STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205101	A. BUILDING 01 RECEIVED B. WING AUG 15 2024 BY:	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINNACLE HEALTH & REHAB CANTON	26 PLEASANT ST CANTON, ME 04221

(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: 07.30.2024 Pinnacle Health & Rehab Canton, 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	This is the plan of correction developed for the statement of deficiencies developed for the Life Safety survey at Pinnacle Health & Rehab on July 30,2024	Sept. 7, 2024
E 006 SS=F	Plan Based on All Hazards Risk Assessment CFR(s): 483.73(a)(1)-(2) §403.748(a)(1)-(2), §416.54(a)(1)-(2), §418.113(a)(1)-(2), §441.184(a)(1)-(2), §460.84(a)(1)-(2), §482.15(a)(1)-(2), §483.73(a)(1)-(2), §483.475(a)(1)-(2), §484.102(a)(1)-(2), §485.68(a)(1)-(2), §485.542(a)(1)-(2), §485.625(a)(1)-(2), §485.727(a)(1)-(2), §485.920(a)(1)-(2), §486.360(a)(1)-(2), §491.12(a)(1)-(2), §494.62(a)(1)-(2) [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.* (2) Include strategies for addressing emergency events identified by the risk assessment. * [For Hospices at §418.113(a):] Emergency Plan. The Hospice must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The	E 006	All residents have the potential of being affected by this deficiency. **Emergency Plan Based on All Hazards Risk Assessment.** The facility had developed an All Hazards Emergency Preparedness Plan. Through a lack of communication it had not been printed & placed in the emergency preparedness book. That has been accomplished. This policy will be reviewed & reported to QAPI annually	Aug. 5,2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature] KUNHA	ADMINISTRATOR	8/15/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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E 006	Continued From page 1 plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. (2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care. *[For LTC facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. (2) Include strategies for addressing emergency events identified by the risk assessment. *[For ICF/IIDs at §483.475(a):] Emergency Plan. The ICF/IID must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. (2) Include strategies for addressing emergency events identified by the risk assessment. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long term care facility failed to	E 006		

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PRINTED: 08/01/2024
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E 006	Continued From page 2 maintain a risk assessment for Emergency Preparedness Plan in accordance with 42 CFR 483.73 Finding: On 07.30.2023, between 09:30 AM and 1:30 PM, a surveyor, with the Maintenance assistant present, observed the following: 1. The was no evidence in the emergency preparedness plan of a risk assessment documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. Assessment states last updated 01.03.2022 The surveyor confirmed this finding with the Maintenance assistant at the time of the observation.	E 006		
E 024 SS=F	Policies/Procedures-Volunteers and Staffing CFR(s): 483.73(b)(6) §403.748(b)(6), §416.54(b)(5), §418.113(b)(4), §441.184(b)(6), §460.84(b)(7), §482.15(b)(6), §483.73(b)(6), §483.475(b)(6), §484.102(b)(5), §485.68(b)(4), §485.542(b)(6), §485.625(b)(6), §485.727(b)(4), §485.920(b)(5), §491.12(b)(4), §494.62(b)(5). [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years	E 024	All residents have the potential to be affected by this deficiency **The use of Volunteers in an emergency or emergency staffing strategies.** The only volunteers utilized at Pinnacle are volunteers who assist in the activities department They have no emergency staffing function, and that is stated in the Emergency Preparedness Plan. This policy will be reviewed & reported annually to QAPI.	Aug.5, 2024

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E 024	Continued From page 3 [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] (6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. *[For RNHCIs at §403.748(b):] Policies and procedures. (6) The use of volunteers in an emergency and other emergency staffing strategies to address surge needs during an emergency. *[For Hospice at §418.113(b):] Policies and procedures. (4) The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long term care facility failed to have a plan to utilize volunteers for Emergency Preparedness Plan in accordance with 42 CFR 483.73 Finding: On 07.30.2024, between 09:30 AM and 1:30 PM, a surveyor, with the Maintenance assistant present, observed the following: 1. The was no evidence in the emergency	E 024		

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E 024	Continued From page 4 preparedness plan for the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. The administrator states the facility does use voluteers in activities. No documentation was provided. The surveyor confirmed this finding with the Maintenance assistant at the time of the observation.	E 024		
E 029 SS=F	Development of Communication Plan CFR(s): 483.73(c) §403.748(c), §416.54(c), §418.113(c), §441.184(c), §460.84(c), §482.15(c), §483.73(c), §483.475(c), §484.102(c), §485.68(c), §485.542(c), §485.625(c), §485.727(c), §485.920(c), §486.360(c), §491.12(c), §494.62(c). (c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long term care facility failed to maintain a communication plan for Emergency Preparedness Plan in accordance with 42 CFR 483.73 Finding:	E 029	**Development of an Emergency Preparedness Communication Plan.** All residents have the potential to be affected by this deficiency. As with the above referenced Emergency Preparedness Plan, the Communication Plan had not been printed & placed in the Emergency Preparedness book. This plan will be reviewed annually & reported to QAPI.	Aug. 5, 2024

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E 029	Continued From page 5 On 07.30.2024, between 09:30 AM and 1:30 PM, a surveyor, with the Maintenance assistant present, observed the following: 1. The was no evidence in the emergency preparedness plan of a communications plan. The facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every year. Communication plan was last reviewed on 08.01.2021 documented at bottom of page. The surveyor confirmed this finding with the Maintenance assistant at the time of the observation.	E 029		
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 07.30.2024 Pinnacle Health & Rehab Canton, a Long Term Care Facility, was surveyed to the National Fire Protection Association 101 Life Safety Code 2012 Edition as reference on 42 CFR 483.90 (a-d) physical environment and is not in substantial compliance.	K 000	K000 The following Plan of correction is specifically for the K-tags involved in the Federal recertification survey of July 30, 2024	
K 163 SS=F	Interior Nonbearing Wall Construction CFR(s): NFPA 101 Interior Nonbearing Wall Construction Interior nonbearing walls in Type I or II construction are constructed of noncombustible or limited-combustible materials. Interior nonbearing walls required to have a minimum 2 hour fire resistance rating are permitted to be fire-retardant-treated wood enclosed within noncombustible or	K 163	**Interior Nonbearing Wall Construction** All residents have the potential of being affected by this deficiency. Adjustments were made to the door & assurance of proper functioning noted. All doors will be inspected monthly & a report made to QAPI.	Aug.5. 2024

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K 163	Continued From page 6 limited-combustible materials, provided they are not used as shaft enclosures. 19.1.6.4, 19.1.6.5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the integrity of the 2-hour wall between the LTC, and the Living Center side of the building per NFPA 101, Life Safety Code, 2012 edition, section 19.1.6.5. Finding: On 07/30/2024, between 09:30 AM and 1:30 PM, this surveyor, observed the following finding with the Maintenance Assistant present: 1. The 3-hour door in the 90 minute frame in the only 2-hour separation wall did not self-close and latch due to air flow. Fire rated doors shall self-close and positively latch upon release. This surveyor confirmed this finding with the Maintenance Assistant, at the time of the observation.	K 163		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced	K 211	All residents have the potential to be affected by this deficiency. 1. The north wing med cart has always been intended to be stored in the Nurses Station when not in use. This policy will be reinforced. 2. The barrel bolt on the staff bathroom has been removed.	Aug.5, 2024

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K 211	Continued From page 7 by: Based on observation and interview during the facility tour, the long-term care facility failed In 2 of 4 smoke compartments to maintain the exit discharges to continuously maintained free of all obstacles or impediments. No furnishings, decorations, or other objects shall obstruct exits or their access thereto, egress therefrom, or visibility thereof. Ref: NFPA 101, Life Safety Code, 2012 Edition, Sections 7.1.10.1-2, 7.1.6.4, 19.2.2.2.5 and 19.2.1. Findings: On 07.30.2024, between 9:30 AM and 1:30 PM, a surveyor, with the Maintenance assistant present, observed the following: 1. North Wing has a med cart with laptop plugged in and stored in hallway across from room 119. The nurse states this is where they store the med cart normally. 2. Living Center barrel bolt on outside of staff bathroom door could be used to lock someone in the bathroom. 3. Living Center near room 221 barrel bolt on outside of client bathroom door could be used to lock someone in the bathroom. The surveyor confirmed these findings with the Maintenance assistant at the time of the observation.	K 211	3. The barrel bolt on the resident's bathroom has been removed.	
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in	K 293	All residents have the potential to be affected by this deficiency.	Sept. 7, 2024

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K 293	Continued From page 8 accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility in 2 of 4 smoke compartments failed to maintain exit signs in accordance with 7.10 per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.10.1 & 7.10 Findings: On 07.30.2024, between 9:30 AM and 1:30 PM, a surveyor, with the Maintenance assistant present, observed the following: 1. Above cross corridor doors by the laundry room has Exit sign that does not illuminate. 2. Business office Exit sign above the exterior door does not illuminate. 3. Above cross corridor door by room 206 has an Exit sign that does not illuminate. 4. Business office Exit sign by conference area does not illuminate. The surveyor confirmed these findings with the Maintenance assistant at the time of the observation.	K 293	1. Illuminated exit signs have been obtained for the laundry room, the business office exit, the business office conference area, and, the cross corridor door by room 206. 2. The aforementioned exit signs will be installed by the completion date. 3. A report of completion will be provided by the installing electrician. 4. All exit signs will be inspected monthly to assure compliance & a report will be made monthly to QAPI.	
K 321 SS=F	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour	K 321	Hazardous Areas Fire Barrier having 1 hour Fire Resistance Rating.	Aug.16, 2024

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K 321	Continued From page 9 fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation, and interview, the long-term care facility failed to maintain the hazard area enclosures in accordance with NFPA 101, Life Safety Code, 2012 edition, sections 19.3.2.1. Findings: On 07/30/2024, between 09:30 AM and 1:30 PM, this surveyor, observed the following findings with the Maintenance Assistant present:	K 321	All residents have the potential to be affected by this deficiency. 1.The gap in the living center soiled linen center door has been eliminated. 2. The salon door is being fitted with a self closure & latch. 3. The laundry room door has been adjusted & works appropriately. Self closing doors will be inspected monthly& reported to QAPI.	

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K 321	Continued From page 10 1. The Living Center soiled linen door has a 1/2 inch gap at the top of the door. 2. The salon is being used as a storage area. The door doesn't self-close and latch. 3. The laundry room door doesn't self-close and latch upon release. This surveyor confirmed these findings with the Maintenance Assistant at the time of the observation.	K 321	All residents have the potential to be affected by this deficiency 1.The gap in the living center soiled linen center door has been eliminated. 2. The salon door is being fitted with a self closure & latch. 3. The laundry room door has been adjusted & works appropriately. Self closing doors will be inspected monthly& reported to QAPI.	
K 331 SS=D	Interior Wall and Ceiling Finish CFR(s): NFPA 101 Interior Wall and Ceiling Finish 2012 EXISTING Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s). This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility in 1 of 4 smoke compartments failed to maintain exposed interior finish in accordance with 10.2 per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.3.1 & 19.3.3.2 Findings:	K331	**Interior Wall & Ceiling Finish** All residents have the potential to be affected by this The untreated carpeting on the living center doors in rooms 203, 204, 206, & the soiled linen room will be removed by the completion date.	Aug. 16, 2024

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K 331	Continued From page 11 On 07.30.2024, between 9:30 AM and 1:30 PM, a surveyor, with the Maintenance assistant present, observed the following: 1. Living Center Patient room 203 door has carpet not treated affixed to the bottom of the door measuring 26" Maintenance assistant states he installed carpet but to scratches on the door. He did not treat carpet with flame retardant spray and provided no documentation. 2. Living Center Patient room 204 door has carpet not treated affixed to the bottom of the door measuring 26" Maintenance assistant states he installed carpet but to scratches on the door. He did not treat carpet with flame retardant spray and provided no documentation. 3. Living Center Patient room 205 door has carpet not treated affixed to the bottom of the door measuring 26" Maintenance assistant states he installed carpet but to scratches on the door. He did not treat carpet with flame retardant spray and provided no documentation. 4. Living Center soiled linen room door has carpet not treated affixed to the bottom of the door measuring 26" Maintenance assistant states he installed carpet but to scratches on the door. He did not treat carpet with flame retardant spray and provided no documentation. The surveyor confirmed these findings with the Maintenance assistant at the time of the observation.	K 331		
K 345 SS=F	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	K 345	All residents have the potential to be affected by this deficiency.	Sept. 7, 2024

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	205101	A. BUILDING 01 RECEIVED AUG 15 2024 B. WING BY:	07/30/2024

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PINNACLE HEALTH & REHAB CANTON	26 PLEASANT ST CANTON, ME 04221

(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 12 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 observation, Interview and documentation review, the long-term care facility failed to maintain Fire alarm inspection records for review per NFPA 101, Life Safety Code, 2012 edition, sections 9.6.1.3, and 9.6.1.5, and NFPA 72, National Fire Alarm and Signal Code, 2010 edition, Section 14.6.2 Findings: On 07/30/2024, between 09:30 AM and 1:30 PM, this surveyor, observed the following findings with the Maintenance Assistant and the Administrator. 1. Upon documentation review in the white Fire Alarm Inspection binder, no current fire alarm annual inspection report could be produced. The most recent fire alarm report was dated 08/11/2022. Neither the maintenance Assistant, nor the Maintenance Lead, (by phone) could locate any other documentation regarding the fire alarm inspection. The Administrative assistant could not produce one from the computer database upon request. Please provide the most recent fire alarm inspection report for both buildings. 2. Upon documentation review in the white Fire Alarm Inspection binder, no current fire alarm smoke detector sensitivity report could be	K 345	1. All required inspections will be finalized by the completion date, to include; the fire alarm system inspection, the fire alarm smoke detector sensitivity test, connecting the Maplewood fire alarm system to monitoring by the emergency forces notification. 2. The smoke detector in Maplewood resident room 301 will be replaced by the completion date. All fire alarm inspections will be reported to QAPI.	

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K 345	Continued From page 13 produced. There are no sensitivity reports in the binder. Neither the maintenance Assistant, nor the Maintenance Lead, (by phone) could locate any other documentation regarding the fire alarm inspection sensitivity test. The Administrative assistant could not produce one from the computer database upon request. Please provide the sensitivity report for both buildings. 3. According to the fire alarm report from 2022, the Maple Wood building fire alarm is not monitored for automatic emergency forces notification. 4. The smoke detector in Maple Wood resident room 301 was removed from the room. This surveyor confirmed these findings with Administrator, Maintenance Assistant, and Maintenance Lead, (by phone), at the time of the observation and review.	K 345		
K 353 SS=F	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	K 353	**Sprinkler system Maintenance & Testing** All Residents have the potential to be affected by this deficiency. 1. The sprinkler test from June 2024 was performed, the test result is attached.	9/07/2024

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K 353	Continued From page 14 Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation, interview and documentation review, the long-term care facility failed to maintain and provide documentation of maintedance of the sprinkler system per NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems, 2011 edition, sections 4.3.1, 4.3.3, 4.3.5, and 5.2.1.1.4, and in accordance with NFPA 101, Life Safety Code, 2012 edition, sections 9.7.5, and 9.7.8. Findings: On 07/30/2024, between 09:30 AM and 1:30 PM, this surveyor, observed the following findings with the Maintenance Assistant and the Administrator present. 1. The most recent quarterly sprinkler inspection report on file was dated in June of 2023. No other reports were in the binder labeled Sprinkler Inspections. Neither the maintenance Assistant, nor the Maintenance Lead, (by phone) could locate any other documentation regarding the sprinkler inspection. The office could not locate any records to review. Please provide the last 4 quarterly sprinkler inspection reports, and maintain them on file for review. 2. An escutcheon is missing from the sprinkler head in the kitchen above the pot rack.	K 353	2. The escutcheon from the sprinkler head in the kitchen, above the pot rack, will be replaced by the completion date.	

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K 353	Continued From page 15 This surveyor confirmed these findings with Administrator, Maintenance Assistant, and Maintenance Lead, (on the phone) at the time of the observation and review.	K 353		
K 363 SS=F	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 restrictions in area or fire resistance of glass or frames in window assemblies.	K 363	**Corridor-Doors** All residents have the potential to be affected by this deficiency. 1. Everything interfering with the door closure in room 107 has been corrected. 2. The door in resident room 207 3. has been adjusted & now closes . 4. The door in resident room 304 has been adjusted & now latches. 5. The clean linen storage closet door has been adjusted & the gap eliminated. Door inspections are performed monthly & reported to QAPI.	8/5/2024

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K 363	Continued From page 16 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, Interview and documentation review, the long-term care facility failed to maintain the corridor doors to resist the passage of smoke in accordance with NFPA 101, Life Safety Code, 2012 edition, sections 19.3.6.3 Findings: On 07/30/2024, between 09:30 AM and 1:30 PM, this surveyor, observed the following findings with the Maintenance Assistant present in all 3 residential care areas. 1. Resident room 107 has clothing hanging on the doorknob with hangers which prevent the door from fully closing. 2. Resident Room 207 door doesn't fully close as it hits on the top of the door frame. 3. Resident room 304 door doesn't latch upon closure. 4. The clean linen storage closet door has a 5/16 gap at the top of the door making it not resist the passage of smoke. This surveyor confirmed these findings with Maintenance Assistant at the time of the observation and review.	K 363		

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K 712	Continued From page 17	K 712		
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observation, Interview and documentation review, the long-term care facility failed to conduct fire drills in accordance with NFPA 101, Life Safety Code, 2012 edition, sections 19.7.1. Finding: On 07/30/2024, between 09:30 AM and 1:30 PM, this surveyor, observed the following findings with the Maintenance Assistant present. 1. The fire drills are not being conducted quarterly per shift. The master sheet shows the June 19th drill happening on 3rd shift, but it actually occurred on 1st shift per the drill log. There was no drill done by third shift in the second quarter of 2024. 2. The drill for February 26th, occurred at 8:30 PM. It is labeled as a silent drill. The times for coded announcement are from 2100-0600. This is outside these times. A coded announcement over an intercom or similar device is still required.	K 712	**FireDrills** All residents have the potential of being affected by this deficiency. 1. Fire Drills have not been done consistently quarterly & at the proper times. 2. Fire drills have been performed. **Please see the attached information about past drills.** There was a misunderstanding within the maintenance dept. about rotation of shifts. This has been corrected.	8/2/2024

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K 712	Continued From page 18 3. The drill from July 29th was at 06:30 AM and labeled a silent drill. The times for coded announcement are from 2100-0600. There is no mention of any coded announcement over an intercom or similar device on the sheet. This is outside these times. A coded announcement over an dintercom or similar device is still required. 4. Upon interview, this surveyor asked the maintenance assistant what RACE and PASS stood for to verify instruction on life safety procedures and equipment, as he writes it on the fire drill documentation page. The employee had to go find a clipboard and read it off the back. Note: This surveyor showed the maintenance assistant the code reference regarding the quarterly drills and night drills in their LSC from their shelf during the documentation review. This surveyor asked the maintenance assistant what RACE stood for as it is on each fire drill documentation page. The employee had to go find a clipboard and read it off the back. This surveyor confirmed this finding with Administrator, Maintenance Assistant, and Maintenance Lead the time of the observation and review.	K 712	All future drills will be in accordance with regulations & reported to QAPI monthly.	
K 753 SS=D	Combustible Decorations CFR(s): NFPA 101 Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met: o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than	K 753	**Combustible Decorations** All residents have the potential of being affected by this deficiency.	8/8/2024

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K 753	Continued From page 19 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. 19.7.5.6 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to treat with approved fire-retardant coating per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.5.6 (4) Finding: On 07.30.2024, between 9:30 AM and 1:30 PM, a surveyor, with the Maintenance assistant present, observed the following: 1. Physical Therapy room has large plastic plant decoration hanging on the wall. The Maintenance assistant was unable to provide documentation and was unsure if quilt was treated. The surveyor confirmed this finding with the Maintenance assistant at the time of the observation.	K 753	1. There was a lack of documentation attached to the wall hanging in question. 2. **Please see the attached laboratory report.**	
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to	K 761	**Fire Doors & Corridor Doors are inspected & tested Annually by trained personnel.**	8/2/2024

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K 761	Continued From page 20 patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on observation, Interview and documentation review, the long-term care facility failed to conduct an annual fire door per NFPA 80, Standard for Fire Door and Other Opening Protectives, 2010 edition, section 5.2 and in accordance with NFPA 101, Life Safety Code, 2012 edition, sections 19.7.6, and 8.3.3.1. Finding: On 07/30/2024, between 09:30 AM and 1:30 PM, this surveyor, observed the following findings with the Maintenance Assistant and the Administrator. 1. The facility failed to complete the assessment of all fire doors in the facility. The facility had no documentation that the doors had been inspected by a trained employee or an outside qualified vendor since 06/13/2022. No other reports were in the binder labeled Fire Door Inspections. All other sheets were blank. Neither the maintenance Assistant, nor the Maintenance Lead, (by phone) could locate any other documentation regarding the fire door inspection. This surveyor confirmed this finding with Administrator, Maintenance Assistant, and Maintenance Lead the time of the observation	K 761	All Residents have the potential of being affected by this deficiency. Documentation has been located. The documentation is available. Annual door inspections will be reported to QAPI	

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K 761	Continued From page 21 and review.	K 761		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by 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)	K 918	**Electrical Systems** All residents have the potential to be affected by this deficiency 1. No weekly inspection reports on voltage conductance for sealed batteries. The information has been located and is available. 2. No monthly reports for March through July of 2024. The information has been located. All monthly reports will be reported to QAPI	8/10/2024

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K 918	Continued From page 22 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and generator inspection documentation review during the facility tour, the long-term care facility failed to maintain the Essential Electric System Generator per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, sections 8.3.7. and 8.4.1, and NFPA 99, Healthcare Facilities Code, 2012 edition, section 6.4.4.1.1.3. Findings: On July 16th, 2024, between 9:00 AM and 12:00 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. Emergency Power Supply Systems, including all appurtenant components, shall be inspected weekly. The weekly generator inspection reports do not show a voltage conductance test for sealed batteries or an electrolyte specific gravity reading for unsealed automotive batteries. The only item listed on the weekly inspection paper is the hour meter. 2. No monthly generator inspections were conducted in the months of March, April, May, June, or July of 2024. Upon interview of the maintenance assistant, the maintenance lead has been out and it hasn't been done since since he left. The only generator inspection has been the weekly recording of the hour meter. The surveyor confirmed these findings with the Maintenance Assistant, Maitenance Lead, (by Phone) and Administrator at the time of the	K 918		

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K 918	Continued From page 23 observation.	K 918		
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: 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 Finding: On 07.30.2024, between 9:30 AM and 1:30 PM, a surveyor, with the acting Maintenance assistant present, observed the following: 1. Living Center nurse's station multiple outlet connections that are not hospital grade and have no record of testing connection. The surveyor confirmed this finding with the acting Maintenance assistant at the time of the observation.	K 919	**Electrical Equipment** All residents have the potential of being affected by this deficiency. 1. The multiple electrical outlets at the Living Center Nurses station has been corrected. Monthly electrical outlet inspections will be conducted& repoted to QAPI	8/7/2024
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage	K 923		

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K 923	Continued From page 24 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 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 store oxygen	K 923	**Gas equipment combustibles in oxygen room** All residents have the potential of being affected by this deficiency. The oxygen stored in the oxygen storage room has been adjusted to below 300 cubic feet. This meets the NFPA regulation for that volume. Routine monitoring will be performed by the maintenance Dept. and reported to QAPI monthly	8/2/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205101	A. BUILDING 01 B. WING	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINNACLE HEALTH & REHAB CANTON	26 PLEASANT ST CANTON, ME 04221

(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 25 cylinders in accordance with NFPA 99, Heathcare Facilities Code, 2012 edition, section 11.3.2.3(2) Finding: On 07/30/2024, between 09:30 AM and 1:30 PM, this surveyor, observed the following findings with the Maintenance Assistant present. 1. The oxygen storage room contained 13 E cylinders that are marked to contain 24 cubic feet each. (312 cubic feet) In storage rooms of Oxygen between 300 and 3000 cubic feet there shall be no combustibles within 5 feet of the cylinders. There are combustibles to include wood shelving within five feet of the oxygen cylinders. This surveyor confirmed this finding with the Maintenance Assistant, at the time of the observation.	K 923		

K293 Electrician Documentation of Exit Signs

Appointment Confirmation - 9/3 and 9/4

Nick Tifft <NTifft@debloiselectric.com>
Thu 8/15/2024 8:45 AM
To:Jim Cossar <JCossar@pinnaclecanton.com>

Hi Jim,

Per our discussion, we have you scheduled for September 3rd and 4th to install the necessary Emergency Lights and to convert the single gang outlet boxes to quad receptacles.

Please let me know if you need anything else.

Thanks!

DeBlois Electric, Inc.
ELECTRICAL CONTRACTOR • DESIGN BUILD

Building Lasting Relationships Since 1967
100% Employee Owned

Nick Tifft
Service Manager

Office: 207.783.6512 x122
Mobile: 207.740.4984
1033 Sabattus St., Lewiston, ME 04240

From: Jim Cossar <JCossar@pinnaclecanton.com>
Sent: Wednesday, August 14, 2024 2:27 PM
To: Nick Tifft <NTifft@debloiselectric.com>
Subject:

Good afternoon, If you could please, I need to know in writing that you will be here, The Pinnacle Health and Rehab, before September 7th, 2024 to install the luminated EXIT signs.if you could send me an email back with that it would be much appreciated.
Thank you!
Jim Cossar.
Jcossar@pinnaclecanton.com
Book time to meet with me

K331 Non treated Carpet on Door

This has been removed per the POC

K345 Fire Alarm Report& Documentation of Smoke alarm replacement

MAINE FIRE PROTECTION SYSTEMS

PD Industries, Inc.
MAINE FIRE PROTECTION SYSTEMS
P.O. Box 1050
Bangor, ME 04402
(207) 942-8809 TEL
(207) 941-1910 FAX
service@mefirepro.com

DW _____

DATE 2-29-24

RECEIVED
AUG 15 2024
BY: _____

WORK ORDER

CUSTOMER NAME Pinnacle Health and Rehab TELEPHONE _____

JOB LOCATION Canton Me. CONTACT _____

BILL TO ADDRESS _____

WORK REQUESTED Replace 2 Siemens Smoke Detectors That Failed Sensitivity Tests

WORK PERFORMED Replaced smoke #1073 & #1089 by Nurses Station. Tested the 2 smoked and one good.

COMMENTS _____

LABOR: Straight Time _____ Over Time _____

TIME: From 7:00 (am) pm To 900 (am) pm

MATERIALS

DESCRIPTION	QTY.	PRICE	EXT. PRICE
Siemens HF12-11	2		

☑ Electrical Day Work

☐ Suppression Day Work

OFFICE USE ONLY Materials $ _____

Labor $ _____

Invoice No. _____ TOTAL $ _____

Customer Signature Date

Technician Signature

PD Industries, Inc.
MAINE FIRE PROTECTION SYSTEMS
P.O. Box 1050
Bangor, ME 04402
(207) 942-8809 TEL
(207) 941-1910 FAX
service@mefirepro.com

DW _____

DATE 2-23-24

RECEIVED
AUG 15 2024
BY: _____

WORK ORDER

CUSTOMER NAME Pinnacle Rehab TELEPHONE _____

JOB LOCATION 26 pleasant St, Canton CONTACT _____

BILL TO ADDRESS _____

WORK REQUESTED Investigate devices that failed to alarm in fire event

WORK PERFORMED Sensitivity tested devices 1073, 1074, 1077, 1078, 1089 devices 1073 & 1089 failed, both adjacent to where fire occured. Heat detector outside bathroom also tested manually.

COMMENTS Panel history does not ever show smokes going into alarm during fire. Smoke model: Sinrius HFP-11

ABOR: Straight Time _____ Over Time _____

TIME: From 1:00 am (pm) To 3:00 am (pm)

ALL EMERGENCY SERVICE CALLS ARE A MINIMUM OF $1300.00

MATERIALS

DESCRIPTION	QTY.	PRICE	EXT. PRICE

☑ Electrical Day Work

☐ Suppression Day Work

OFFICE USE ONLY Materials $ _____

Labor $ _____

Invoice No. _____ TOTAL $ _____

Tim Cox

Customer Signature Date

Technician Signature

FIRESAFE EQUIPMENT

P.O. Box 1
Auburn, ME 042
(207) 784-7525 • 800-
Email: firesafe@fire-sa
Web: www.firesafeequipme

RECEIVED
AUG 15 2024
BY:

WORK ORDER NUMBER: 94600

Account Number: 0230355E
Customer Name: Pinnacle Health

MANUFACTURER	MODEL #	SIZE	LAST SERVICE DATE
Ryo Chem	PCI-300	36	2016

RETURN FOR SERVICE

QTY.	LBS.	DC	CO_2	W	QTY.	LBS.	DC	CO_2	W	NUMBER OF LOANERS

	YES	NO
1. All appliances properly covered w/correct nozzles	☑	☐
2. Duct and plenum covered w/correct nozzles	☑	☐
3. Check Positioning of all nozzles	☑	☐
4. Hood / duct penetrations sealed w/weld or UL device	☑	☐
5. Pressure gauge in proper range (if gauged)	☑	☐
6 Check cartridge weight (if applicable)	☑	☐
7. Inspect cylinder and mount	☑	☐
8. Operate system from terminal link	☑	☐
9. Test for proper operation from remote	☑	☐
10. Check operation of micro switch	☐	☑
11. Check operation of gas valve	☐	☑
12. Clean nozzles	☑	☐
13. Proper nozzle covers in place	☑	☐
14. UL 300 Listed	☑	☐
15. Replaced fuse links	☑	☐
16. Check travel of cable nuts / S-hooks	☑	☐
17. Piping & conduit securely bracketed	☑	☐
18. Proper separation between fryers & flame	☐	☐
19. Proper clearance-flame to filters	☑	☐
20. Exhaust fan in operating order	☑	☐
21. Proper filters	☑	☐
22. Replace systems covers	☑	☐
23. System operational & seals in place	☑	☐
24. Slave system operational	☐	☐
25. Clean cylinder & mount	☑	☐
26. Fan warning sign on hood	☑	☐
27. Personnel instructed in manual operation of system	☑	☐
28. Proper hand portable extinguishers	☐	☐
29. Portable extinguishers mounted/serviced	☐	☐
30. Extinguishers pulled at the time of inspection	☐	☐
31. Service & Certification tag on system/pull station	☑	☐

32. Fire Alarm: ☐ Municipal ☐ Local ☐ Customer ☐ N/A

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

QTY.	PART #	DESCRIPTION	PRICE	AMOUNT
1	SYS	SYSTEM INSPECTION		
	T-SYS	TANDEM SYSTEM INSPECTION		
		TANKS IN SYSTEM		
	SYS-H/CO	CO2 / CLEAN AGENT SYSTEM INSPECTION		
	SWAPOUT			
3	360LINK	360 FUSIBLE LINK ML		
	450LINK	450 FUSIBLE LINK		
	500LINK	500 FUSIBLE LINK		
	LINK			
	PCC02	CO2 CARTRIDGE		
	EXTBASE	EXTINGUISHER INSPECTION		
	EXT.	EXTINGUISHER INSPECTION		
	MTHLY	MONTHLY EXTINGUISHER INSPECTION		
		EXTINGUISHER S INSPECTED		
	TRAVEL	TRAVEL TIME		
	LAB-OS	LABOR, ON-SITE TIME		
	E-LIGHT INSPECTION			

"Protecting Your Assets"

SUBTOTAL	
TAX	
TOTAL	

Payment Method:
☐ Cash ☐ Check #_____ ☐ N30
☐ VISA #
☐ M/C #

NAME (as it appears on card) EXP. DATE

ments:

I, THE UNDERSIGNED, CERTIFY THAT I HAVE PERSONALLY INSPECTED THE ABOVE PREMISES AND FOUND CONDITIONS AS NOTED.

MAINE FIRE PROTECTION SYSTEMS

PD Industries, Inc.
MAINE FIRE PROTECTION SYSTEMS
P.O. Box 1050
Bangor, ME 04402
(207) 942-8809 TEL
(207) 941-1910 FAX
service@mefirepro.com

DW _____

DATE 4/15/24

RECEIVED
AUG 15 2024
BY: _____

WORK ORDER

CUSTOMER NAME Pinnacle Health/Rehab TELEPHONE _____

JOB LOCATION Canton CONTACT Jim

BILL TO ADDRESS _____

WORK REQUESTED Replace bad Secure Care reciever

WORK PERFORMED Replaced / programmed / tested new rec. with customer to ensure it was in good working order. Also fixed broken wires in another secure care Controller.

COMMENTS _____

LABOR: Straight Time _____ Over Time _____

TIME: From 7:00 am pm To 11:30 am pm

MATERIALS

DESCRIPTION	QTY.	PRICE	EXT. PRICE

☑ Electrical Day Work

☐ Suppression Day Work

OFFICE USE ONLY Materials $ _____

Labor $ _____

Invoice No. _____ TOTAL $ _____

Jim Carter 4/15/24
Customer Signature Date

Technician Signature

MAINE FIRE PROTECTION SYSTEMS

PD Industries, Inc.
MAINE FIRE PROTECTION SYSTEMS
P.O. Box 1050
Bangor, ME 04402
(207) 942-8809 TEL
(207) 941-1910 FAX
service@mefirepro.com

DW ______
DATE 7-14-24

RECEIVED
AUG 15 2024
BY: ______

WORK ORDER

CUSTOMER NAME Pinnacle Rehab Maplewood TELEPHONE ______

JOB LOCATION 76 Pleasant ST Canton ME CONTACT ______

BILL TO ADDRESS ______

WORK REQUESTED Replace and issue a smoke detector for Maplewood

WORK PERFORMED Replaced smoke detector and tested, all registered correctly

COMMENTS ______

LABOR: Straight Time ______ Over Time ______

TIME: From 1:45 am (pm) To ______ am pm

MATERIALS

DESCRIPTION	QTY.	PRICE	EXT. PRICE
System Sensor Heavy-2WTA-B Smoke	2		

☑ Electrical Day Work

☐ Suppression Day Work

OFFICE USE ONLY
Materials $ ______
Labor $ ______
Invoice No. ______
TOTAL $ ______

[signature] Customer Signature Date

[signature] Technician Signature

08-14-2024

On July 30th, I walked into room 301 in Maplewood and noticed the smoke detector was missing, with one neutral wire hanging. The person in charge at Maplewood said the resident pulled it down from the ceiling and she put it in the Med room.

I replaced it in the ceiling by hard wiring it. I then tested it and it worked fine.

Howard McLean

Maintenance Tech

Home Office
170 Kittyhawk Ave.
P.O. Box 1390
Auburn, ME 04210-1390
207-784-1507

EASTERN FIRE

Satellite Office
408 Harlow St
Bangor, ME 04401
207-942-8014

FIRE PROTECTION CONTRACTORS AND ENGINEERS

www.easternfiregroup.com

Fire Sprinkler | Fire Alarm | Fire Suppression | Gas Detection | Burglar Alarms | CCTV | Access Control | Monitoring | Inspection, Testing, & Maintenance

Office Use –	Contract Start Date:		Customer #:		Contract #:	

REMOTE STATION MONITORING CONTRACT

Maplewood Assisted Living
26 Pleasant Street, Canton, ME 04221

~ Proposal to ~		~ Bill to ~	
Prepared for:	Jim Cossar	**Attention to:**	Melodie Abbott
Title:	Maintenance Director	**Title:**	
Company Name:	Maplewood Assisted Living	**Company Name:**	Pinnacle Health & Rehab
Address:	26 Pleasant Street, Canton, ME 04221	**Address:**	26 Pleasant Street, Canton, ME 04221
Office:	**Mobile:** 207-890-7127	**Office:**	**Mobile:** 207-597-2501
Personal:	**Fax:**	**Personal:**	**Fax:**
Email Address:	jcossar@pinnaclecanton.com	**Email Address:**	mabbott@pinnaclecanton.com

Scope of Work: Provide remote station monitoring of fire alarm system via a UL-listed Central Station.
Installation of cellular subscriber unit as communication pathway.
Programming and testing.

Panel Type: Simplex 4001 **Format:** Contact ID **Communication Pathway:** 4G LTE/Cellular Transmission

Hardware, Installation, and Monitoring Setup Fee:

$1,000.00

Annual Monitoring Fee:

$500.00

If accepted, please sign and fax back to 207-782-0566 or e-mail eddie.chervenak@easternfiregroup.us
Please provide a Work Order or PO, if applicable.

Eastern Fire, Inc. Sales Representative

Signed: *Edward J Chervenak*
Printed: Edward J Chervenak
Title: Fire Alarm Service Manager
Date: 8/8/24 **Quote#:**

System/Building Owner or Representative

Signed:
Printed: Ken Hutch
Title: ADMINISTRATOR
Date: 8/14/24 **Work Order/PO#:**

See Notes, Terms, and Conditions on next page...

Home Office
170 Kittyhawk Ave.
P.O. Box 1390
Auburn, ME 04210-1390
207-784-1507

EASTERN FIRE

Satellite Office
408 Harlow St.
Bangor, ME 04401
207-942-8014

FIRE PROTECTION CONTRACTORS AND ENGINEERS

www.easternfiregroup.com

Fire Sprinkler | Fire Alarm | Fire Suppression | Gas Detection | Burglar Alarms | CCTV | Access Control | Monitoring | Inspection, Testing, & Maintenance

Notes:

- When installing cellular or radio communicators, sufficient signal strength is required. This means that additional hardware and labor may be required for a successful installation. Example: using an external antenna.
- It is the customer's responsibility to inform their current monitoring services provider, if applicable, of the change in service and/or cancellation.
- Eastern Fire, Inc. must be informed by the customer of any changes to the emergency telephone call list, the communication pathway (network, cellular, radio, phone line) service to the fire alarm panel or to the configuration of the fire alarm system
- If a programming code is needed, the customer or its' system installer/current service provider, must provide the needed code to make necessary programming changes for monitoring of the system at our remote station.
- If specialty/proprietary software, not available to Eastern Fire, Inc. is needed, coordination between Eastern Fire, Inc., the customer and programming company must occur in order to make programming changes for monitoring of the system at our remote station.
- Said company will need to program our remote station information (receiver numbers, account number, report format) into the system and/or communicator and assist with providing accurate reporting information (zoning, signal types, report codes).

REMOTE STATION MONITORING CONTRACT TERMS & CONDITIONS:

Contract Duration: This contract is in effect for (60) months from the date it is signed by the System Owner and can be terminated by either party with at least (30) days' notice. The Monitoring Company and System Owner agree to all **Terms and Conditions** contained herein, and both agree to work together to the greatest extent possible so that both receive maximum benefit from this contract.

Contract Renewal: This contract will be automatically renewed every (12) months unless either party, as outlined under Contract Duration above, terminates the contract. If a change in the contract cost is necessary, the System Owner will receive a new contract, for approval, at least (30) days prior to the next scheduled renewal.

Monitoring Company Obligations: The Monitoring Company agrees to provide prompt and courteous service to the System Owner at a time agreeable to both parties. The Monitoring Company agrees to contact the System Owner immediately upon notification of monitoring irregularities with the System Owner's monitoring account. The Monitoring Company agrees not to provide any other person, company or otherwise divulge the account information provided to it by the System Owner to include call list names, telephone numbers and passcodes.

System Owner Obligations: The System Owner agrees to cooperate by providing all necessary access, applicable information and personnel to the Monitoring Company so that monitoring documentation may be filled out to the greatest extent possible and monitoring set up and service can be accomplished. The System Owner agrees to promptly pay the Monitoring Company in accordance with the **Terms and Conditions** set forth below.

Terms and Conditions: The System Owner understands that this is a monitoring contract not a service, nor a testing/inspection contract. The Monitoring Company will make the System Owner aware of all monitoring system component deficiencies observed during the monitoring of the included systems and, if requested, provide the System Owner with pricing to repair those deficiencies. In return for the monitoring services provided by the Monitoring Company, the System Owner agrees to pay the Monitoring Company the stipulated contract amount, in full, within (10) calendar days of the date on the invoice. Semi-annual or quarterly invoicing is available upon request by the System Owner. Only the cost of producing one invoice is included in this contract, therefore a service charge of $10.00 will be added to each additional requested invoice after the first ($10 annual additional cost for semi-annual invoicing or $30 annual additional cost for quarterly invoicing).

K353 2024 Sprinkler report

Inspection Performed By

Company: Maine Fire Protection Systems
Address: 6 Dowd Road
Address:
City/State/ZIP Code: Bangor, Maine 04401
Country: United States of America

Inspector: Gary Leblanc
Phone: 207-942-8809
Fax:
Mobile:
Email: gary@mefirepro.com

RECEIVED
AUG 15 2024
BY:

System Control Unit

System Type	System Location	Protected Area	Devices
Dry Pipe	Building 1		6
Dry Pipe	Building 2		3

Inspection Summary

Category:	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	33.33%	3	100.00%	3	100.00%	0	0.00%
Device	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Hose	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Pump	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Valve	2	22.22%	2	100.00%	2	100.00%	0	0.00%
Totals	9	100%	9	100.00%	9	100.00%	0	0.00%

Certification

Company: Maine Fire Protection Systems
Inspector: Gary Leblanc

GL

Signed: Jun 18, 2024

Building: Pinnacle Health & Rehab
Contact: Ken Huhn

NOC

Signed: Jun 18, 2024

Gary Leblanc Certifications

Certification Type	Number
Maine Fire Sprinkler Inspector License	IFS581
NEWWA Certification	0010596

Navigation Console

Main Report Console

Executive Summary | **Inspection and Testing** | **Service Summary**

Dry Pipe Systems | **Inventory and Warranty Report**

Inspection & Testing

Generated by: BuildingReports.com

24-Hour Service
207-942-8809

Request Estimate

Sprinkler Inspection Report

Pinnacle Health & Rehab

Inspector: Gary Leblanc
Started: 6/18/24 12:27:05 PM
Synchronized: 6/19/24 4:27:06 AM
Finished: 6/18/24 12:29:46 PM

Download this report.
Email this report to: khuhn@pinnaclecanton.com

Device Count:	% Tested:	% Passed:	% Failed:
9	100.00%	100.00%	0.00%

Report Navigation

Executive Summary
General information along with overall stats on this inspection.

Inspection and Testing
Each device and item inspected in your building.

Service Summary
A summary of the service performed.

Dry Pipe Systems

Inventory and Warranty Report
Installation Dates and Inventory of items in your building.

Please don't show me this again☒

Executive Summary

Generated by: BuildingReports.com

Building Information	
Building: Pinnacle Health & Rehab	Contact: Ken Huhn
Address: 26 Pleasant Street	Phone: 207-597-2510
Address:	Fax:
City/State/ZIP Code: Canton, ME 04221	Mobile:
Country: United States of America	Email:

Inspection Performed By

Company: Maine Fire Protection Systems
Address: 6 Dowd Road
Address:
City/State/ZIP Code: Bangor, Maine 04401
Country: United States of America

Inspector: Gary Leblanc
Phone: 207-942-8809
Fax:
Mobile:
Email: gary@mefirepro.com

RECEIVED
AUG 15 2024
BY

System Control Unit

System Type	System Location	Protected Area	Devices
Dry Pipe	Building 1		6
Dry Pipe	Building 2		3

Inspection Summary

Category:	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	33.33%	3	100.00%	3	100.00%	0	0.00%
Device	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Hose	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Pump	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Valve	2	22.22%	2	100.00%	2	100.00%	0	0.00%
Totals	9	100%	9	100.00%	9	100.00%	0	0.00%

Certification

Company: Maine Fire Protection Systems
Inspector: Gary Leblanc

6 L

Signed: Jun 18, 2024

Building: Pinnacle Health & Rehab
Contact: Ken Huhn

NOC

Signed: Jun 18, 2024

Gary Leblanc Certifications

Certification Type	Number
Maine Fire Sprinkler Inspector License	IFS581
NEWWA Certification	0010596

Navigation Console

Main Report Console

Executive Summary
Inspection and Testing
Service Summary
Dry Pipe Systems
Inventory and Warranty Report

Inspection & Testing

Generated by: BuildingReports.com

Building: Pinnacle Health & Rehab

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred. For more information about an item, click on the link provided.

Device Type	Location	Service	Time	Date
Passed				
Building 1 Dry Pipe				
Supervisory Signal	Basement	Tested	12:29:06 PM	06/18/2024
Tamper Switch	Basement	Tested	12:29:28 PM	06/18/2024
Waterflow Switch	Basement	Tested	12:29:14 PM	06/18/2024
Drain	Basement	Tested	12:28:51 PM	06/18/2024
Piping	Basement	Tested	12:27:05 PM	06/18/2024
Dry Pipe Valve	Basement	Tested	12:27:36 PM	06/18/2024
Building 2 Dry Pipe				
Fire Dep't Connection	Basement	Visually Checked	12:28:44 PM	06/18/2024
Air Compressor	Basement	Tested	12:28:31 PM	06/18/2024
Control Valve	Basement	Tested	12:29:46 PM	06/18/2024

Service Summary

Generated by: BuildingReports.com

Building: Pinnacle Health & Rehab

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
Passed		
Air Compressor	Tested	1
Control Valve	Tested	1
Drain	Tested	1
Dry Pipe Valve	Tested	1
Fire Dep't Connection	Visually Checked	1
Piping	Tested	1
Supervisory Signal	Tested	1
Tamper Switch	Tested	1
Waterflow Switch	Tested	1
Total		**9**
Grand Total		**9**

Navigation Console

Main Report Console

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Pinnacle Health & Rehab — Building 1

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Alarms

Supervisory Signal

Type	Location	Zone/Address	OK	ScanID
Loe air	Basement	1	☑	79873999

Tamper Switch

Type	Description	Location	Number of Turns	Zone/Address	OK	ScanID
Lever	Supervisory	Basement	2	1	☑	79874004

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Pressure Switch	Potter	PS10	03	1/2	1	☑	79874000

Components

Dry Pipe Valve

Manufacturer	Model #	Location	3 Year Leak Test	Internal Date	OK	ScanID
Viking	C2	Basement	01/03/2024	06/20/2023	☑	79873997

Type	Status	Position	Size	Serial #
Flanged	Supervised	Trim Open	4"	unknown

Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date
					06/20/2023	07/10/2028

Devices

Drain

Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement	2"	86	85	80	0	☑	79873998

Previous Inspections

April 2, 2024

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement	2"	85	85	80	0	☑	79873998

January 3, 2024

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement	2"	85	85	80	0	☑	79873998

Piping

Location	Type	Size	Internal Date		
Basement	Steel	4"	07/10/2028		
Hangers	**Braces**	**Fittings**	**Identified**	**Antifreeze**	**ScanID**
Normal	Normal	Cast Iron	Tagged	N/A	79873996

Building: Pinnacle Health & Rehab — Building 2

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Air Compressor

Location	Mfr.	Model #	Phase	On psi	Off psi	Serial No.			
Basement	Jenny								
Type	**Description**		**Rated Speed**	**Horsepower**		**Volts**	**Amps**	**OK**	**ScanID**
Automatic	Tankless		1740	2		115	60	☑	79874006

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y	Kennedy		Basement	4"	Open	Supervised	☑	79874005

Description

Main Control

Devices

Fire Dep't Connection

Type	Size	BallDrip	Rotating Swivels	5-Year Hydro	Qty	ScanID
Siamese	2.5"	Yes	Yes	07/10/2028	1	79874002

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Navigation Console

Main Report Console

Executive Summary | **Inspection and Testing** | **Service Summary**

Dry Pipe Systems | **Inventory and Warranty Report**

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Pinnacle Health & Rehab

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Type	Category	% of Inventory	Quantity
Air Compressor	Pump	11.11%	1
Control Valve	Valve	11.11%	1
Drain	Device	11.11%	1

Device or Type	Category	% of Inventory	Quantity
Dry Pipe Valve	Valve	11.11%	1
Fire Dep't Connection	Hose	11.11%	1
Piping	Sprinkler	11.11%	1
Supervisory Signal	Alarm	11.11%	1
Tamper Switch	Alarm	11.11%	1
Waterflow Switch	Alarm	11.11%	1

Device Type	Qty	Model #	Type	Description	Install Date
In Service - 25 Years or Older					
Building 1 Dry Pipe					
Piping	1	4"	Steel		06/20/1978
Supervisory Signal	1	PS40	Loe air		06/20/1978
Tamper Switch	1		Lever	Supervisory	06/20/1978
Waterflow Switch	1	PS10	Pressure Switch	Alarm	06/20/1978
Drain	1		Main		06/20/1978
Dry Pipe Valve	1	C2	Flanged		06/20/1978
Building 2 Dry Pipe					
Air Compressor	1		Automatic	Tankless	06/20/1978
Control Valve	1		OS&Y	Main Control	06/20/1978
Fire Dep't Connection	1		Siamese		06/20/1978

Navigation Console

Main Report Console

Executive Summary **Inspection and Testing** **Service Summary**

Dry Pipe Systems **Inventory and Warranty Report**

24-Hour Service
207-942-8809

Request Estimate

SprinklerScan | Service Tickets | SprinklerScan - Pinnacle Health a...

Supervisory Signal	Alarm	11.11%
Tamper Switch	Alarm	11.11%
Waterflow Switch	Alarm	11.11%

Device Type	Qty	Model #	Type	Description
In Service - 25 Years or Older				
Building 1 Dry Pipe				
Piping	1	4"	Steel	
Supervisory Signal	1	PS40	Loe air	
Tamper Switch	1		Lever	Supervisory
Waterflow Switch	1	PS10	Pressure Switch	Alarm
Drain	1		Main	
Dry Pipe Valve	1	C2	Flanged	
Building 2 Dry Pipe				
Air Compressor	1		Automatic	Tankless
Control Valve	1		OS&Y	Main Control
Fire Dep't Connection	1		Siamese	

Navigation Console

Main Report Console

Executive Summary | Inspection and Testing | Service Summary

Dry Pipe Systems | Inventory and Warranty Report

24-Hour Service
207-942-8809

Request Estimate

SprinklerScan | Service Tickets | SprinklerScan - Pinnacle Health &...

program is included.

Device Type	Manufacturer	ModelNumber	Date
Items listed for Recall or Replacement/Upgrade			
No items found during this inspection.			

ScanID	Location	Problem	Reference
Building 1 Dry Pipe			
Piping			
79873996	Basement	Rusted/Corroded	NFPA25 5.2.2.1

Navigation Console

Main Report Console

Executive Summary | Discrepancy Report | Proposed Solutions
Inspection and Testing | Service Summary | Dry Pipe Systems
Inventory and Warranty Report

Proposed Solutions Report

Generated by: BuildingReports.com

Building: Pinnacle Health & Rehab

The Proposed Solution Report provides a solution for each discrepancy listed on the Discrepancy Report. Provide a check mark where indicated to approve repairs listed within

K753 Combustible Decorations

QAI LABORATORIES

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BY:

PREPARATION: Sufficient sample material was submitted to conform to tunnel test dimensions, 22" wide by 24' feet long. The sample was supported during testing by 2" hexagonal mesh poultry netting running the length of the test chamber and 1/4" round metal rods placed at two foot intervals across the width of the test chamber.

CONDITIONING: The test specimen was conditioned to a constant weight at a temperature of 73.4 ± 5º F (23 ± 2.8º C) and a relative humidity of 50 ± 5 %.

CEMENT BOARD PLACEMENT: The 1/4" cement boards were placed between the test specimen and the chamber lid

E 84 TEST DATA SHEET:

[redacted]

SAMPLE: Thermaleaf ® Inherently Fire Retardant Foliage

IGNITION: 6 seconds.

FLAME FRONT: 1 foot maximum.

TIME TO MAXIMUM SPREAD: 13 seconds.

TEST DURATION: 10 minutes.

CALCULATION: 9.84 X.515=5.06

SUMMARY: FLAME SPREAD: 5 **SMOKE DEVELOPED:** 50

SUMMARY OF ASTM E84 RESULTS: Because of the possible variations in reproducibility, the results are adjusted to the nearest figure divisible by 5. Smoke Density values over 200 are rounded to the nearest figure divisible by 50.

In order to obtain the Flame Spread Classification, the above results should be compared to the following table:

NFPA CLASS	IBC CLASS	FLAME SPREAD	SMOKE DEVELOPED
A	A	0 through 25	Less than or equal to 450
B	B	26 through 75	Less than or equal to 450
C	C	76 through 200	Less than or equal to 450

BUILDING CODES CITED:

1. National Fire Protection Association, ANSI/NFPA No. 101, "Life Safety Code".

2. International Building Code, Chapter 8, Interior Finishes, Section 803.

QAI LABORATORIES
CERTIFICATION TESTING INSPECTION

8385 White Oak Avenue
Rancho Cucamonga, CA 91730
909.483.0250 ph. | 909.483.0336 fx.

Test Report No: RJ3378-1	Date: July 18, 2014

SAMPLE ID: The test samples are identified as: Thermaleaf ® Inherently Fire Retardant Foliage.

SAMPLING DETAIL: Test samples were submitted to the laboratory directly by the client. No special sampling conditions or sample preparation were observed by QAI.

DATE OF RECEIPT: Samples were received at QAI on July 11, 2014.

TESTING PERIOD: July 18, 2014.

AUTHORIZATION: Testing authorized by Bryce Peterson. Proposal # MB-2014-070801 dated and signed on 7-8-2014.

TEST REQUESTED: Perform standard flame spread and smoke density developed classification tests on the sample supplied by the Client in accordance with ASTM Designation E84-14, "Standard Method of Test for Surface Burning Characteristics of Building Materials". The foregoing test procedure is comparable to UL 723, ANSI/NFPA No. 255, and UBC No. 8-1.

TEST RESULTS:

Flame Spread	Smoke Developed
5	50

Detailed test results are presented in the subsequent pages of this report.

Prepared By

Brian Ortega
Test Technician

Signed for and on behalf of QAI Laboratories, Inc.

Greg Banasky
Senior Technician

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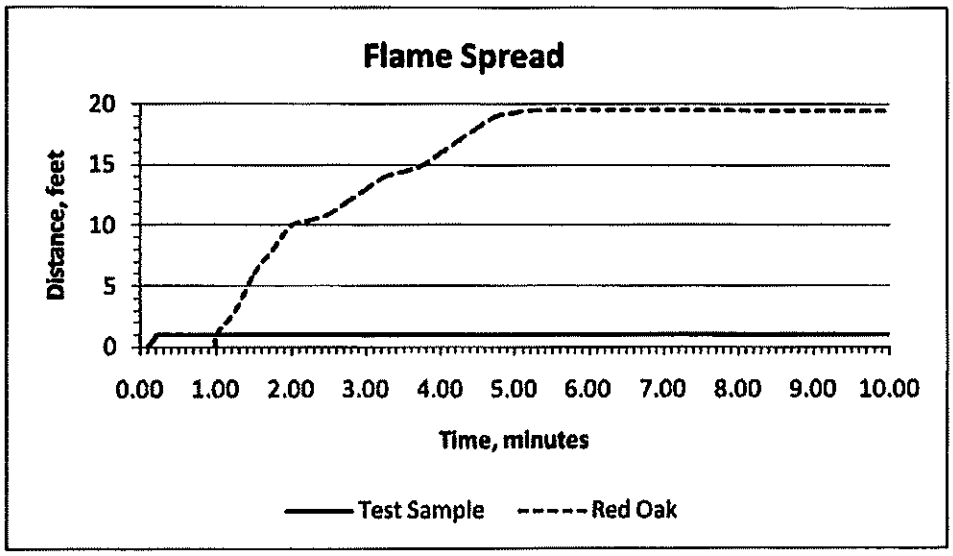
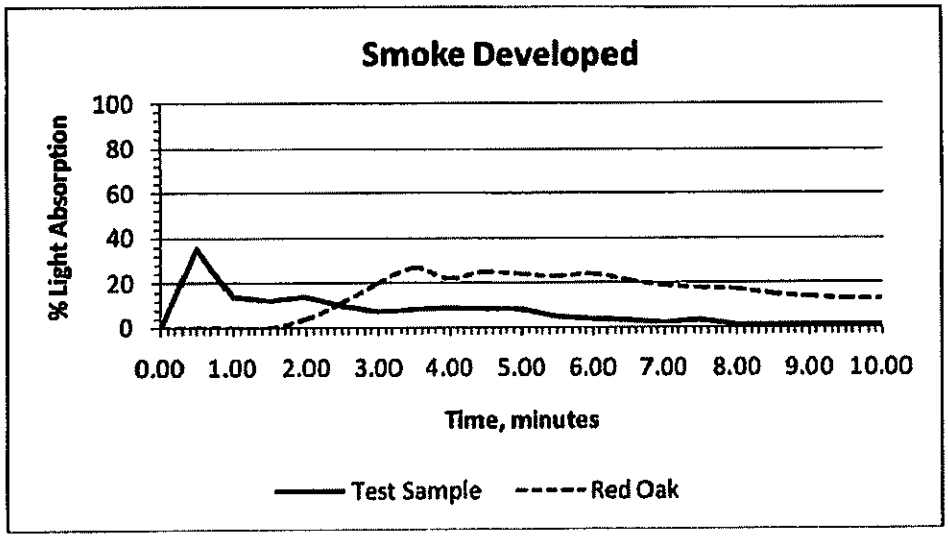
BY:





End of Report

QAI LABORATORIES
CERTIFICATION TESTING INSPECTION

8385 White Oak Avenue
Rancho Cucamonga, CA 91730
909.483.0250 ph. | 909.483.0335 fx.

Test Report No: RJ3378-1	Date: July 18, 2014

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TEST RESULTS:

Flame Spread	Smoke Developed
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Detailed test results are presented in the subsequent pages of this report.

Prepared By

Brian Ortega
Test Technician

Signed for and on behalf of QAI Laboratories, Inc.

Greg Banasky
Senior Technician

QAI
LABORATORIES

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[redacted]

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FLAME FRONT: 1 foot maximum.

TIME TO MAXIMUM SPREAD: 13 seconds.

TEST DURATION: 10 minutes.

CALCULATION: 9.84 X.515=5.06

SUMMARY: FLAME SPREAD: 5 **SMOKE DEVELOPED:** 50

SUMMARY OF ASTM E84 RESULTS: Because of the possible variations in reproducibility, the results are adjusted to the nearest figure divisible by 5. Smoke Density values over 200 are rounded to the nearest figure divisible by 50.

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B	B	26 through 75	Less than or equal to 450
C	C	76 through 200	Less than or equal to 450

BUILDING CODES CITED:

1. National Fire Protection Association, ANSI/NFPA No. 101, "Life Safety Code".

2. International Building Code, Chapter 8, Interior Finishes, Section 803.

Paid in Full

INVOICE

ARTIFICIAL PLANTS
— UNLIMITED —

Artificial Plants Unlimited
6056 Corte Del Cedro
Carlsbad, CA, 92011
Phone: 888-320-0626
Web: www.artificialplantsunlimited.com

Reference No.:	**IN1019884**
Date:	04-Oct-2017
Due Date:	04-Oct-2017
Customer ID:	1034640

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BY:_____

BILL TO:	SHIP TO:
26 Pleasant St. Canton NY 04221 UNITED STATES Attn: Israel Nachfolger	Israel Nachfolger 26 Pleasant St. Canton ME 04221 UNITED STATES Attn: Israel Nachfolger

CUSTOMER REF. NBR	TERMS	WEB ORD NBR	CONTACT
	Prepaid	58978	

SO TYPE	SO NUMBER	SHIPMENT NUMBER	CUSTOMER P.O. NO.
SO-Web	SO1014826	SH019282-10/2/2017	

ITEM	QTY.	UOM	UNIT PRICE	DISC.	EXTENDED PRICE
AH-I-REPP4872: Replica Indoor Artificial Living Wall 48in.L x 72in.H	2.00	EA	1,561.85		3,123.70
NOTE: panels should not be exactly similar					
Freight ShipVia FREIGHT	0.00		.00		411.40
Tracking Numbers: 46325718					

Sales Total:	3,535.10
Tax Total:	0.00
Total (USD):	3,535.10
Amount Due: $	0.00

Please review the information contained in this invoice for accuracy. If no discrepancies are communicated within 14 days, payment will be considered complete or payment for the exact amount of this invoice will be expected, governed by established terms.

K712 Fire Drill Documentation

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36 FIRE DRILL REPORT

Building: MW ___ LC ___ NF X

Please complete form, attach attendance sign in sheet (or sign back), and deliver to Administrator for review.

Location Family Room N.E. Date and Time 1/23/24 10:00 AM Shift 1ST

Notification:	Name	Before Drill	After Drill	Signal Received
Central Alarm Eastern ~~800-660-1119~~	800-639-4068	9:22 am / pm	__:__ am / pm	Yes ☐ No ☐
Police	207-743-~~[redacted]~~9554	9:37 am / pm	__:__ am / pm	Yes ☐ No ☐
Fire	N/A	__:__ am / pm	__:__ am / pm	Yes ☐ No ☐

911 call by Kathy Kimball Alarm reset by Howard McLean

Duration of Drill ___ minutes Duration of Critique 15 minutes

Drill Conducted by Jim Cossar Responsible Party Ken Huber

Evacuation time (LC & MW) ___ (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification (L&C) and the State Fire Marshal's office as soon as possible.

L & C call (1-800-383-2441) Date / Time / Employee name ___

L & C fax report (287-9307) Date / Time / Employee name ___

Fire Marshal call (626-3870) Date / Time / Employee name ___

Fire Marshal fax (287-6251) Date / Time / Employee name ___

Summary of what the staff did in responding to the alarm including employee names.

On this day (1/23/24) Pinnacle Health Rehab Exercised A Fire Drill with the Scenario being Smoke Coming From the "Family Room" At the End of the North Wing, Because of an Electrical outlet. At 10:00 AM Kathy Kimball Announced over the PA. CODE RED There was some confussion due to a few new Employees. Kathy Kimball called 911. After the Allarm was silenced by J. Cossar we talked about Race Pass and Safety.

J. Cossar
1/23/24

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INSERVICE SIGN IN

Dept: Nursing-North Presenter: Jim Cossar

Date: 01/23/2024 Time started: 10:00 am Time ended: 10:35

Topic/s (attach handout/agenda/program): Race, Pass, Safety Bed Entrapment zones

NAME	POSITION	NAME	POSITION
Jim Cossar	Maint. Dir.	Jocelynn Ridley	HK
Kathy Kimball	RN	Georgianna [illegible]	RD
Chris [illegible]	FSD	[illegible]	PTA
Katilyn Campbell	FSC	Cynthia [illegible]	CNA
Naomi Marston	OTR/L	[illegible] Mercer	Housekeep
Lindsey Hopkins		[illegible]	[illegible]
Wendy Guinard	UH	Marcia Chaisson	MC UC
Lisa Barden	RN	Stephanie Curtis	PSS/CRMA
[illegible]	CRM	Chelsea [illegible]	CRMA
Charles [illegible]	ES	Tina Walsh	UC
[illegible]	ES	Philip [illegible]	Maint
[illegible]	ES	[illegible] Mc[illegible]	Maint
Melodie Abbott	BOM		
Marie Hutchinson	CNA		
Mary Volterman	CNA		
Makinzy Whitney	CNA		

PINNACLE/Inservice Sign in 160101

PINNACLE/Fire Drill Report 220413

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36 FIRE DRILL REPORT

Building: MW X **LC** ___ **NF** ___

Please complete form, attach attendance sign in sheet (or sign back), and deliver to Administrator for review.

Location Room 305 Maplewood Date and Time 1/26/24 6:30 AM Shift 3rd

Notification:	Name	Before Drill	After Drill	Signal Received
~~Eastern~~ Central Alarm ~~603-668-1119~~	800-639-4068	___:___ am / pm	___:___ am / pm	Yes ☐ No ☒
Police	207-743-~~9854~~ 9554	___:___ am / pm	___:___ am / pm	Yes ☐ No ☒
Fire	207 597-2404	___:___ am / pm	___:___ am / pm	Yes ☐ No ☒

911 call by N/A

Alarm reset by ___ Silent drill

Duration of Drill 20 minutes

Duration of Critique 10 minutes

Drill Conducted by Jim Cossar

Responsible Party Ken Huhn

Evacuation time (LC & MW) N/A

(RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification (L&C) and the State Fire Marshal's office as soon as possible.

L & C call (1-800-383-2441) Date / Time / Employee name ___

L & C fax report (287-9307) Date / Time / Employee name ___

Fire Marshal call (626-3870) Date / Time / Employee name ___

Fire Marshal fax (287-6251) Date / Time / Employee name ___

Summary of what the staff did in responding to the alarm including employee names.

The Scenerio for this drill (which was a Silent drill) was smoke coming from an outlet on the wall in room #308 2. I met with Jannie, Jendolyn and Tina in the Med-room. We discussed the drill. We talked about someone would call 911, the fact that we would be Evacuating to the rose garden Cafe. We also disscused PASS and RACE.

Jim Cossar
1/26/24

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BY:

SIGN IN SHEET

Presenter: Jim Cossar

Date: 01 / 26 / ___ Time started: 6:30 AM Time ended: 6:50

Topic/s (attach handout/agenda/program): Race, Pass,

PRINTED NAME	POSITION	PRINTED NAME	POSITION
Jammie Winship	CRMA		
Jocelyn Morrison	CRMA		
Tina Libby	PSS		
Jim Cossar	Mgmt. Dir.		

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BY:

36 **FIRE DRILL REPORT** Building: ~~MW~~ ___ LC X NF ___

Please complete form, attach attendance sign in sheet (or sign on back), and deliver to Administrator for review.

Location Room 219 Date and Time 7/21/25 1255 Shift 1ST

Notification:	Name	Before Drill	After Drill	Signal Received
~~Eastern888-6~~ CentralArm	1-800-639-4068	12:48 am / (pm)	1:30 am / (pm)	Yes ☑ No ☐
Police	207-743-9554	12:50 am / pm	1:40 am / pm	Yes ☑ No ☐
Fire	N/A	: am / pm	: am / pm	Yes ☐ No ☐

911 call by Tina Walsh Alarm reset by Jim Cossar

Duration of Drill 30 minutes. Duration of Critique 15 minutes.

Drill Conducted by Jim Cossar Responsible Party Ken Huhn

Evacuation time (LC & MW) 10 min (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification

L & C call (1-800-383-2441)	Date / Time / Employee name ___
L & C fax report (287-9307)	Date / Time / Employee name ___
Fire Marshal call (626-3870)	Date / Time / Employee name ___
Fire Marshal fax (287-6251)	Date / Time / Employee name ___

Summary of what the staff did in responding to the alarm including employee names.

The Scenario for this drill was Smoke coming from A Faulty wall Fan. ~~Harley~~ STARR saw Smoke in room 219 of the L.C. and Yelled "Code Red"

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IN-SERVICE SIGN-IN SHEET

Presenter: Jim Cossar

Date: 2/21/2024 Time started: 12:55 Time ended: 1:25

Topic/s (attach handout/agenda/program): Race, Pass, Safety

PRINTED NAME	POSITION	PRINTED NAME	POSITION
Jim Cossar	M. Director	Chris Bisson	FSD
Wendy Guinard	UM	Tanya stickney	fsc
Melodie Abbott	BOM	Katilyn Campbell	fsc
Tina Walsh	UC	Shelly Harlow	LN
Baileigh Rockliff	EVS	~~Carl Mitchell~~	UC
Jocelyn Ridley	HK	Sareth Dy	PSS
Tanya Mitchell	FS Aide	Deborah Dolloff	CRMA
Chris Walsh	FS Aide	[illegible]	
Jyphrie Reid	CRMA	Brice Martins	FLOOR
Breaunna Domina	EVS	Charles Saux	FLOOR
Starloe McKenna	CRMA	[illegible]	CRMA
Ken Mahn	MLNHA	Becky Knox	ADC
Kristen Cote	UC/CNA		
Chrissi Smith-Grant	RN		
[illegible]	CNA		
Cynthia Chaudhr	CNA		
[illegible]	MAT		

PINNACLE In-Service Sign-In Sheet 160101

~~Sareth Dy~~

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AUG 15 2024
BY:

36 **FIRE DRILL REPORT** Building: MW ___ LC ___ NF X

Please complete form, attach attendance sign in sheet (or sign on back), and deliver to Administrator for review.

Location Whirlpool / Bath North Date and Time 2/26/24 8:30 PM Shift 2nd

Notification:	Name	Before Drill	After Drill	Signal Received
Eastern603-6	N/A Silent	: ~~am / pm~~	: am / pm	Yes ☐ No ~~X~~
Police	N/A Silent	: ~~am / pm~~	: am / pm	Yes ☐ No ~~X~~
Fire	N/A Silent	: ~~am / pm~~	: ~~am / pm~~	Yes ☐ No ~~X~~

911 call by N/A Alarm reset by ___

Duration of Drill ~~9~~ 30 minutes. Duration of Critique 15 minutes.

Drill Conducted by ___ Responsible Party Ken Huhn

Evacuation time (LC & MW) N/A (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification

L & C call (1-800-383-2441)	Date / Time / Employee name ___
L & C fax report (287-9307)	Date / Time / Employee name ___
Fire Marshal call (626-3870)	Date / Time / Employee name ___
Fire Marshal fax (287-6251)	Date / Time / Employee name ___

Summary of what the staff did in responding to the alarm including employee names.

The Scenario for this drill was smoke coming from the whirlpool/Bath room from a faulty outlet. We talked about Pass, Race and recent FIRE Event. We also talked in detail of the staff and what their duties are in the event of a real FIRE, such as Getting a call into 911 and moving equipment ~~out~~ of the Halls, Checking rooms for residints and doing a Headcount. We talked about Fire Extinguisher and thier correct use.

2/26/24

Jim Cornell

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AUG 15 2024
BY: _____

SIGN IN SHEET

Presenter: Jim Cossar

Date: 2/26/2024 Time started: 8:30 PM Time ended: _____

Topic/s (attach handout/agenda/program): Race, Pass. Recent Fire Event

PRINTED NAME	POSITION	PRINTED NAME	POSITION
Jim Cossar	MAINT. DIR.		
Stephanie Hildings	CNA		
Jodie Cooright	CNA (MAS)		
Martha Jordan-Downs	CNA		
Tonya Morrow	LPN		
Marsha Jennings	CNA-M		
Izabella Curtis	CNA		

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BY

36 **FIRE DRILL REPORT** Building: MW ___ LC X NF ___

Please complete form, attach attendance sign in sheet (or sign on back), and deliver to Administrator for review.

Location Dining RM. MW. Date and Time 3/15/24 Shift 1

Notification:	Name	Before Drill	After Drill	Signal Received
Central Alarm Eastern803.6		:___ am / pm	:___ am / pm	Yes X No ☐
Police		:___ am / pm	:___ am / pm	Yes X No ☐
Fire	N/A	:___ am / pm	:___ am / pm	Yes ☐ No X

911 call by Jim Cossar Alarm reset by Jim Cossar

Duration of Drill 25 minutes. Duration of Critique 15 minutes.

Drill Conducted by Phil Cote Responsible Party Ken Huhn

Evacuation time (LC & MW) 5 min (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification

L & C call (1-800-383-2441)	Date / Time / Employee name ___
L & C fax report (287-9307)	Date / Time / Employee name ___
Fire Marshal call (626-3870)	Date / Time / Employee name ___
Fire Marshal fax (287-6251)	Date / Time / Employee name ___

Summary of what the staff did in responding to the alarm including employee names.

The scenerio for this drill was smoke coming from a Receptical in the dining rm. Joni Yelled "Code-RED" Jim reset the fire Pull. Howard Reset the FIRE Panel. the Resident Evacuated to the L.C. Living Room. Talked About Safety FIRE Extinguisher Operation and PASS. and RACE. All Residents were Accounted for.

Jim Cossar

IN-SERVICE SIGN-IN SHEET

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AUG 15 2024
BY:

Presenter: Phil Cote

Date: 03/15/2024 Time started: 2:00 PM Time ended: 2:30 PM

Topic/s (attach handout/agenda/program): Race, Pass, Safety

PRINTED NAME	POSITION	PRINTED NAME	POSITION
Phil Cote	Maint		
Chris Walker	Rn Asst		
Demi Freeman	Laundry		
Breauna Dominea	EVS		
Jon Cessar	Maint		
[illegible]	[illegible]		
[illegible]	CRMA		
Jai Richard	CRMA		
[illegible]	Maint		

RECEIVED
AUG 15 2024
BY: [redacted]

36 FIRE DRILL REPORT

Building: MW ___ LC ___ NF X

Please complete form, attach attendance sign in sheet (or sign back), and deliver to Administrator for review.

Location N.F. Staff Bestroom Date and Time 3/21/24 4:45 Shift 3rd

Notification:	Name	Before Drill	After Drill	Signal Received
Eastern 603-668-1119	N/A	__:__ am / pm	__:__ ~~am~~ / pm	Yes ☐ No ☒
Police	N/A	__:__ ~~am / pm~~	__:__ ~~am / pm~~	Yes ☐ No ☒
Fire	N/A	__:__ ~~am / pm~~	__:__ am / pm	Yes ☐ No ☒

911 call by _____ Alarm reset by Silent drill

Duration of Drill 15 minutes Duration of Critique 15 minutes

Drill Conducted by Jim Cossar Responsible Party Ken Huhn

Evacuation time (LC & MW) N/A (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification (L&C) and the State Fire Marshal's office as soon as possible.

L & C call (1-800-383-2441) Date / Time / Employee name _____
L & C fax report (287-9307) Date / Time / Employee name _____
Fire Marshal call (626-3870) Date / Time / Employee name _____
Fire Marshal fax (287-6251) Date / Time / Employee name _____

Summary of what the staff did in responding to the alarm including employee names.

This was a Silent drill, The Seenerio was Smoke Coming From a receptical in the staff bathroom in the North, I spoke to All staff on duty in the North one of the staff was at the South nurses station, (Melissa Bean) We Talked about Race, Pass and Safety (ie) clearing the hallway of all equipment. All 36 residents were accounted for.

Jim Cossar
3/21/24

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Presenter: Jim Cossar

Date: 3/21/2024 Time started: 4:45 Time ended: _____

Topic/s (attach handout/agenda/program): Race, Pass, Safety

PRINTED NAME	POSITION	PRINTED NAME	POSITION
Jim Cossar	MAINT'D		
Samantha Greenlaw	CRMA		
Barbara J Sutton	LPN		
Debra Meade1	CNA		
Melissa Bean	CNA		

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36 FIRE DRILL REPORT

Building: MW ___ LC X NF ___

Please complete form, attach attendance sign in sheet (or sign back), and deliver to Administrator for review.

Location Room # 201 Date and Time 4/26/2024 4:15 Shift 2nd

Notification:	Name	Before Drill	After Drill	Signal Received
~~Eastern~~ Centralarm 603-668-1119	800-639-4068	4:05 am/pm	__:__ am/pm	Yes X No ☐
Police	207-743-9554	4:08 am/pm	__:__ am/pm	Yes X No ☐
Fire	207-592-2404 chief 357-2404	4:10 am/pm	__:__ am/pm	Yes X No ☐

911 call by Jaques Jeffrey Alarm reset by Howard McLain

Duration of Drill 25 minutes Duration of Critique 15 minutes

Drill Conducted by Jim Cossar Responsible Party Ken Hyka

Evacuation time (LC & MW) 5 min (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification (L&C) and the State Fire Marshal's office as soon as possible.

L & C call (1-800-383-2441) Date / Time / Employee name ___

L & C fax report (287-9307) Date / Time / Employee name ___

Fire Marshal call (626-3870) Date / Time / Employee name ___

Fire Marshal fax (287-6251) Date / Time / Employee name ___

Summary of what the staff did in responding to the alarm including employee names.

The Scenerio for this drill was a Fire in Room 201 at Living Center, Caused by a T.V. ~~Fire~~ Plug. Ashley Glover shouted "CODE RED." Jaques called 911. Ashley then Pulled Fire Pull. Residents Through the Ramp Door to the Garden Cafe. All Resident were Accounted for by a Head Count. We Talk About Race, Pass and Evacuation Procedures.

Jim Cossar

IN-SERVICE SIGN-IN SHEET

Presenter: Jim Cossar - Phil Cote

Date: 04/26/2024 Time started: 4:15 PM Time ended: _____

Topic/s (attach handout/agenda/program): Race, Pass

PRINTED NAME	POSITION	PRINTED NAME	POSITION
Jim Cossar	D. Maint.		
Philip Cote	Maint		
Howard McLean	MAINT		
Veronica Brown	CPW		
Jeff Jacques	CRMA		
Briana Soucy	PSS		
Rosa Cossar	CRMA		
Kaylum Glover	PSS		
Ashley Glover	PSS		
Carlito Gonzales	Smithfield		

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CODE RED DRILL REPORT

Building: MW X LC ___ NF ___

Please complete form, attach attendance sign in sheet (or sign on back), and deliver to Administrator for review.

Location ROOM 305 Date and Time 5 29 24 Shift 1ST

Notification:	Name	Before Drill	After Drill	Signal Received	
Eastern	CENTRALARM FIRE PROTECTION	___ am / pm	3:35 am / pm	Yes ☒	No ☐
Police	911	___ am / pm	3:35 am / pm	Yes ☒	No ☐
Fire	CANTON	___ am / pm	3:35 am / pm	Yes ☒	No ☐

911 call by Pam Belanger Alarm reset by HOWARD MCLEAN

Duration of Drill 25 minutes. Duration of Critique 20 minutes.

Drill Conducted by HOWARD MCLEAN Responsible Party KEN HAHN

Evacuation time (LC & MW) ___ (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification (L&C) and the State Fire Marshal's office as soon as possible.

L & C call (1-800-383-2441) Date / Time / Employee name ___
L & C fax report (287-9307) Date / Time / Employee name ___
Fire Marshal call (626-3870) Date / Time / Employee name ___
Fire Marshal fax (287-6251) Date / Time / Employee name ___

Summary of what the staff did in responding to the alarm including employee names.

THE SCENERIO FOR THIS DRILL WAS SMOKE IN ROOM BY LIGHT SWITCH IN MAPLE WOOD RM 305 PAM BELANGER CALL 911 HOWARD PULLED FIRE ALARM

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Presenter: HOWARD McLEAN

Date: 5 / 29 / 24 Time started: 335 Time ended: _____

Topic/s (attach handout/agenda/program): RACE x PASS

PRINTED NAME	POSITION	PRINTED NAME	POSITION
Veronica Brown	LPN	Chris Walsh	Mich Aide
Stephanie Curtis	CRMA/PSS	Marcia Chaisson	UC/CRMA
Kadilyn Campbell	FSC		
Megan Hazel	FSS		
	CRMA/PSS		
Bonnie Windsor	CRMA/PSS		
Pamela Bilyeu	CRMA		
Michelle J. Stevens	Laundry		
Ken Hahn	ADMINISTRATOR		
Aaron Dawson	CNA		
Howard McLean	MAINT		

Summary of what the staff did in responding to the alarm including employee names.

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BY: _____

36 FIRE DRILL REPORT

Building: MW ____ LC ____ NF X

Please complete form, attach attendance sign in sheet (or sign back), and deliver to Administrator for review.

Location ~~129~~ 118 Date and Time 5/24/24 3:15 Shift 3-11

Notification:	Name	Before Drill	After Drill	Signal Received
Eastern 603-668-1119	FIRE PROTECTION	3:38 am / (pm)	~~3:34~~ am / pm	Yes ✓ No ☐
Police	911	3:35 am / (pm)	~~3:34~~ am / pm	Yes ✓ No ☐
Fire	CANTON	3:35 am / (pm)	~~3:40~~ am / pm	Yes ✓ No ☐

911 call by CINDY Alarm reset by A. DAWSON

Duration of Drill 26 minutes Duration of Critique 15 minutes

Drill Conducted by HOWARD MCLEAN Responsible Party _____

Evacuation time (LC & MW) _____ (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification (L&C) and the State Fire Marshal's office as soon as possible.

L & C call (1-800-383-2441) Date / Time / Employee name _____
L & C fax report (287-9307) Date / Time / Employee name _____
Fire Marshal call (626-3870) Date / Time / Employee name _____
Fire Marshal fax (287-6251) Date / Time / Employee name _____

Summary of what the staff did in responding to the alarm including employee names.

THE SCENARIO FOR THIS DRILL WAS SMOKE FROM ROOM 118 OF THE NORTH WING CRYSTTE PULLED THE FIRE ALARM CINDY WAS CALLED 911 AND AARON DAWSON RESET THE FIRE PANEL

IN-SERVICE SIGN-IN SHEET

Presenter: HOWARD McLEAN

Date: 5 / 24 / 24 Time started: 3 15 Time ended: _____

Topic/s (attach handout/agenda/program): RACE # PASS

PRINTED NAME	POSITION	PRINTED NAME	POSITION
Kaylee Mercier	Activities		
Tina McLean	Activities		
Lisa Barden	RN		
Cily Wells LPN	Nursing		
Brandy Moss	C.N.A.		
Cynthia Lambert	CNA		
Mallory Whitney	CNA		
Crystle Bender	CNA		
Cindy Catlin	CMAM		
Aaron Dawson	CNAM		
Tina Walsh	LLC		
HOWARD McLEAN	MAINT		

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BY:

36 FIRE DRILL REPORT

Building: MW ___ **LC** ___ **NE** X

Please complete form, attach attendance sign in sheet (or sign back), and deliver to Administrator for review.

Location ROOM 119 NORTH WING Date and Time 6/19/2024 Shift 1ST

Notification:	Name	Before Drill	After Drill	Signal Received
~~Eastern~~ CENTRAL 603-668-1119	800 434-4068	1:06 am / pm	1:35 am / pm	Yes ☑ No ☐
Police	207 ~~783~~ 753-9554	1:07 am / pm	1:56 am / pm	Yes ☑ No ☐
Fire	207 357 0162	1:00 am / pm	1:57 am / pm	Yes ☑ No ☐

911 call by ~~CYNTHIA BRAGG~~ ALISON ADAMS Alarm reset by PHIL ST

Duration of Drill 25 minutes Duration of Critique 10 minutes

Drill Conducted by HOWARD MCLEAN Responsible Party KEN IVANY

Evacuation time (LC & MW) NA (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification (L&C) and the State Fire Marshal's office as soon as possible.

L & C call (1-800-383-2441) Date / Time / Employee name _____
L & C fax report (287-9307) Date / Time / Employee name _____
Fire Marshal call (626-3870) Date / Time / Employee name _____
Fire Marshal fax (287-6251) Date / Time / Employee name _____

Summary of what the staff did in responding to the alarm including employee names.

MICHELE HUTCHINS TALK ABOUT IF THERE FIRE AND WHAT TO DO ALISON ~~BRAGG~~ ADAMS CALL 911 AND WE TALK ABOUT WHAT RACE + PASS WAS. AND MAKE SURE THE HALL ARE CLEAR

IN-SERVICE SIGN-IN SHEET

Presenter: Howard McLean

Date: 6 / 19 / 24 Time started: 105 Time ended: 125

Topic/s (attach handout/agenda/program): Rage Pass Safety

PRINTED NAME	POSITION	PRINTED NAME	POSITION
Bonnie Cayer	LPN	Ashley Marter	EVS
Tina McLean	LED.	Jennifer Adams	CNA
Wendy Guirard	WF	Cynthia Lambert	CNA
Katilyn Campbell	FSC	Denise Brinkle Guard	RN
[illegible] Neill	KK	Rosemary [illegible]	CNA
Breaunna Domina	EVS	Cynthia Brooks	CNA-M
Remi Freeman	EVS	Manny Crane	PTA
Baileigh Rackliff	LCD	Raiden Jeanlouis	K
Leylah Manning	EVS	[illegible] RN	
Marie [illegible] LaCroix	RN	Stephanie [illegible]	CNMA
Mckinzy Whitney	CNA	Howard McLean	MAINT
Megan Heath	FSS		
Tanya Mitchell	FS cook/aide		
Chris Walsh	Chic Aide		
Melodie Abbott	BOD		
Alison Adams	CNA		
Haley [illegible]	CNA		

CODE RED DRILL REPORT

Building: MW ___ LC X NF ___

Please complete form, attach attendance sign in sheet (or sign on back), and deliver to Administrator for review.

Location Living Center Date and Time 6 2024 Shift 1ST

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Notification:	Name	Before Drill	After Drill	Signal Received
Eastern	CENTRAL ARA 800 624 4964	__:__ am / pm	1:30 am / pm	Yes ☒ No ☐
Police	207 748 8554	__:__ am / pm	1:30 am / pm	Yes ☒ No ☐
Fire	207 357 0162	__:__ am / pm	1:30 am / pm	Yes ☒ No ☐

911 call by Marie LeCour Alarm reset by Shelly Harlow

Duration of Drill 15 minutes. Duration of Critique 4 minutes.

Drill Conducted by Howard Mclean Responsible Party Ivan Hahn

Evacuation time (LC & MW) 5 min (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification (L&C) and the State Fire Marshal's office as soon as possible.

L & C call (1-800-383-2441) Date / Time / Employee name _____
L & C fax report (287-9307) Date / Time / Employee name _____
ire Marshal call (626-3870) Date / Time / Employee name _____
Fire Marshal fax (287-6251) Date / Time / Employee name _____

Summary of what the staff did in responding to the alarm including employee names.

Smoke coming from Room 210, Staff Shut door yelled Code Red and pulled "Pull Station" Outside Room 208, Staff responded to Alarm and was directed to assist Resident away from Room 210 to the "Meeting Room" Nursing Home Staff responded to drill, Resident's did not participate in Drill and Staff was aware they were in their rooms. All resident were educated On the routine of a fire drill and asked questions.

Marcoc
Make
Car

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Presenter: HOWARD McLEAN

Date: 6 / 20 / 24   Time started: 130   Time ended: 200

Topic/s (attach handout/agenda/program):

PRINTED NAME	POSITION	PRINTED NAME	POSITION
Bonnie Cere	LPN	Katilyn Campbell	FSC
[illegible]	[illegible]	Marcia Chaisson	UC
Ashley Martel	EVS	Starlee McKenna	CRMA
[illegible]	BOD	Macda Billings	CRMA
Marie Hutchinson	CNA	Sarett Dy	PSS
Makenzy Whitney	CNA	[illegible]	RN
[illegible]	RN	[illegible]	
Jennifer Adams	CNA	[illegible]	Maint
Meagan Gonzalo	C.N.A		
Anne White	PSS		
Kim Potvin	LPN		
Cynthia Lambert	CNA		
Marie A. [illegible]	RN	[illegible] +911	
Wendy Guinard	NF		
Leighah Mammey	EVS		
Ken [illegible]	ADMINISTRATOR		
Megan Heath	FSS		

PINNACLE In-Service Sign-In Sheet 160101

X—

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36 FIRE DRILL REPORT

Building: MW X LC ____ NF ____

Please complete form, attach attendance sign in sheet (or sign back), and deliver to Administrator for review.

Location KITCHEN Date and Time 7/29/24 6:30AM Shift 3RD

Notification:	Name	Before Drill	After Drill	Signal Received
~~Eastern~~ CENTRAL ALARM 603-668-1119	800 439-4068	__:__ am / pm	__:__ am / pm	Yes ☐ No ☒
Police	207-743 9554	__:__ am / pm	__:__ am / pm	Yes ☐ No ☒
Fire	207-597 2404	__:__ am / pm	__:__ am / pm	Yes ☐ No ☒

911 call by NA Alarm reset by SILENT DRILL

Duration of Drill 20 minutes Duration of Critique 10 minutes

Drill Conducted by HOWARD MCLEAN Responsible Party KEN HUNN

Evacuation time (LC & MW) NA (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification (L&C) and the State Fire Marshal's office as soon as possible.

L & C call (1-800-383-2441) Date / Time / Employee name ____
L & C fax report (287-9307) Date / Time / Employee name ____
Fire Marshal call (626-3870) Date / Time / Employee name ____
Fire Marshal fax (287-6251) Date / Time / Employee name ____

Summary of what the staff did in responding to the alarm including employee names.

THE SCENERIO FOR THIS DRILL WHICH WAS SILENT DRILL SMOKE COMING OUT OUTLET TALK ABOUT PASS BACK.

SIGN IN SHEET

Presenter: HOWARD McLEAN

Date: 7/29/24 Time started: 6:30 Time ended: 6:50

Topic/s (attach handout/agenda/program): RACE, PASS

PRINTED NAME	POSITION	PRINTED NAME	POSITION
Joni Richard	CRMA		
Heather Saunders	CRMA		
HOWARD McLEAN	MAINT		

CODE RED DRILL REPORT

Building: MW ___ LC ___ NF λ

Please complete form, attach attendance sign in sheet (or sign on back), and deliver to Administrator for review.

Location Rm 117 Date and Time 7/24/24 C Shift 6:30-3

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Notification:	Name	Before Drill	After Drill	Signal Received
Eastern	Certified Alarm 1-800-	1:28 am / (pm)	1:57 am / (pm)	Yes ☐ No ☐
Police	907 743 9554 ext 6.	1:30 am / (pm)	:___ am / pm	Yes ☐ No ☐
Fire	_____	:___ am / pm	:___ am / pm	Yes ☐ No ☐

911 call by Kathy McCarl. Alarm reset by Howard McLean.

Duration of Drill 5 minutes. Duration of Critique 5 minutes.

Drill Conducted by Mauricio RN Responsible Party _____

Evacuation time (LC & MW) _____ (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification (L&C) and the State Fire Marshal's office as soon as possible.

L & C call (1-800-383-2441) Date / Time / Employee name _____
L & C fax report (287-9307) Date / Time / Employee name _____
Fire Marshal call (626-3870) Date / Time / Employee name _____
Fire Marshal fax (287-6251) Date / Time / Employee name _____

Summary of what the staff did in responding to the alarm including employee names.

Code Red Rm 117. C 1:39pm. "Smoke" found by CNA who called out Code Red & pulled alarm across the room. Hall was cleared of residents, wheelchairs, IS Station carts & medication carts. Review was done at both Unit with Staff to include RACE & PASS.

N/A. Review of staff's responsibilities was reviewed again as staff are not reporting to designated areas for Assignment.

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Presenter: Howard McLean, Michel Hutchins

Date: 7/24/24 Time started: 1:38p Time ended: 1:50p

Topic/s (attach handout/agenda/program): See Report

PRINTED NAME	POSITION	PRINTED NAME	POSITION
Cindy Bedard	CNA M	Baileigh Barkliff	LED
Wendy Kennison	cna	Marany Crane	PTA
Breanna Domina	EVS	Chris Bisson CON, CEAP	FSD
Wendy Guinard	UM	Kathey Kimball	Nursing Sup.
Denise Smith RN	RN	Rosemary Bell	CNA
Trista Blais	EVS	Lisa Borden	RN
Tina McLean	LED	Haly / Rn	CNA
Makinzy Whitney	CNA	Alison Adams	CNA
Jennifer Brickley	RN	Christy Emery	LED
Jennifer Adams	CNA	HOWARD MCLEAN	MAINT
Ashley Hunter	EVS		
Cynthia Lambert	CNA		
Cari Mitchell	UC		
Austin Jean-Louis	FS		
Kaitlyn Campbell	FSC		
Otilio Gonzalez	FSC		
Chris Walsh	Aide		

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36 **FIRE DRILL REPORT** **Building: MW** ___ **LC** X **NF** ___

Please complete form, attach attendance sign in sheet (or sign back), and deliver to Administrator for review.

Location North Nursing Station Date and Time 4/21/23 2:01 Shift 1ST

Notification:	Name	Before Drill	After Drill	Signal Received
Eastern 603-668-1119	1-800-639-2066	__:__ am / pm	__:__ am / pm	Yes ☐ No ☐
Police	1-207-743-9559	__:__ am / pm	__:__ am / pm	Yes ☐ No ☐
Fire	N/A	__:__ am / pm	__:__ am / pm	Yes ☐ No ☐

911 call by CARI and TINA Alarm reset by Howard McLean

Duration of Drill 15 minutes Duration of Critique 2 minutes

Drill Conducted by Jim Cossar Responsible Party Mark Jacobs

Evacuation time (LC & MW) N/A (RCF Requirement is 13 minutes)

If a smoke or fire event occurs, a verbal and written report must be made to the Department of Licensing and Certification (L&C) and the State Fire Marshal's office as soon as possible.

L & C call (1-800-383-2441) Date / Time / Employee name ___

L & C fax report (287-9307) Date / Time / Employee name ___

Fire Marshal call (626-3870) Date / Time / Employee name ___

Fire Marshal fax (287-6251) Date / Time / Employee name ___

Summary of what the staff did in responding to the alarm including employee names.

The Scenero for this Drill was Smoke in the Bath/Scale room coming from an outlet. The Pull station by the Nurses station was Activated at the Nurses station in the North. CARI and TINA Called 911. Residents were All Accounted for and Trash can were put outside of the doors. The Alarm was Reset by Howard. We also did a Breif Disscussion on Safety, Race, and Pass

Jim Cossar

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Presenter: Jim Cossar

Date: 04/08/2024 Time started: 2:00 PM Time ended: 2:35

Topic/s (attach handout/agenda/program): Race, Safety, Pass

NAME	POSITION	NAME	POSITION
Jim Cossar	Maint.	Shelly Harlow	
Starlee McKenna	CRMA	Gina Moro	FS
Marie LaCroix	RN	Carrye Mitchell	FS
Wendy Greenwood	UH	Breanna Domina	ES
Denise Smikle	UH	Lisa Juneau	CNA
Cari Mitchell	UC Drilled 911	[illegible]	CNA-M
Marie Hutchinson	CNA-	Bethany Burgess	CNA
Tina McLean	LED.	Nancy Crane	PTA
Akua Ofosu	CRMA	Kellie Donahue	RN
Terressa Phillips	CNA	Melodie Abbott	BO
Jesha Patrick	CNA	Mark Jacobs	Admin
GEORGE GILE	E.S.L.T.	Kathi Carroll	UN.C.
Autumn Trepanier	ESLT	Tim Walsh	UN C.
Marcie Zangemie	CNA-M		
R. Freeman	ES		
Bailey Boothby	ES		

PINNACLE/Inservice Sign in 160101

PINNACLE/Fire Drill Report 220413

K761 Door testing & inspector Certification

NATIONAL FIRE PROTECTION ASSOCIATION

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BY:

CERTIFICATE OF COMPLETION

2016 NFPA 80: Inspection, Testing, and Maintenance of Swinging Fire Door Assemblies Online Training

JAMES COSSAR

Completion Date: January 26, 2024
CEUs: .1 or 1 hour

ACCREDITED IACET PROVIDER

President, National Fire Protection Association

IT'S A BIG WORLD. LET'S PROTECT IT TOGETHER.

Fire/Smoke Door Inspection

Facility: Tester Name:
Date: 3/15/24 Door Type: ☒ Fire ☐ Smoke Rating: 3hr
Location: Kitchen Door #9.

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

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- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☑ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☑ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

Revised 011717

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BY:_____

Fire/Smoke Door Inspection

Facility: **Tester Name:**
Date: 3/14/24 **Door Type:** ☐ Fire ☐ Smoke **Rating:**
Location: Kitchen door Door #10

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☑ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☐ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely installed
- ☑ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

Revised 011717

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BY:

Fire/Smoke Door Inspection

Facility: **Tester Name:**
Date: 3/14/23 **Door Type:** ☐ Fire ☐ Smoke **Rating:** 3 hr.
Location: L. C. entrance to hallway Door #11

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☑ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☑ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☑ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

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Fire/Smoke Door Inspection

Facility: " Tester Name:

Date: 3/13/24 Door Type: ☒ Fire ☐ Smoke Rating: 1 hr

Location: L.C. Shelly's office Door 12

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☑ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☑ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely Installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☐ Securely Installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely Installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☐ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

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Fire/Smoke Door Inspection

Facility: Tester Name:

Date: 3/12/24 Door Type: ☐ Fire ☒ Smoke Rating:

Location: L.C. hallway dbl. doors Door # 13

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☑ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☐ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

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Fire/Smoke Door Inspection

Facility: Tester Name:
Date: 2/15/24 Door Type: ☑ Fire ☐ Smoke Rating: 90 Min
Location: Maple wood entrance Door #17

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☑ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☑ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☐ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

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Fire/Smoke Door Inspection

Facility: Tester Name:
Date: 2/15/24 Door Type: ☐ Fire ☒ Smoke Rating:
Location: maple wood Steps door Front Door #18

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☑ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☐ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

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Fire/Smoke Door Inspection

Facility: Tester Name:
Date: 2/13/24 Door Type: ☐ Fire ☒ Smoke Rating:
Location: maplewood back/side door Door #19

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☑ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☐ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely Installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely Installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely Installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

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Fire/Smoke Door Inspection

Facility: Tester Name:
Date: 2/13/24 Door Type: ☑ Fire ☑ Smoke Rating:
Location: maple wood Stairway off Dinning Room Door #20

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assemblies in exit enclosures-typically stairwells and exit passageways
- Door assemblies in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☑ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☐ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Flush Bolts
- ☐ Correct
- ☑ Securely installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

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Fire/Smoke Door Inspection

Facility: Tester Name:
Date: 2/13/24 Door Type: ☐ Fire ☒ Smoke Rating:
Location: Maplewood Pantry way Door #21

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☑ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☑ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

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Fire/Smoke Door Inspection

Facility: **Tester Name:**
Date: 8/9/24 **Door Type:** ☐ Fire ☒ Smoke **Rating:**
Location: Garden Cafe double doors #4 8

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☑ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☐ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely Installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely Installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely Installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☐ Strike in good shape
- ☑ Securely Installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

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Fire/Smoke Door Inspection

Facility: **Tester Name:**

Date: 2/9/24 **Door Type:** ☐ Fire ☒ Smoke **Rating:**

Location: VES care 2nd double doors -toNorth #3

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☑ Frame not rusted through
- ☑ Gaskets intact
- ☐ Other:

Door
- ☐ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

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Fire/Smoke Door Inspection

Facility: **Tester Name:**
Date: 7/8/24 **Door Type:** ☐ Fire ☑ Smoke **Rating:**
Location: res. care double doors headed north #4

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☐ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☐ Label present and legible
- ☑ Correct Clearance
- ☑ No open holes/breaks
- ☑ Glazing/Vision light frames intact
- ☐ Not damaged/delaminated door
- ☑ Door not rusted-through
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other

Other
- ☐ No items that interfere installed
- ☑ No non-compliant field modification
- ☐ Door has appropriate signage
- ☐ Any signage is properly affixed
- ☐ Other

Comments/Corrections:

Tester Signature:

Use one for each door inspected. Maintain record for 3 years.

Revised 011717

9

Fire/Smoke Door Inspection – Pinnacle Health & Rehab

Location: ☐ NF S. Hall ☐ NF N. Hall ☒ LD ☐ Linen ☐ LC Hall

Date: 3/8/24 **Door Type:** ☒ Fire ☐ Smoke **Rating:** 1½

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

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Operation
- ☑ Swings Freely
- ☒ Closes Properly
- ☒ Latches Properly
- ☐ Other:

Frame
- ☒ Label present and legible
- ☒ Is secure
- ☒ No open holes/breaks
- ☒ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☒ Label present and legible
- ☒ Correct clearance
- ☐ No open holes/breaks
- ☒ Glazing/Vision light frames intact
- ☒ Not damaged/delaminated door
- ☒ Door not rusted-through
- ☐ No non-compliant field modification
- ☒ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☒ Strike in good shape
- ☒ Securely Installed
- ☐ Other:

Hinges
- ☒ Correct
- ☒ Securely installed
- ☐ Other:

Flush Bolts
- ☐ Correct
- ☐ Securely installed
- ☐ Other:

Lockset/Hardware
- ☒ All hardware installed
- ☒ Strike in good shape
- ☒ Securely installed
- ☐ Other .

Other
- ☒ No items that interfere installed
- ☒ No non-compliant field modification
- ☐ Door has appropriate signage
- ☐ Any signage is properly affixed
- ☐ Other:

Comments/Corrections: missing 3 screws + hinges

Tester Name Printed/Signature: _____ _____

Fire/Smoke Door Inspection – Pinnacle Health & Rehab

Location: ☐ NF S. Hall ☐ NF N. Hall ☐ LD ☐ Linen ☐ LC Hall Soiled Utility #1

Date: 2/8/2024 **Door Type:** ☒ Fire ☐ Smoke Rating:

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

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Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☑ Is secure
- ☑ No open holes/breaks
- ☐ Frame not rusted through wood
- N/A ☐ Gaskets intact
- ☐ Other:

Door
- ☑ Label present and legible
- ☑ Correct clearance
- ☑ No open holes/breaks
- N/A ☐ Glazing/Vision light frames intact
- ☑ Not damaged/delaminated door
- N/A ☐ Door not rusted-through wood
- ☑ No non-compliant field modification
- ☑ No visible signs of damage
- ☐ Other:

Door Closer
- N/A ☐ All hardware installed
- ☑ Strike in good shape
- ☑ Securely Installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other:

Comments/Corrections:

Tester Name Printed/Signature: Jim Corrin Jim Corrin

Fire/Smoke Door Inspection – Pinnacle Health & Rehab

Location: ☐ NF S. Hall ☐ NF N. Hall ☐ LD ☐ Linen ☐ LC Hall ☒ Soiled Laundry #6

Date: 3/15/24 **Door Type:** ☒ Fire ☐ Smoke **Rating:** 1 Hour

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

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Operation
- ☒ Swings Freely
- ☒ Closes Properly
- ☒ Latches Properly
- ☐ Other:

Frame
- ☒ Label present and ~~legible~~
- ☒ Is secure
- ☒ No open holes/breaks
- ☒ Frame not rusted through
- ☐ Gaskets intact N/A
- ☐ Other:

Door
- ☒ Label present and legible
- ☒ Correct clearance
- ☒ No open holes/breaks
- ☐ Glazing/Vision light frames intact
- ☒ Not damaged/delaminated door
- ☐ Door not rusted-through wooden
- ☐ No non-compliant field modification
- ☐ No visible signs of damage
- ☐ Other:

Door Closer
- ☒ All hardware installed
- ☐ Strike in good shape
- ☒ Securely Installed
- ☐ Other:

Hinges
- ☐ Correct
- ☐ Securely installed
- ☐ Other:

Flush Bolts
- ☐ Correct
- ☐ Securely installed
- ☐ Other:

Lockset/Hardware
- ☒ All hardware installed
- ☒ Strike in good shape
- ☒ Securely installed
- ☐ Other

Other
- ☐ No items that interfere installed
- ☐ No non-compliant field modification
- ☐ Door has appropriate signage
- ☐ Any signage is properly affixed
- ☐ Other:

Comments/Corrections:

Tester Name Printed/Signature: JIM COSSAR Jim Cossar

Fire/Smoke Door Inspection – Pinnacle Health & Rehab

#7

Location: ☐ NF S. Hall ☐ NF N. Hall ☐ LD ☐ Linen ☐ LC Hall Break room by Time clock

Date: 3/12/24 **Door Type:** ☒ Fire ☐ Smoke **Rating:** 20 min

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

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Operation
- ☑ Swings Freely
- ☑ Closes Properly
- ☑ Latches Properly
- ☐ Other:

Frame
- ☐ Label present and legible
- ☐ Is secure
- ☐ No open holes/breaks
- ☐ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☐ Label present and legible
- ☐ Correct clearance
- ☐ No open holes/breaks
- ☐ Glazing/Vision light frames intact
- ☐ Not damaged/delaminated door
- ☐ Door not rusted-through
- ☐ No non-compliant field modification
- ☐ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely Installed
- ☐ Other:

Hinges
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☑ Securely installed
- ☐ Other:

Lockset/Hardware
- ☑ All hardware installed
- ☑ Strike in good shape
- ☑ Securely installed
- ☐ Other

Other
- ☑ No items that interfere installed
- ☑ No non-compliant field modification
- ☑ Door has appropriate signage
- ☑ Any signage is properly affixed
- ☐ Other:

Comments/Corrections:

Tester Name Printed/Signature: JIM COSSAR / Jim Cossar

Fire/Smoke Door Inspection – Pinnacle Health & Rehab #15

Location: ☑ NF S. Hall ☐ NF N. Hall ☐ LD ☐ Linen ☐ LC Hall Top of stairs ~~OFFICE~~
Date: 2/12/24 **Door Type:** ☒ Fire ☐ Smoke Rating: LC 1 hr. Rating

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete an annual fire and smoke door inspection. Section 18.2.2.2.1/19.2.2.2.1 requires compliance with section, 7.2.1 and Section 7.2.15.2 requires compliance with NFPA 80 Standard for Fire Door's and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). Below please evaluate all required doors for items listed below and identify issues. All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assembles in exit enclosures-typically stairwells and exit passageways
- Door assembles in smoke compartment walls
- Hazardous rooms with rated doors

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Operation
- ☒ Swings Freely
- ☒ Closes Properly
- ☒ Latches Properly
- ☐ Other:

Frame
- ☒ Label present and legible
- ☒ Is secure
- ☒ No open holes/breaks
- ☒ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other:

Door
- ☒ Label present and legible
- ☒ Correct clearance
- ☒ No open holes/breaks
- ☐ Glazing/Vision light frames intact
- ☒ Not damaged/delaminated door
- ☒ Door not rusted-through
- ☒ No non-compliant field modification
- ☒ No visible signs of damage
- ☐ Other:

Door Closer
- ☑ All hardware installed
- ☒ Strike in good shape
- ☒ Securely Installed
- ☐ Other:

Hinges
- ☒ Correct
- ☒ Securely installed
- ☐ Other:

Flush Bolts
- ☑ Correct
- ☒ Securely installed
- ☐ Other:

Lockset/Hardware
- ☒ All hardware installed
- ☒ Strike in good shape
- ☒ Securely installed
- ☒ Other ~~Hardware Screw~~

Other
- ☒ No items that interfere installed
- ☒ No non-compliant field modification
- ☐ Door has appropriate signage
- ☐ Any signage is properly affixed
- ☐ Other:

Comments/Corrections:

Tester Name Printed/Signature: Jim Cossar JIM COSSAR