from 5 feet as required. This will allow exit

from staff and visitors from building. The Maintenance Director will add this to the weekly inspection report to verify code numbers are in place at all exit discharge locations.

Tag# K341 Fire Alarm Installation

The Maintenance Director contacted Interstate Fire Protection about this deficiency as they were the installers of the devices. Sean Cooper, an Interstate Fire Protection representative, inspected the devices in question and agreed they were incorrect. Coastal Manor signed a contract with them to replace the deficient devices on August 23, 2024. In addition, Mr. Cooper did a walkthrough with the Maintenance Director and concluded there were no more incorrect devices. The devices were be installed on September 12th, 2024. (See attached)

Tag# K345 Fire Alarm System

The Maintenance Director contacted Interstate Fire Protection about this deficiency. On August 20th, 2024 Sean Cooper, an Interstate Fire Protection representative came to the facility and did an additional test of the door closing mechanisms to verify door closers functioned correctly when pull station was activated. He concluded that all fire/smoke doors in the facility worked properly. He revised the Inspection report to include his findings and will be indicated on future inspection reports. (See attached report)

Tag# K353 Sprinkler System-Maintenance and Testing

The Maintenance Director contacted High Tech Fire Protection to discuss why the quarterly inspection report had not been completed yet. Alan Swartz, Inspector for High Tech Fire confirmed he had come to do the quarterly at the appropriate time but was turned away by front desk due to absence of Maintenance Director. Mr. Swartz immediately came to the facility on August 20th,2024 to complete the quarterly sprinkler inspection. (See attached) Mr. Swartz also agreed to bring the missing sprinkler heads, wrench, kydex rings and sprinkler signage as reported to the facility on or before September 17th, 2024. The Maintenance Director has verified with High Tech Fire that they maintain a quarterly inspection report in accordance with Life Safety Codes.

The Maintenance Director removed the metal hanging support device from the sprinkler piping on August 20th, 2024. In addition, the Maintenance Director did a walk through of the facility to ensure there were no more hangers, supports or other impediments that subjected piping to external loads.

Tag# K363 Corridor-Doors

The Maintenance Director removed and corrected the doors of room 108 and 210 on August 23, 2024. The additional doors for room 102 and 113 will be removed and corrected on or before September 20th, 2024. The Maintenance Director will add to the weekly inspection report that all corridor doors be inspected for proper gaps and latching capabilities. Any deficient findings will be reported and fixed immediately.

Tag# K918 Electrical Systems-Essential Electrical Systems

The Maintenance Director had in fact done the inspection of the generator on August 9th, 2024 but failed to report findings in the log created in November of 2023. As evidenced by the inspection log, this was the only oversight of not writing findings in said log. The Maintenance Director along with the Office Manager/Administrator will continue to be diligent on providing findings of the weekly generator inspection. The Office Manager/Administrator will continue to oversee that the Maintenance Director conducts the weekly inspection and will sign or initial the log. To this date, the latest generator testing was conducted on August 23rd, 2024.

Tag# K919 Electrical Equipment-other

The Maintenance Director removed the multi-adapters from the Activity room and the basement egress corridor on August 14th, 2024. The Maintenance Director will add to the weekly inspection checklist that a walkthrough of the building occur to check for the use of any multi-adapters in rooms or corridors. Findings, if any, will be removed and noted in the weekly checklist. The Maintenance Director will also inform new staff, agency staff, that these multi-adapters are not to be used and if any are found to report findings to the Maintenance Director.

Tag# K923 Gas Equipment-Cylinder and container storage

1. The Maintenance Director purchased tags to be used to identify whether the oxygen tanks are full, in use, or empty. These tags will be applied by Medical Home Care Services when they come to exchange the oxygen tanks. The Maintenance Director will include a visual inspection of the cylinder tags as well as a visual inspection of cubic feet of volume of said cylinders and add findings to weekly maintenance checklist.

2. The Maintenance Director contacted Medical Home Care Services, our oxygen provider, on August 20th, 2024. The deficiency was discussed and it was agreed that there shall to be no more than 12-24 cubic feet oxygen tanks in the storage area at any time whether full or empty. Medical Home Care Services also agreed to remove the 9 cubic feet oxygen tanks left behind by a previous oxygen supplier. The Maintenance Director will add to the weekly inspection

checklist that a visual inspection of tank volume occur and maintain that there is less than 300 cubic feet of tank volume being stored. Findings will be noted on each inspection.

2a. The Maintenance Director along with the Director of Nursing will remove and relocate the combustible materials from the oxygen storage area on or before September 22nd, 2024. The Maintenance Director will, in combination of visual inspection of oxygen usage tags, remove any combustible material found in storage area and report findings, if any, to the Director of Nursing.

LIFE SAFETY SERVICES
YOU'RE SAFE WITH US®

RECEIVED
SEP 13 2024
BY

Tag #K133

September 12, 2024

Coastal Manor Nursing Home
20 West Main Street
Yarmouth, ME 04096

To Whom It May Concern:

Please accept this letter as official notice that LSS Life Safety Services® is contracted by Coastal Manor Nursing Home to perform a Life Safety Consultation with Drawings. Our Project Manager of ISO / LSS Operations is due on site on **Monday, September 16, 2024** to begin the consultation walk through and drawings.

If there are any questions or further requirements, please reach out to our office.

Thank you,

Lois Ray-Paliulis
Director, Sales East
Cell: (828) 301-8550
Email: lpaliulis@LifeSafetyServices.com

Corporate Office:
908 S. 8th Street, Suite 500
Louisville, KY 40203
Phone: 888.675.4519
Fax: 502.964.1337
Email: info@LifeSafetyServices.com
www.LifeSafetyServices.com

RECEIVED
SEP 13 2024

For Tag# K-211 (4)

ADH Landscaping

468 Snow Hill Rd.

New Gloucester, Me. 04260

September 4, 2024

To the OSFM,

I have been contacted by Coastal Manor Nursing Home in Yarmouth Maine that the Office of the State Fire Marshall is requiring a statement of intent/contract to correct the deficiencies noted in their survey. As I have agreed to fix their deficiencies of the exit discharges on or before September 26th, 2024, please accept this letter as evidence that ADH Landscaping will correct discharges.

Sincerely,

American Aerial Services, Inc.
Steel Erection & Crane Rental

33 Allen Avenue Extension
Falmouth, Maine 04105
Telephone: (207) 797-8987 Fax: (207) 797-0479

Tag #K211 (6)

SEP 13 2024

To: **Orey Gadway**
Coastal Manor
Telephone: **207-329-5267**
Email: **Peggy Boucher <pboucher@coastal-manor.com>**

From: Zackery Johndro
Pages: 2
Date: 9/13/24

Subject: Existing Steel Stair Structural Integrity – Coastal Manor

Base Bid Structural Review Initial Site Visit: $ 1,000.00

Base Bid Price To Include Services Of:

American Aerial Services, Inc shall secure the services of L & L Structural Engineering Services, Inc., Six Q Street, South Portland, ME 04106

We will need to gather information regarding the existing steel stair during the initial site visit. Then analyze (**additional service**) the existing stair structure and if everything is acceptable, we would then prepare a written letter (**additional service**). However, if there are deficiencies and/or non-code compliant components in the existing stair structure, then we may need to design the structural reinforcements (**additional service**) and prepare construction drawings (**additional service**) to submit for permit and for a contractor to implement. We have not observed the existing structure, understand the complexity, nor any deficiencies that may exist, therefore, we are unable to determine the scope of work and the fees for the additional services including analysis, letter preparation, potential design of remediation/renovation, and potential design drawings beyond the initial site visit.

General Exclusions: Excludes all Additional Service Costs at this Time – This quote is for initial visit only.

Furnished By Others To AASI At No Cost:
Access to Site
Unless otherwise stated, American Aeria Services and the L & L Structural Engineering Services, Inc. team will have access to the site for activities necessary for the performance of the services, we will take precautions to minimize damage due to these activities, but we have not included in the fee the cost of restoration of any resulting damage.

Construction Reviews
Reviews shall consist of visual observation of materials, equipment or construction work for the purpose of determining that the work is in general conformance with the contract documents. Such review shall not be relied upon by others as acceptance of the work, nor shall it relieve the contractor in any way from any obligation and responsibility under the construction contract. Specifically, our review shall not require L & L Structural Engineering Services, Inc. to assume responsibilities for the means and methods of construction, nor for jobsite safety.

General Conditions:
1) Price Valid For 15 Days From Date Of Proposal
2) Payments Are Due Upon Receipt Of Invoice
3) Payments Not Received Within 20 Days Of Date Of Invoice Are Subject To Finance Charges
4) Weekly Progress Invoices Will Be Based Upon Completion Of Work
5) No Retention to be Withheld
6 Schedule Is To Be Mutually Agreed Upon By The Owner and AASI
7) Customer Shall Be Responsible For All Attorney's Fees For And Interest For Non-Payment

Submitted By:
Zackery Johndro
American Aerial Services, Inc

Authorized By: _____
Coastal Manor, 20 W Main St, Yarmouth, ME 04096
Date: 9/13/2024

American Aerial Services, Inc.
Steel Erection & Crane Rental

33 Allen Avenue Extension
Falmouth, Maine 04105
Telephone: (207) 797-8987 Fax: (207) 797-0479

Tag #K211 (6)

SEP 13 2024

To: **Orey Gadway**
Coastal Manor
Telephone: **207-329-5267**
Email: **Peggy Boucher <pboucher@coastal-manor.com>**

From: Zackery Johndro
Pages: 2
Date: **9/13/24**

BUDGET

Subject: **Steel Erection Quote – Coastal Manor Stair**

Project: Coastal Manor Stair
Wage: Open Shop
Drwngs: N/A – Concept Only

Location: Yarmouth, ME
Specs:

Bid Date: 9/13/24
Addendum:

Base Bid Installation:	$ 10,000.00
Fabrication Base Bid:	$ 55,000.00
Taxes:	$ 3,025.00
TOTAL:	$ 68,025.00

Base Bid Price To Include Installation Of:

COASTAL MANOR, YARMOUTH, ME	
LIMITED MISCELLANEOUS STEEL INSTALLATION	QTY
STAIR W/RISERS, LANDINGS AND RAILS	16
COLUMNS	6
HSS CANOPY	1
DECKING	100

FABRICATION
" STEEL CHANNEL STRINGER STAIR WITH TIGHT MESH GRATING TREADS
" STEEL BALUSTER GUARDRAIL AT STAIR AND LANDING (BOTH SIDES OF STAIR)
" HSS CANOPY FOR STAIR WITH STEEL DECKING
" P. E. STAMPS FOR STAIR AND CANOPY

NOTES
" All steel to get hot dipped galvanized.
" Shop drawings for approval.
" All steel is FOB truck job site.
" All material is furnished only.
" Anything not listed in fabrication scope above is omitted.
" All fasteners for steel-to-steel connection only, all others excluded.
" Fabricator does not participate in AISC, but is AWS certified and can supply 3rd party testing of steel connections.
" Any required field dimensions by G.C.

NOTE: THIS BID DOES NOT INCLUDE ANY CONCRETE FOOTING CONSIDERATIONS. ONCE STAIR DESIGN IS DEVELOPED, ENGINEERING SERVICES SHALL CONFIRM CONCRETE FOOTING NEEDS, TO BE INSTALLED BY OTHERS

General Exclusions:
1) Loose Lintels, Embedded Items, Masonry Anchors
2) Installation Of Anchor Bolts, Leveling Plates, Leveling Nuts, Shim Stock, and Grouting Of Leveling Plates.
3) Field Paint And/Or Touch-Up
4) Bracing At Masonry Walls
5) Shoring, Temporary Bracing And Or Demolition Of Any Kind
6) Field Welded Stiffeners and Web Doublers

7) Testing, Inspection, And Or Field Measurements
8) Police Details, Barricades, Permits, FAA Permits And Or Uniformed Fire Watch
9) Removal Of Water, Snow And Or Ice From Decks
10) Removal Of Ferrules From Pour Area
11) Snow Removal From Building Perimeter
12) Miscellaneous Metals, Light Gage Metals, Welding to Light Gage Metals, Decking Onto Light Gage Metals, Wood Products, Attachment to Wood and Or Light Gage Products, Welding To Light Gage Products, Deck Penetrations, Perimeter/Safety Cable Maintenance, Removal and Liability, All Work Not Specifically Identified Within The Structural Drawings, All Frames Not Shown, All Work Not Listed Above, Bonds, Liquidated Damages, Joist Reinforcements, Flexible Closures, MASONRY TIES/ANCHORS
13) EXCLUDES CLEARING AND PROTECTION WORK ZONE- REMOVAL OF WIRING, DUCT, PLUMBING AND ANY OTHER EXISTING CONDITIONS THAT WOULD INTERFER WITH THE STEEL INSTALLATION- BY OTHERS
14) EXCLUDES TESTING FOR AND ABATEMENT OF HAZARDOUS MATERIALS
15) EXCLUDES DEDICATED FIRE WATCH
16) EXCLUDES SMOKE MITIGATION

Furnished By Others To AASI At No Cost:
1) Proper Access Inside and Along The Perimeter Of The Building For Trucks, Cranes, And Man-lifts. The Grade Must Be Level AS Required By Equipment.
2) Free And Clear Access To All Points Of Work
3) Materials To Be Delivered To The Site Location And In The Sequence As Ordered By AASI.
4) Proper Shakeout Area For All Materials
5) TC Bolts For Field Bolting
6) Control Lines And Grades For Plumbing And Aligning
7) Engineering, Design and Fabrication Of Safety Posts

General Conditions:
1) Price Valid For 15 Days From Date Of Proposal
2) Payments Are Due Upon Receipt Of Invoice
3) Payments Not Received Within 20 Days Of Date Of Invoice Are Subject To Finance Charges
4) Weekly Progress Invoices Will Be Based Upon Completion Of Work
5) Retention Of 10% May Be Withheld Not To Exceed 5% Of Total Contract
6) Retention To Be Paid No Later Than 30 Days After Completion Of AASI' Work
7) This Bid Is Based Upon One Crane And Crew Mobilization - Continuous Erection Schedule
8) Schedule Is To Be Mutually Agreed Upon By The GC, Steel Fabricator and AASI
9) Cost To Double Handle And Or Store Material Is Not Included In This Bid
10) AASI Will not Be Held Responsible For Material That Is Moved Or Damaged By Others
11) Any Costs Associated With Waiting For Materials, Fabrication Errors, Site Preparation, Late Deliveries, And Or Errors Made By Other Trades Or The General Contractor Will Be Paid By American Aerial Services' Customer.
12) Any Back-Charges Against AASI Must Either Be Signed By AASI's Foreman or Written and Notification Must Be Provided Prior To Initiating The Work And Upon Completion Of The Work
13) AASI May Elect To Idle Its Equipment And Crew For Non Payment. AASI Additionally, May Elect To Remove Men And Machine From The Job. Any And All Costs Incurred By AASI Will Be The Responsibility Of American Aerial Services' Customer Including But Not Limited To Demobilization, Mobilization, Attorney's Fees, Lost Profit, And Interest
14) Availability To Erect This Project May Be Dependent Upon Other Contracts Secured Prior To Your Acceptance Of This Bid and Issuance Of A Contract. Therefore, American Aerial Services, Inc Reserves The Right To Rescind This Bid.
15) American Aerial Services, Inc Will follow OSHA Rules For Steel Erection. This Bid Does Not Provide For A More Stringent Policy That May Exist For The General Contractor, Fabricator, and or End Customer.
Attachments To Be Included With This Bid:

Submitted By:
Zackery Johndro
American Aerial Services, Inc

Authorized By: _____
Coastal Manor, 20 W Main St, Yarmouth, ME 04096
Date: 9/13/2024

Interstate Fire Protection
7 ABJ DRIVE, SUITE 1
GARDINER, ME 04345
(207) 582-0942

Tag #K341

SEP 13 2024

INTERSTATE
FIRE PROTECTION

interstatefire.com

Bill To
COASTAL MANOR, INC.
20 WEST MAIN STREET
YARMOUTH, ME 04096

Invoice No.	**12473029**	**Service Location**	Coastal Manor INC 20 West Main St Yarmouth, ME 04096
Invoice For	**Repair Job #36338357 (09/12/2024)**		
Transaction Date	9/12/2024		
Due Date	10/12/2024 (Net 30)		

Services Completed

[Fire Alarm] Location - Building
Replace Horn Strobes on Ceiling with Ceiling Mount Horn Strobes
Completion: 08/23/2024 to 08/30/2024

Item	Amt
Fees	$75.00
Labor	$580.00
Materials	$71.43
SERVICE TOTAL	**$726.43**

GRAND TOTAL **$726.43**

Terms & Conditions

LIMITATION OF LIABILITY:

The customer understands that, unless indicated otherwise on the reverse, the service performed on the Customers equipment by a Representative of the Company will indicate that the fire system was electrically and/or mechanically functioning during the period of time in which the Company's representative was performing said service. The Customer acknowledges that the Company does not guarantee, imply, or suggest that the Customer's fire system will detect [and if equipped, extinguish] all fires regardless of origin. The Customer further acknowledges that the Company shall have no responsibility whatsoever to the Customer or to any other person for personal injury or death or damage to or loss of property or value, resulting from any causes beyond the Company's reasonable control, including but not limited to, if the fire system is outdated, has been tampered with, altered or has been improperly used, repaired or maintained, or if the hazard area protected by the fire system has been altered or changed. The Company's liability on any claim for loss arising out of or connected with the service of the fire system listed on the face hereof shall be limited to the cost of the inspection for the year in which the claim arose. In no event will the Company be liable for special, incidental, or consequential damages. Customer further understands that the Company is relying upon this limitation in determining the cost of services provided to you.

WAIVER OF SUBROGATION:

Customer agrees to waive all rights of subrogation as allowed by governing insurance policies. Customer understands and agrees that Company does not assume risk or liability for loss due to fire or damages to the premises referred to herein, property or equipment, or personal injury due to either the operation or non-operation of the fire suppression equipment. Customer further understands that the Company is relying upon this waiver in determining the cost of services provided to you.

INDEMNIFY AND HOLD HARMLESS:

The Customer assumes the entire responsibility and liability for any and all damage or injury of any kind (including death) to all persons, whether employees of Customer or otherwise, and for any and all property damage, or loss of use thereof, caused by, resulting from, arising out of, or occurring in connection with the execution of any work provided by the Company in association with of involving the installation, use operation, repair, and maintenance and performance of the fire detection and/or suppression equipment referenced herein which is caused by or contributed to by any negligent act, error or omission, solely or jointly on the part of the Company or the Customer, their agents, servants, or employees, including any alleged breach of any statutory or codified obligation or including, but not limited to any sole negligence on the part of the Company, and/or its agents, servants or employees. If any person, or Customer, shall make a claim for less the Company, its agents, servants and employees from and against any and all loss, expense, damage or injury (including death), the Company and/or its agents, servants or employees may sustain as a result of any such claim and the Customer agrees to assume the defense of the Company and/or its agents, servants or employees upon such claim and to pay all costs and expenses incurred in connection therewith. This agreement shall continue in effect notwithstanding the face the Customer has accepted and paid

For Tag# K-345

Inspection and Testing Certificate

Presented To

Coastal Manor Inc

For

Coastal Manor Inc building

20 West Main Street
Yarmouth, Maine 04096
United States

This site has been inspected and tested in compliance with applicable standards.

Completed
Tuesday, August 20, 2024

Test Session :Coastal Manor - Annual Fire Alarm Inspection - 20 Jun 2024

Test Plans : Annual Fire Alarm System Inspection

ACCEPTED BY

Coastal Manor Inc
20 West Main Street
Yarmouth, Maine 04096
United States

TESTED BY

Joe Pomerleau
Interstate Fire Protection
25 Chenell Drive
Concord N.H. , United States
United States

INSPECTION STATUS

Acceptable
Everything Looks Okay

Inspection Summary

Building Information

PROPERTY	Coastal Manor Inc building	CONTACT	
ADDRESS	20 West Main Street	PHONE	
CITY/STATE/ZIP	Yarmouth, Maine 04096	MOBILE	
COUNTRY	United States	EMAIL	

Inspector Information

COMPANY	Interstate Fire Protection	COUNTRY	United States
ADDRESS	25 Chenell Drive Concord N.H. , United States		

CONTACT	LICENSE NUMBER	PHONE	EMAIL
Joe Pomerleau		+1 207-816-2678	jpomerleau@interstatefire.com

Testing Summary

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Alarm Notification Appliance	1	1(100%)	1(100%)	0(0%)
Fire Doors	4	4(100%)	4(100%)	0(0%)
Initiating Device	109	109(100%)	109(100%)	0(0%)
Power Supplies	3	3(100%)	3(100%)	0(0%)
Supervising Station Transmitting Equipment	1	1(100%)	1(100%)	0(0%)

Certification

The equipment specified herein was inspected and tested according to the NFPA 72 standard for fire alarm and signaling systems, with the inspection completed on Tuesday, August 20, 2024

ACCEPTED BY	08/20/2024	TESTED BY	08/20/2024
			Joe Pomerleau
	Building Representative		Technician

System Details

Secondary Power

TYPE	Battery - Sealed Lead-acid	DESCRIPTION	FACP Battery - Left
ADDRESS / SCAN ADDRESS	Battery # 1	NOMINAL VOLTAGE	12
LOAD VOLTAGE		AMP HOURS	18
STANDBY HOURS	24	ALARM MINUTES	5
BATTERY LOCATION	FACP Cabinet	CHARGER VOLTAGE	
TYPE	Battery - Sealed Lead-acid	DESCRIPTION	FACP Battery - Right
ADDRESS / SCAN ADDRESS	Battery # 2	NOMINAL VOLTAGE	12
LOAD VOLTAGE		AMP HOURS	18
STANDBY HOURS	24	ALARM MINUTES	5
BATTERY LOCATION	FACP Cabinet	CHARGER VOLTAGE	

Monitoring Information

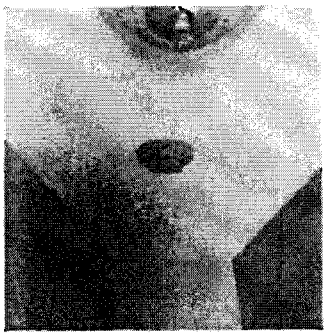
DACT	DACT Communicator		
TYPE	Digital Alarm Communicator Transmitter	INSTALL DATE	07/26/2018
MANUFACTURER	Bosch	TEST START	06/20/2024
MODEL	D9068	TEST COMPLETE	08/20/2024
SERIAL NUMBER		Time to Transmit to Supervising Station	
MONITORING ORGANIZATION	Centra-Larm	ALARM SIGNAL	
MONITORING ORGANIZATION PHONE	1-800-639-2056	ALARM RESTORE	
MONITORING ORGANIZATION EMAIL		TROUBLE SIGNAL	
MONITORING ORGANIZATION ACCOUNT NUMBER	11-1952	TROUBLE RESTORE	
MONITORING PHONE LINE 1		SUPERVISORY SIGNAL	
MONITORING PHONE LINE 2		SUPERVISORY RESTORE	
MONITORING RETRANSMISSION ENTITY			

Resolved Corrective Action & Solution Summary

The following 2 corrective action(s) were resolved during the system inspection, testing or maintenance activities

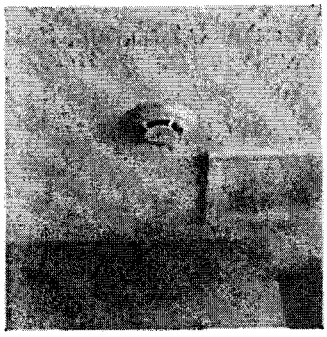
EQUIPMENT TYPE	ADDRESS	DESCRIPTION
Smoke Detector	L1D006:SD02	Top of Stairs By Office

Created By:	Joe Pomerleau
Creation Date:	06/20/2024
Corrective Action:	Device is outside of range.
Resolution:	Device has been replace with a new smoke detector. System Sensor 4WB
Resolved By:	Joe Pomerleau
Resolved On:	07/26/2024
Manufacturer:	System Sensor
Model:	4WB



EQUIPMENT TYPE	ADDRESS	DESCRIPTION
Smoke Detector	L1D006:SD01	Top of Stairs By Room 4/5/6

Created By:	Joe Pomerleau
Creation Date:	06/20/2024
Corrective Action:	Device is just outside of it range.
Resolution:	Device has been replace with a new smoke detector. System Sensor 4WB
Resolved By:	Joe Pomerleau
Resolved On:	07/26/2024
Manufacturer:	System Sensor
Model:	4WB



Testing Details

Alarm Notification Appliance

EQUIPMENT TYPE	ADDRESS	DESCRIPTION	METHOD	DATE/TIME
Audible And Visible	All Build-in Audible Visual Devices (Horn Strobes)	16 Horn Strobes / 16 Strobes / 3 Bells - Gentex	Manual	8/20/2024 12:23:21 PM
		Manufacturer	Gentex	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	

Fire Doors

EQUIPMENT TYPE	ADDRESS	DESCRIPTION	METHOD	DATE/TIME
Swinging	DH 04	Door Holder - 2nd Floor	Manual	8/20/2024 12:21:41 PM
Door & Frame Undamaged	Passed	Visual Inspection	Passed (Manual)	
Glazing	Passed	Functional Inspection	Passed	
Door & Frame Working	Passed	Fire Rating	0_min	
Door & Frame Clearance	Passed			
Self-Closing Devices	Passed			
Latching Hardware	Passed			
No Auxilliary Items	Passed			
Labels Correct	Passed			
Seals	Passed			
Swinging	DH 01	Door Holder To Basement	Manual	8/20/2024 12:21:47 PM
Door & Frame Undamaged	Passed	Visual Inspection	Passed (Manual)	
Glazing	Passed	Functional Inspection	Passed	
Door & Frame Working	Passed			
Door & Frame Clearance	Passed			
Self-Closing Devices	Passed			
Latching Hardware	Passed			
No Auxilliary Items	Passed			
Labels Correct	Passed			
Seals	Passed			
Swinging	DH 02	Door Holder - Basement	Manual	8/20/2024 12:22:07 PM
Door & Frame Undamaged	Passed	Visual Inspection	Passed (Manual)	
Glazing	Passed	Functional Inspection	Passed	
Door & Frame Working	Passed	Fire Rating	0_min	
Door & Frame Clearance	Passed			
Self-Closing Devices	Passed			
Latching Hardware	Passed			
No Auxilliary Items	Passed			
Labels Correct	Passed			
Seals	Passed			
Swinging	DH 03	Door Holder - Memory Care	Manual	8/20/2024 12:22:11 PM
Door & Frame Undamaged	Passed	Visual Inspection	Passed (Manual)	
Glazing	Passed	Functional Inspection	Passed	
Door & Frame Working	Passed	Fire Rating	0_min	
Door & Frame Clearance	Passed			
Self-Closing Devices	Passed			
Latching Hardware	Passed			
No Auxilliary Items	Passed			
Labels Correct	Passed			
Seals	Passed			

Initiating Device

EQUIPMENT TYPE	ADDRESS	DESCRIPTION	STATUS	DATE/TIME
Manual Pull Station	L1D006 PS01 [redacted]	1st Floor Front Entry By Kitchen	Manual	6/20/2024 12:19:33 PM
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D006 HD01	1st Floor Kitchen	Manual	6/20/2024 12:19:35 PM
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D118	Basement furnace room	Manual	6/20/2024 12:19:37 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D116	Basement sprinkler room	Manual	6/20/2024 12:19:38 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D112	Basement break room	Manual	6/20/2024 12:19:40 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Manual Pull Station	L1D111	Basement break room exit	Manual	6/20/2024 12:19:43 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D110	Basement dry goods	Manual	6/20/2024 12:19:45 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D109	Basement supply room	Manual	6/20/2024 12:19:46 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Manual Pull Station	L1D108	Basement laundry room exit	Manual	6/20/2024 12:19:48 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D107	Basement laundry room closet	Manual	6/20/2024 12:19:50 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D106	Basement laundry room	Manual	6/20/2024 12:19:53 PM
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D105	Basement above laundry room	Manual	6/20/2024 12:19:55 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D104	Basement corridor west end	Manual	6/20/2024 12:19:56 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D103	Basement maintenance shop	Manual	6/20/2024 12:19:58 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D102	Basement biohazard storage	Manual	6/20/2024 12:20:00 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	

EQUIPMENT TYPE	ADDRESS	DESCRIPTION	METHOD	DATE/TIME
		Functional Inspection	Passed	
Smoke Detector	L1D101	Main corridor west end	Manual	6/20/2024 12:20:01 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D100	Room 111	Manual	6/20/2024 12:20:03 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D099	Room 113	Manual	6/20/2024 12:20:05 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Manual Pull Station	L1D098	Main corridor west exit	Manual	6/20/2024 12:20:07 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D097	Room 114	Manual	6/20/2024 12:20:08 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D096	Room 112	Manual	6/20/2024 12:20:10 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D095	Janitor closet / trash room	Manual	6/20/2024 12:20:12 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D094	Janitor closet	Manual	6/20/2024 12:20:13 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D093	Room 110	Manual	6/20/2024 12:20:15 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D092	Room 108	Manual	6/20/2024 12:20:27 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D091	Top of basement stairs	Manual	6/20/2024 12:20:31 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D090	Main corridor near basement	Manual	6/20/2024 12:20:34 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Manual Pull Station	L1D089	Main floor main exit	Manual	6/20/2024 12:20:37 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D088	Reception	Manual	6/20/2024 12:20:39 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	

EQUIPMENT TYPE	ADDRESS	DESCRIPTION	METHOD	DATE/TIME
		Functional Inspection	Passed	
Smoke Detector	L1D088	Clean linen closet	Manual	6/20/2024 12:20:41 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D085	Room 109	Manual	6/20/2024 12:20:43 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D084	Room 104	Manual	6/20/2024 12:20:45 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D083	Room 102	Manual	6/20/2024 12:20:47 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D082	Main corridor east end	Manual	6/20/2024 12:20:49 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Manual Pull Station	L1D081	Main floor east exit	Manual	6/20/2024 12:20:53 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D080	Rear dining room	Manual	6/20/2024 12:20:55 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D077	Corridor to right dining area	Manual	6/20/2024 12:20:57 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D076	Corridor outside of whirlpool R	Manual	6/20/2024 12:20:59 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D074	Room 100	Manual	6/20/2024 12:21:01 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D073	living room	Manual	6/20/2024 12:21:02 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D072	Living Room	Manual	6/20/2024 12:21:04 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D071	Dining Room	Manual	6/20/2024 12:21:10 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D070	Room 107	Manual	6/20/2024 12:21:12 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	

EQUIPMENT TYPE	ADDRESS	DESCRIPTION	METHOD	DATE/TIME
		Functional Inspection	Passed	
Smoke Detector	L1D059	Kitchen Storage	Manual	6/20/2024 12:21:14 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D058	Kitchen Office	Manual	6/20/2024 12:21:16 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D057	Basement Near Laundry	Manual	6/20/2024 12:21:17 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D055	Above Ceiling Over Kitchen	Manual	6/20/2024 12:21:18 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D054	Above Ceiling Over Janitor's Closet	Manual	6/20/2024 12:21:20 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D053	Above Ceiling Over Room 109-B	Manual	6/20/2024 12:21:22 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D052	Above Ceiling Over Room 109	Manual	6/20/2024 12:21:24 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D051	Above Ceiling Over Main Corridor West End Near 109	Manual	6/20/2024 12:21:26 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D060	Above Ceiling Over Main Corridor West End Near 112	Manual	6/20/2024 12:21:28 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D059	Above Ceiling Over Room 111	Manual	6/20/2024 12:21:30 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D058	Above Ceiling Over Room 111	Manual	6/20/2024 12:21:31 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D057	Above Ceiling Over Room 113	Manual	6/20/2024 12:21:33 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D056	Above Ceiling Over Room 114	Manual	6/20/2024 12:21:35 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D055	Above Ceiling Over Room 112	Manual	6/20/2024 12:21:36 PM
		Manufacturer	Fike	

EQUIPMENT TYPE	ADDRESS	DESCRIPTION	METHOD	DATE/TIME
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D054	Above Ceiling Over Room 112	Manual	6/20/2024 12:21:38 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D053	Above Ceiling Over Room 110	Manual	6/20/2024 12:21:40 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D052	Above Ceiling Over Room 108	Manual	6/20/2024 12:21:42 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D051	Above Ceiling Over Corridor Near Room 104	Manual	6/20/2024 12:21:43 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D050	Above Ceiling Over Main Entrance	Manual	6/20/2024 12:21:45 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D049	Above Ceiling Over Main Corridor Near Reception	Manual	6/20/2024 12:21:48 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D048	NSG Station Back Room	Manual	6/20/2024 12:21:49 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D047	Above Ceiling Over Room 102	Manual	6/20/2024 12:21:51 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D046	Above Ceiling Over Main Corridor Near Linen Closet	Manual	6/20/2024 12:21:52 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D045	Above Ceiling Over Main Corridor	Manual	6/20/2024 12:21:54 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D044	Above Ceiling Over Linen Closet	Manual	6/20/2024 12:21:57 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D043	Above Ceiling Over Linen Closet	Manual	6/20/2024 12:21:59 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D042	Above Ceiling Over Dining Room	Manual	6/20/2024 12:22:00 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D041	Above Ceiling Over Dining Room	Manual	6/20/2024 12:22:03 PM

EQUIPMENT TYPE	ADDRESS	DESCRIPTION	METHOD	DATE/TIME
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D040	Attic Over Room 200	Manual	6/20/2024 12:22:05 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D039	Attic Over Elevator Lobby	Manual	6/20/2024 12:22:09 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D038	Attic Over Room 202	Manual	6/20/2024 12:22:11 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D037	Attic Over 2nd Floor Stair Landing	Manual	6/20/2024 12:22:13 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D036	Attic Over Room 208	Manual	6/20/2024 12:22:14 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D035	Attic Over Room 210	Manual	6/20/2024 12:22:16 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D034	Attic Over Room 213	Manual	6/20/2024 12:22:18 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D033	Attic Over Activities Room	Manual	6/20/2024 12:22:19 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Manual Pull Station	L1D032	2nd Floor Activities Room	Manual	6/20/2024 12:22:21 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D031	2nd Floor Activities Room	Manual	6/20/2024 12:22:23 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D030	2nd Floor Corridor Near Activities	Manual	6/20/2024 12:22:24 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D029	Room 213	Manual	6/20/2024 12:22:26 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D028	2nd Floor Corridor West End	Manual	6/20/2024 12:22:28 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D027	Room 210	Manual	6/20/2024 12:22:30 PM

EQUIPMENT TYPE	ADDRESS	DESCRIPTION	METHOD	DATE/TIME
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D026	Room 206	Manual	6/20/2024 12:22:32 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Manual Pull Station	L1D024	2nd Floor Corridor Near West Fire Escape	Manual	6/20/2024 12:22:34 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D023	2nd Floor Top of Stairs	Manual	6/20/2024 12:22:36 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D022	2nd Floor East End	Manual	6/20/2024 12:22:38 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Manual Pull Station	L1D021	2nd Floor Corridor Near West Fire Escape	Manual	6/20/2024 12:22:40 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D020	2nd Floor Linen Closet	Manual	6/20/2024 12:22:42 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D019	Room 202	Manual	6/20/2024 12:22:43 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D018	2nd Floor MDS Room	Manual	6/20/2024 12:22:45 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D016	Room 200	Manual	6/20/2024 12:22:46 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D014	2nd Floor Medical Gas Closet	Manual	6/20/2024 12:22:48 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D013	Above Whirlpool Room Ceiling	Manual	6/20/2024 12:22:49 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D012	Above North Corridor Ceiling	Manual	6/20/2024 12:22:52 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D011	Above North Corridor Ceiling	Manual	6/20/2024 12:22:54 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	

Equipment Type	Address	Description	Method	Date/Time
Heat Detector	L1D010	Attic Over Social Services	Manual	6/20/2024 12:22:58 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D009	Attic Over Dining Room West	Manual	6/20/2024 12:22:57 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D008	Attic Over East Rear Dining East	Manual	6/20/2024 12:22:59 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Heat Detector	L1D007	Attic Over D.O.N. Office	Manual	6/20/2024 12:23:01 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
[Other]	L1D006	Zone Module - Boarding Home	Manual	6/20/2024 12:23:03 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Manual Pull Station	L1D005	Hall To Boarding Room	Manual	6/20/2024 12:23:06 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Manual Pull Station	L1D004	Rear Dining Room Main Street Exit	Manual	6/20/2024 12:23:06 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D003	D.O.N. Office	Manual	6/20/2024 12:23:08 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D002	Social Services Office	Manual	6/20/2024 12:23:10 PM
		Manufacturer	Fike	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D006 SD02	Top of Stairs By Office	Manual	7/26/2024 9:48:04 AM
		Manufacturer	System Sensor	
		Model	4WB	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Smoke Detector	L1D006 SD01	Top of Stairs By Room 4/5/6	Manual	7/26/2024 9:48:43 AM
		Manufacturer	System Sensor	
		Model	4WB	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	

Power Supplies

Equipment Type	Address	Description	Method	Date/Time
FACP	FACP	Fire Alarm Control Panel - Basement	Manual	6/20/2024 12:23:12 PM
		Manufacturer	Fike	
		Model	CyberCat 254	
		Visual Inspection	Passed (Manual)	
		Functional Inspection	Passed	
Battery - Sealed Lead-acid	Battery # 2	FACP Battery - Right	Manual	6/20/2024 12:23:16 PM

Device/Equipment Details

Alarm Notification Appliance

ADDRESS	DESCRIPTION	MANUFACTURER	MODEL	SERIAL	INSTALL DATE
Audible And Visual					
All Building Audible Visual Devices (Horn Strobes)	16 Horn Strobes / 16 Strobes / 3 Bells - Gentex	Gentex			07/27/2018

Fire Doors

ADDRESS	DESCRIPTION	MANUFACTURER	MODEL	SERIAL	INSTALL DATE
Smoke Doors					
DH:01	Door Holder To Basement				08/20/2010
DH:02	Door Holder - Basement				08/20/2010
DH:04	Door Holder - 2nd Floor				08/20/2010
DH:03	Door Holder - Memory Care				08/20/2010

Initiating Device

ADDRESS	DESCRIPTION	MANUFACTURER	MODEL	SERIAL	INSTALL DATE
Smoke Detector					
L1D002	Social Services Office	Fike			07/27/2018
L1D003	D.O.N. Office	Fike			07/27/2018
L1D011	Above North Corridor Ceiling	Fike			07/27/2018
L1D012	Above North Corridor Ceiling	Fike			07/27/2018
L1D013	Above Whirlpool Room Ceiling	Fike			07/27/2018
L1D014	2nd Floor Medical Gas Closet	Fike			07/26/2018
L1D016	Room 200	Fike			07/27/2018
L1D018	2nd Floor MDS Room	Fike			07/27/2018
L1D019	Room 202	Fike			07/27/2018
L1D020	2nd Floor Linen Closet	Fike			07/27/2018
L1D022	2nd Floor East End	Fike			07/27/2018
L1D023	2nd Floor Top of Stairs	Fike			07/27/2018
L1D026	Room 208	Fike			07/27/2018
L1D027	Room 210	Fike			07/27/2018
L1D028	2nd Floor Corridor West End	Fike			07/27/2018
L1D029	Room 213	Fike			07/27/2018
L1D030	2nd Floor Corridor Near Activities	Fike			07/27/2018
L1D031	2nd Floor Activities Room	Fike			07/27/2018
L1D041	Above Ceiling Over Dining Room	Fike			07/27/2018
L1D042	Above Ceiling Over Dining Room	Fike			07/27/2018
L1D043	Above Ceiling Over Linen Closet	Fike			07/27/2018
L1D044	Above Ceiling Over Linen Closet	Fike			07/27/2018
L1D045	Above Ceiling Over Main Corridor	Fike			07/27/2018
L1D046	Above Ceiling Over Main Corridor Near Linen Closet	Fike			07/27/2018
L1D047	Above Ceiling Over Room 102	Fike			07/27/2018
L1D048	NSG Station Back Room	Fike			07/27/2018
L1D049	Above Ceiling Over Main Corridor Near Reception	Fike			07/27/2018
L1D050	Above Ceiling Over Main Entrance	Fike			07/27/2018
L1D051	Above Ceiling Over Corridor Near Room 108	Fike			07/27/2018
L1D052	Above Ceiling Over Room 108	Fike			07/27/2018
L1D053	Above Ceiling Over Room 110	Fike			07/27/2018
L1D054	Above Ceiling Over Room 112	Fike			07/27/2018
L1D055	Above Ceiling Over Room 112	Fike			07/27/2018

ADDRESS	DESCRIPTION	MANUFACTURER	MODEL	SERIAL	INSTALL DATE
L1D056	Above Ceiling Over Room 114	Fike			07/27/2018
L1D057	Above Ceiling Over Room 113	Fike			07/27/2018
L1D058	Above Ceiling Over Room 111	Fike			07/27/2018
L1D059	Above Ceiling Over Room 111	Fike			07/27/2018
L1D060	Above Ceiling Over Main Corridor West End Near 112	Fike			07/27/2018
L1D061	Above Ceiling Over Main Corridor West End Near 109	Fike			07/27/2018
L1D062	Above Ceiling Over Room 109	Fike			07/27/2018
L1D063	Above Ceiling Over Room 109-B	Fike			07/27/2018
L1D064	Above Ceiling Over Janitors Closet	Fike			07/27/2018
L1D065	Above Ceiling Over Kitchen	Fike			07/27/2018
L1D068	Kitchen Office	Fike			07/27/2018
L1D069	Kitchen Storage	Fike			07/27/2018
L1D070	Room 107	Fike			07/27/2018
L1D071	Dining Room	Fike			07/27/2018
L1D072	Living Room	Fike			07/27/2018
L1D073	living room	Fike			07/27/2018
L1D074	Room 100	Fike			07/27/2018
L1D076	Corridor outside of whirlpool R	Fike			07/27/2018
L1D077	Corridor to right dining area	Fike			07/26/2023
L1D080	Rear dining room	Fike			07/27/2018
L1D082	Main corridor east end	Fike			07/27/2018
L1D083	Room 102	Fike			07/27/2018
L1D084	Room 104	Fike			07/27/2018
L1D085	Room 109	Fike			07/27/2018
L1D086	Clean linen closet	Fike			07/27/2018
L1D088	Reception	Fike			07/27/2018
L1D090	Main corridor near basement	Fike			07/27/2018
L1D091	Top of basement stairs	Fike			07/27/2018
L1D092	Room 108	Fike			07/27/2018
L1D093	Room 110	Fike			07/27/2018
L1D094	Janitor closet	Fike			07/27/2018
L1D095	Janitor closet / trash room	Fike			07/26/2018
L1D096	Room 112	Fike			07/27/2018
L1D097	Room 114	Fike			07/27/2018
L1D100	Room 111	Fike			07/27/2018
L1D099	Room 113	Fike			07/26/2023
L1D101	Main corridor west end	Fike			07/27/2018
L1D102	Basement biohazard storage	Fike			07/27/2018
L1D103	Basement maintenance shop	Fike			07/27/2018
L1D105	Basement above laundry room	Fike			07/27/2018
L1D104	Basement corridor west end	Fike			07/27/2018
L1D107	Basement laundry room closet	Fike			07/27/2018
L1D110	Basement dry goods	Fike			07/27/2018
L1D109	Basement supply room	Fike			07/27/2018
L1D116	Basement sprinkler room	Fike			07/27/2018
L1D112	Basement break room	Fike			07/27/2018
L1D006:SD02	Top of Stairs By Office	System Sensor	4WB		07/26/2024
L1D006:SD01	Top of Stairs By Room 4/5/6	System Sensor	4WB		07/26/2024
Weapons Screening					
L1D004	Rear Dining Room Main Street Exit	Fike			07/27/2018

ADDRESS	DESCRIPTION	MANUFACTURER	MODEL	SERIAL	INSTALL DATE
L1D005	Hall To Boarding Room	Fike			07/27/2018
L1D021	2nd Floor Corridor Near West Fire Escape	Fike			07/27/2018
L1D024	2nd Floor Corridor Near West Fire Escape	Fike			07/27/2018
L1D032	2nd Floor Activities Room	Fike			07/27/2018
L1D081	Main floor east exit	Fike			07/26/2018
L1D089	Main floor main exit	Fike			07/27/2018
L1D098	Main corridor west exit	Fike			07/27/2018
L1D108	Basement laundry room exit	Fike			07/27/2018
L1D111	Basement break room exit	Fike			07/27/2018
L1D006:PS01	1st Floor Front Entry By Kitchen				07/26/1990
[illegible]					
L1D006	Zone Module - Boarding Home	Fike			07/27/2018
[illegible]					
L1D007	Attic Over D.O.N. Office	Fike			07/27/2018
L1D008	Attic Over East Rear Dining East	Fike			07/27/2018
L1D009	Attic Over Dining Room West	Fike			07/27/2018
L1D010	Attic Over Social Services	Fike			07/27/2018
L1D033	Attic Over Activities Room	Fike			07/27/2018
L1D034	Attic Over Room 213	Fike			07/27/2018
L1D035	Attic Over Room 210	Fike			07/27/2018
L1D036	Attic Over Room 208	Fike			07/27/2018
L1D037	Attic Over 2nd Floor Stair Landing	Fike			07/27/2018
L1D038	Attic Over Room 202	Fike			07/27/2018
L1D039	Attic Over Elevator Lobby	Fike			07/27/2018
L1D040	Attic Over Room 200	Fike			07/27/2018
L1D067	Basement Near Laundry	Fike			07/27/2018
L1D106	Basement laundry room				07/27/2018
L1D118	Basement furnace room	Fike			07/26/2023
L1D006:HD01	1st Floor Kitchen				07/26/2018

Power Supplies

ADDRESS	DESCRIPTION	MANUFACTURER	MODEL	SERIAL	INSTALL DATE
[illegible]					
FACP	Fire Alarm Control Panel - Basement	Fike	CyberCat 254		07/27/2018
[illegible]					
Battery # 1	FACP Battery - Left				06/07/2021
Battery # 2	FACP Battery - Right				07/26/2023

Supervising Station Transmitting Equipment

ADDRESS	DESCRIPTION	MANUFACTURER	MODEL	SERIAL	INSTALL DATE
[illegible]					
DACT	DACT Communicator	Bosch	D9068		07/27/2018

HIGH TECH FIRE PROTECTION

For Tag# K353

Coastal Manor
20 West Maine St.
Yarmouth, ME 04096

September 4, 2024

Letter of Intent- Quarterly Fire Sprinkler Inspections

Schedule for Inspections of Fire Sprinkler System for:

Contract #: 3042SQ
Date: 2024-2025
Property: Coastal Manor – 20 West Maine St. Yarmouth

Quarterly Inspections will be performed quarterly according to the following schedule:

-October 2024
-January 2025
-April 2025
-July 2025
-October 2025

This Schedule will remain in effect as long as contract is in place *(This contract can be terminated by either party with at least 30 days' notice.)*

Lucille L. Smith, VP
High Tech Fire Protection
Inspections Department

For Tag #1353 026139

High Tech Fire Protection
P.O. Box 156
Minot, ME 04258
Tel: 207-998-2551 Fax: 207-998-4187

Date: 9-3-24

Customer P.O. #

Job Name: Coastal Manor	Office Use	Quantity	Materials Used	Office Use
Address		3	Antifreeze signs plus chain	
City, State & Zip:		2	200°QR brass vertical sidewalls	
Contact Information		1	Tyco head wrench	
Contact Name: Aaron / Title:		14	Kydex rings	
Signature:				
Service Technician: Alan S.				

Origination of Work

Extra to Contract	☐	Deficiency Repair	☐
Daywork	☐	Quoted Work	☐
Service Call	☐	Other	☑

Please Check One Below

Straight Time	☐	Premium Time	☐

Time In: Time Out:

Round Trip Milage:

Labor / Travel Hours:

Materials Total:

Description of Work:

Dropped of some items that were noted as missing on the inspection while in the area.

Notes / Instructions

**Minimum labor charge is 1 hour

RECEIVED
SEP 13 2024
BY:

RECEIVED
SEP 13 2024
BY:

For Tag #K353

Report of Inspection / Test

Quarterly NFPA 25

HIGH TECH FIRE PROTECTION

2024-08-20
Property
Coastal Manor
3042SQ23
20 W Main St
Yarmouth ME 04096-8412
Print Date: 2024-08-20

Conducted by: Alan Schwartz
Licensed Fire Sprinkler Inspector #IFS380

High Tech Fire Protection Co.
PO Box 156
Minot ME 04258
(207) 998-2551
LSmith@htfp.me

Report of Inspection / Test General Questions

OWNER SECTION

Are all fire sprinkler systems in service?	☑ Yes ☐ No ☐ NA	Are the control valves accessible, in correct position, locked, and or, tampered, and or sealed?	☑ Yes ☐ No ☐ NA
Date of inspection	8/14/24		

VALVE AREA

Are all check valves externally inspected, operating properly, and are in good condition?	☑ Yes ☐ No ☐ NA	Are the gauges on system operable and in good working condition?	☑ Yes ☐ No ☐ NA
Have the mechanical waterflow alarm devices passed tests by opening inspector's test connection/bypass connection with alarms actuating and flow observed?	☐ Yes ☐ No ☑ NA	All control valves operated through full range and returned to normal position?	Not exercised during this inspection
Was a drain test conducted after opening any closed valve?	☐ Yes ☐ No ☑ NA	Valve area appears properly healed?	☑ Yes ☐ No ☐ NA
Is the hydraulic name plate (calculated systems) attached securely to the riser and legible?	☑ Yes ☐ No ☐ NA	All valves identified with signage?	☐ Yes ☑ No ☐ NA
Pump in Service and Operational?	N/A	Type of Pump	N/A

BACKFLOW PREVENTERS

Is relief port on RPZ device not discharging?	☐ Yes ☐ No ☑ NA		

ALARMS

Are alarms and supervisory devices not damaged?	☑ Yes ☐ No ☐ NA	Alarm panel clear after inspection completed?	☑ Yes ☐ No ☐ NA
Did Alarm Supervisory Co. receive signal properly	☑ Yes ☐ No ☐ NA		

FIRE DEPARTMENT CONNECTION

Is the FDC plainly visible and easily accessible?	☑ Yes ☐ No ☐ NA	Are the FDC swivels and couplings not damaged?	☑ Yes ☐ No ☐ NA

Report of Inspection / Test

Quarterly NFPA 25

HIGH TECH FIRE PROTECTION

2024-08-20
Property
Coastal Manor
3042SQ23
20 W Main St
Yarmouth ME 04096-8412
Print Date: 2024-08-20

Conducted by: Alan Schwartz
Licensed Fire Sprinkler Inspector #IFS380

High Tech Fire Protection Co.
PO Box 156
Minot ME 04258
(207) 998-2551
LSmith@htfp.me

Are the FDC caps and plugs in place and undamaged?	☑ Yes ☐ No ☐ NA	Are the FDC gaskets in place?	☑ Yes ☐ No ☐ NA
Is the FDC check valve free of leaks?	☑ Yes ☐ No ☐ NA	Is the FDC identification sign(s) in place?	☐ Yes ☑ No ☐ NA
Location of FDC	N/A		

SPRINKLER HEADS

Are there the proper number and type of spare sprinklers and wrenches in place?	☐ Yes ☑ No ☐ NA		

5 YEAR

When was the last internal pipe inspection performed (remove a flushing connection and a sprinkler near the end of a branch line)?	5/11/23	Is the 5year Internal pipe inspection up to date	☑ Yes ☐ No ☐ NA
Gauge replacement due? If yes, what type and how many?	N/A		

ALARM VALVE

Is the valve assembly free from physical damage?	☑ Yes ☐ No ☐ NA	Is the trim in correct (open or closed) position?	☑ Yes ☐ No ☐ NA
Is there no leakage in the retarding chamber or drains?	☑ Yes ☐ No ☐ NA		

Report of Inspection / Test

Quarterly NFPA 25

HIGH TECH FIRE PROTECTION

2024-08-20
Property
Coastal Manor
3042SQ23
20 W Main St
Yarmouth ME 04096-8412
Print Date: 2024-08-20

Conducted by: Alan Schwartz
Licensed Fire Sprinkler Inspector #IFS380

High Tech Fire Protection Co.
PO Box 156
Minot ME 04258
(207) 998-2551
LSmith@htfp.me

MAIN DRAIN FLOW TESTS

System	Initial Static	Residual	Static	Seconds to Return to Initial Static	Flow Observed?	Did waterflow alarm operate?	Are results comparable to previous test?
Wet1	73	53	59	2 seconds	Yes	Yes	Yes

INSPECTORS TEST CONNECTION

System	Location	Description	Time to Alarm (seconds)	Reported?	Smooth Orifice	Easily Accessible	Signs?	Pass?
Wet1	Sprinkler room	Inspectors test valve	49	Yes	Yes	Yes	Yes	Yes

VALVES

System	Description	Location	Valve Type	Size	Secured	Open	Easily Accessible	Signs	Exercised	Stems Lubricated	# de Tour s
Wet1	City side main control	Sprinkler room	OS&Y	4"	Monitored And Sealed	Yes	Yes	Yes	N/A	N/A	
Wet1	Attic antifreeze loop control valve	Room 212 closet	OS&Y	2"	Monitored And Sealed	Yes	Yes	No	N/A	N/A	
Wet1	Attic antifreeze loop control valve	Room 202 closet	OS&Y	2-1/2"	Monitored And Sealed	Yes	Yes	No	N/A	N/A	
Wet1	Back wing antifreeze control valve	Boiler room	OS&Y	2-1/2"	Monitored And Sealed	Yes	Yes	No	N/A	N/A	
Wet1	System side main control valve	Sprinkler room	Butterfly	4"	Monitored And Sealed	Yes	Yes	Yes	N/A	N/A	

DRAIN VALVES

System	Description	Location	Drain	Aux Drain Drained	Water Flow Observed
Wet1	Main drain valve	Sprinkler room	Ball Valve	Yes	Yes

Report of Inspection / Test

Quarterly NFPA 25

HIGH TECH FIRE PROTECTION

2024-08-20
Property
Coastal Manor
3042SQ23
20 W Main St
Yarmouth ME 04096-8412
Print Date: 2024-08-20

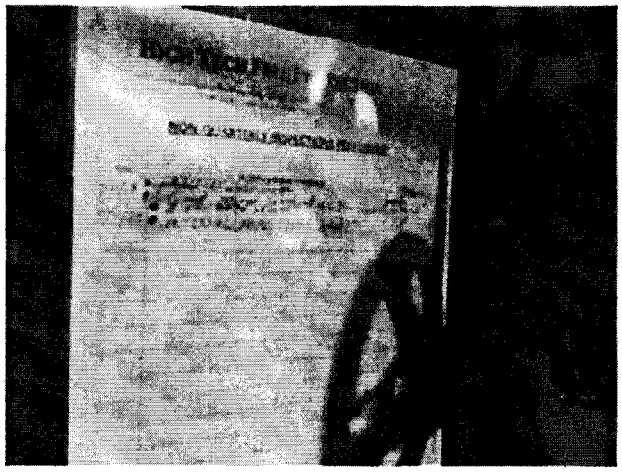
Conducted by: Alan Schwartz
Licensed Fire Sprinkler Inspector #IFS380

High Tech Fire Protection Co.
PO Box 156
Minot ME 04258
(207) 998-2551
LSmith@htfp.me

Questions with Photos and Notes

- Is the 5year Internal pipe inspection up to date — Yes

Notes:



- Is the FDC plainly visible and easily accessible? — Yes

Notes:

- Are the control valves accessible, in correct position, locked, and or, tampered, and or sealed? — Yes

Notes:

Report of Inspection / Test

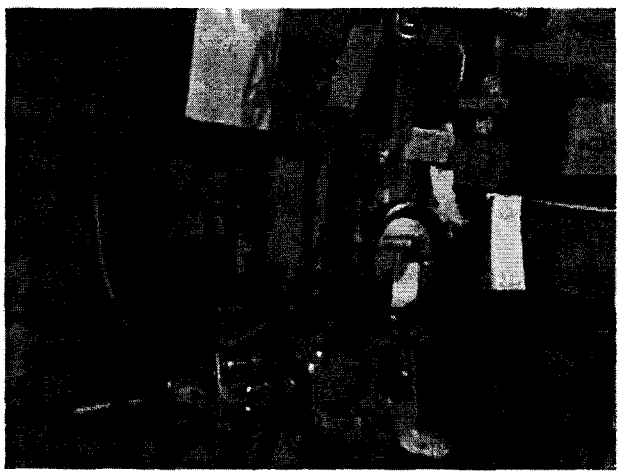
Quarterly NFPA 25

HIGH TECH FIRE PROTECTION

2024-08-20
Property
Coastal Manor
3042SQ23
20 W Main St
Yarmouth ME 04096-8412
Print Date: 2024-08-20

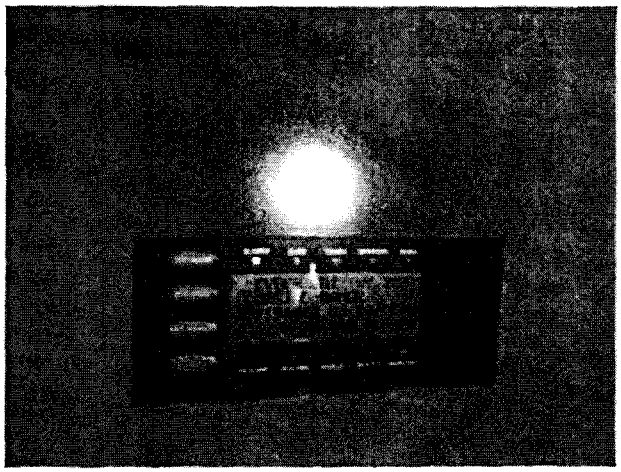
Conducted by: Alan Schwartz
Licensed Fire Sprinkler Inspector #IFS380

High Tech Fire Protection Co.
PO Box 156
Minot ME 04258
(207) 998-2551
LSmith@htfp.me



- Alarm panel clear after inspection completed? Yes

Notes:



Valve - Back wing antifreeze control valve Boiler room

Notes:

Need an antifreeze sign.

Visit Photos

Report of Inspection / Test

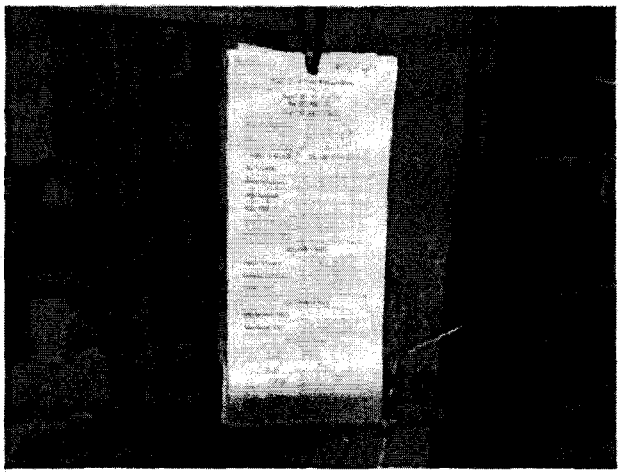
Quarterly NFPA 25

HIGH TECH FIRE PROTECTION

2024-08-20
Property
Coastal Manor
3042SQ23
20 W Main St
Yarmouth ME 04096-8412
Print Date: 2024-08-20

Conducted by: Alan Schwartz
Licensed Fire Sprinkler Inspector #IFS380

High Tech Fire Protection Co.
PO Box 156
Minot ME 04258
(207) 998-2551
LSmith@htfp.me



Report of Inspection / Test

Quarterly NFPA 25

HIGH TECH FIRE PROTECTION

2024-08-20
Property
Coastal Manor
3042SQ23
20 W Main St
Yarmouth ME 04096-8412
Print Date: 2024-08-20

Conducted by: Alan Schwartz
Licensed Fire Sprinkler Inspector #IFS380

High Tech Fire Protection Co.
PO Box 156
Minot ME 04258
(207) 998-2551
LSmith@htfp.me

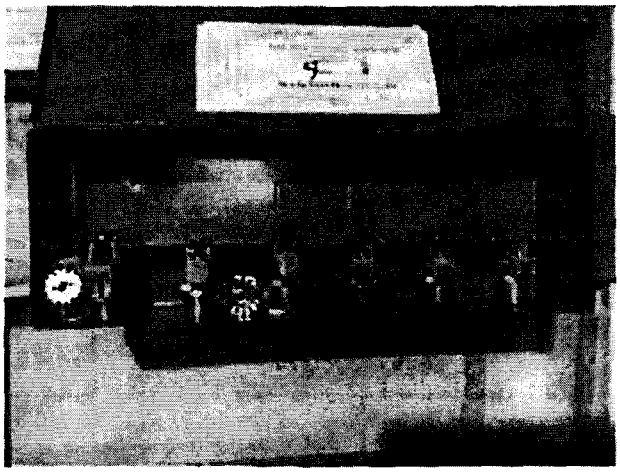
Deficiencies - General Questions

Deficiency #1

Are there the proper number and type of spare sprinklers and wrenches in place?:
No
Status: Non Critical

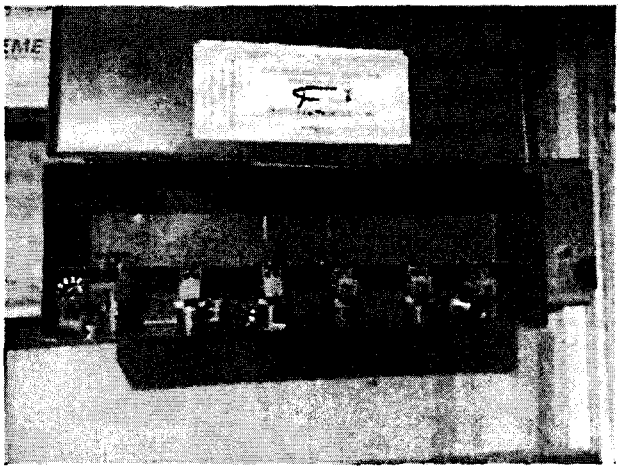
Notes: Need 2 Tyco 200 QR brass vertical sidewalls and a Tyco head wrench

Deficiency #1 - Photo #1



Date Taken: April 22, 2024

Deficiency #1 - Photo #2



Date Taken: August 14, 2024

Report of Inspection / Test

Quarterly NFPA 25

HIGH TECH FIRE PROTECTION

2024-08-20
Property
Coastal Manor
3042SQ23
20 W Main St
Yarmouth ME 04096-8412
Print Date: 2024-08-20

Conducted by: Alan Schwartz
Licensed Fire Sprinkler Inspector #IFS380

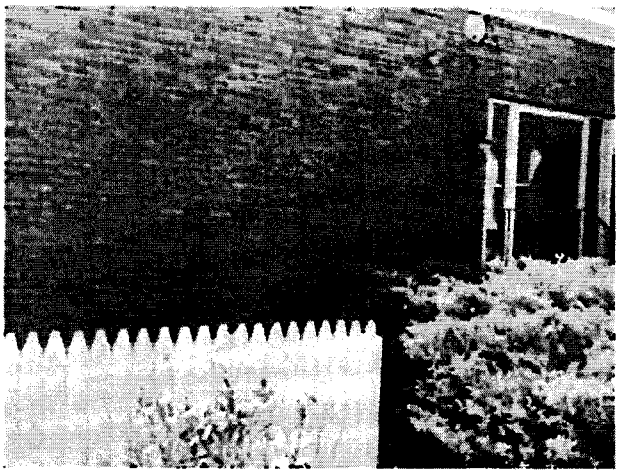
High Tech Fire Protection Co.
PO Box 156
Minot ME 04258
(207) 998-2551
LSmith@htfp.me

Deficiency #2

Is the FDC identification sign(s) in place?: No
Status: Non Critical

Notes: Needs an FDC sign on the wall.

Deficiency #2 - Photo #1



Date Taken: April 22, 2024

Deficiency #3

All valves identified with signage?: No
Status: Non Critical

Notes: Need an antifreeze sign.

Deficiencies - General Wet System Questions

None

Deficiencies - Wet1

None

Deficiencies - Inspectors Test Connection

None

Deficiencies - Valves

Report of Inspection / Test

Quarterly NFPA 25

HIGH TECH FIRE PROTECTION

2024-08-20
Property
Coastal Manor
3042SQ23
20 W Main St
Yarmouth ME 04096-8412
Print Date: 2024-08-20

Conducted by: Alan Schwartz
Licensed Fire Sprinkler Inspector #IFS380

High Tech Fire Protection Co.
PO Box 156
Minot ME 04258
(207) 998-2551
LSmith@htfp.me

Deficiency #4

Location: Room 212 closet
Make: Unknown
Model: Unknown
Valve Type: OS&Y
Size: 2
Description: Attic antifreeze loop control valve
Signs: No
Status: Non Critical

Notes: Needs a sign.

Deficiency #5

Location: Room 202 closet
Make: Unknown
Model: Unknown
Valve Type: OS&Y
Size: 2-1/2
Description: Attic antifreeze loop control valve
Signs: No
Status: Non Critical

Notes: Needs a sign.

Deficiencies - Drain Valves

None

Report of Inspection / Test

Quarterly NFPA 25

HIGH TECH FIRE PROTECTION

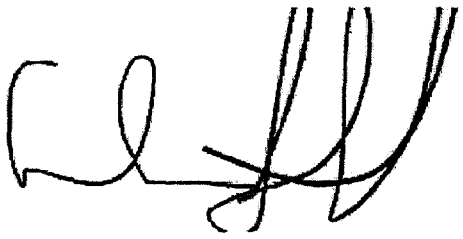
2024-08-20
Property
Coastal Manor
3042SQ23
20 W Main St
Yarmouth ME 04096-8412
Print Date: 2024-08-20

Conducted by: Alan Schwartz
Licensed Fire Sprinkler Inspector #IFS380

High Tech Fire Protection Co.
PO Box 156
Minot ME 04258
(207) 998-2551
LSmith@htfp.me

Inspector Signature

I state that the information on this form is correct at the time and place of my inspection, and all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.

Inspector Name	Signature	Date Completed
Alan Schwartz Licensed Fire Sprinkler Inspector #IFS380		2024-08-14

Client Signature

I state that the information on this form is correct at the time and place of my inspection, and all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.

Client Name	Signature	Date Completed
Aaron		2024-08-14