

RECEIVED

MAR 07 2025

BY: _____

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205106	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER EASTSIDE CENTER FOR HEALTH & REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 516 MT HOPE AVENUE BANGOR, ME 04401	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments Federal Recertification Survey Survey Date: 02/24/25 Eastside Center for Health & Rehabilitation, a long term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 02/24/25 Eastside Center for Health & Rehabilitation, a Long Term Care Facility, was surveyed to the National Fire Protection Association 101 Life Safety Code 2012 Edition as reference on 42 CFR 483.90 (a-d) physical environment and is not in substantial compliance.	K 000		
K 342 SS=E	Fire Alarm System - Initiation CFR(s): NFPA 101 Fire Alarm System - Initiation Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200' travel distance is not exceeded. 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This REQUIREMENT is not met as evidenced	K 342	<i>Please see attached</i>	

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

TITLE

(X6) DATE

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

RECEIVED

MAR 07 2025

BY: _____ PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205106	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER EASTSIDE CENTER FOR HEALTH & REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 516 MT HOPE AVENUE BANGOR, ME 04401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 342	Continued From page 1 by: Based on observation and interview, the long-term care facility failed to maintain the proper height for 6 of the 16 the fire alarm manual initiation devices in the facility per NFPA 101, Life Safety Code, 2010 edition, sections 19.3.4.2.1, 19.3.4.2.2, 9.6.1.3 and NFPA 72, National Fire Alarm and Signal Code, 2010 edition, Section 17.14.4. Finding: Based on observation and interview on 02/24/2025, between 10:00 AM and 1:00 PM, a surveyor, with the Regional Manager of Engineering and Environmental Services, Regional Director of Operations, and the Interim Maintenance Director observed the following: 1. The operable part of each manual fire alarm box shall be not less than 42 inches and not more than 48 inches above floor level. Interview with the maintenance director revealed that the devices were recently installed, replacing the older devices. The fire alarm pull stations throughout the facility were measured for height and the following devices were found to be higher than allowed by the referenced code from the floor to the operable position on the pull station. a. Kitchen hood suppression system 51.5 inches. b. A wing mid wing station by room 108 is 49 inches. c. A wing by the nurse's station is 49 inches. d. A wing exit door is 50 inches. e. A wing by room 111 is 48.5 inches. f. By room resident room 203 is 48.5 inches. The surveyor confirmed this finding with the	K 342			

RECEIVED

MAR 07 2025

BY: _____

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205106	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER EASTSIDE CENTER FOR HEALTH & REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 516 MT HOPE AVENUE BANGOR, ME 04401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 342	Continued From page 2 Regional Manager of Engineering and Environmental Services, Regional Director of Operations, and the Interim Maintenance Director at the time of the observation on 02/24/2025, between 10:00 AM and 1:00 PM.	K 342			
K 712 SS=D	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, record review and interview, the long-term care facility failed to ensure that fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.4 through 19.7.1.7 Findings: On 02/24/2025, between 10:00 AM and 1:00 PM, surveyor 50034, with the Interim Maintenance Director and Regional Maintenance Director present, observed the following: 1. The facility failed to conduct the proper	K 712		Please See attached	

RECEIVED

MAR 07 2025

BY: _____

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205106	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER EASTSIDE CENTER FOR HEALTH & REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 516 MT HOPE AVENUE BANGOR, ME 04401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 712	Continued From page 3 number of fire drills during the previous 12 months. The following fire drills for the facility were not completed or missing: A. Fourth Quarter of 2024, Third Shift The surveyor 50034 confirmed this finding with the Interim Maintenance Director and Regional Maintenance Director at the time of the observation.	K 712			
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the components of the fire rated hardware in the cross-corridor 90 minute fire rated doors in the only 2 hour wall per NFPA 101, Life Safety Code, 2010 edition, sections 19.7.6, 8.3.3.1 and 19.3.4.2.2, 9.6.1.3 and NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2020	K 761	<i>Please See attached</i>		

RECEIVED

MAR 07 2025

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

BY: _____

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205106	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER EASTSIDE CENTER FOR HEALTH & REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 516 MT HOPE AVENUE BANGOR, ME 04401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 761	Continued From page 4 edition, Section 6.5.2. Finding: Based on observation and interview on 02/24/2025, between 10:00 AM and 1:00 PM, a surveyor, with the Regional Manager of Engineering and Environmental Services, Regional Director of Operations, and the Interim Maintenance Director observed the following: 1. The fire rated hardware on the 90-minute fire rated doors are equipped with latching rods that go to the top of the frame and the floor. When the flooring was replaced, the latching holes were covered over on the floor and the doors only latch at the top. All components shall be installed in accordance with the manufacturers' installation instructions and shall be adjusted to function as described in the listing. The surveyor confirmed this finding with the Regional Manager of Engineering and Environmental Services, Regional Director of Operations, and the Interim Maintenance Director at the time of the observation on 02/24/2025, between 10:00 AM and 1:00 PM.	K 761			
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches.	K 918	PLEASE See attached		

RECEIVED

MAR 07 2025

BY: _____

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205106	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER EASTSIDE CENTER FOR HEALTH & REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 516 MT HOPE AVENUE BANGOR, ME 04401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 918	Continued From page 5 Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long term care facility failed to install a remote emergency shut-off device per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 5.6.5.6 and NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.4. Findings: On 02/24/2025, between the hours of 10:00 AM and 1:00 PM, surveyor 50034, with the Interim	K 918			

RECEIVED

MAR 07 2025

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

BY: _____

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205106	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER EASTSIDE CENTER FOR HEALTH & REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 516 MT HOPE AVENUE BANGOR, ME 04401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 918	Continued From page 6 Maintenance Director and observed the following: 1. All generating stations shall have a labeled remote manual stop device on the premises where the prime mover is located outside the building, outside of the generator housing. The generator did not have an labeled remote manual stop device located outside of the generator housing. The surveyor confirmed this finding with the Interim Maintenance Director at the time of the observation.	K 918			

MAR 07 2025

BY: _____

All fire pulls in the building have been measured to ensure they will be following proper height constraints.

All future changes to fire pulls will be measured prior to installation to ensure that height requirements are followed.

K712 Fire Drills

An audit of the past 12 months of fire drills have been completed to ensure compliance of completion in accordance with NFPA requirements.

The Administrator or designee will complete an audit of fire drills to ensure fire drills have been completed as required. Audit results will be reported to the facilities Quality Assurance and Performance Improvement committee until 100% compliance is obtained for a period of three consecutive months.

K761 Maintenance, Inspection and Testing – Doors

Exactitude has been contracted to install latching mechanism in accordance with manufacturer's installation instructions.

An audit of all fire doors in the facility has been completed to ensure fire door hardware is in working condition.

The Maintenance Director or designee will complete an audit of all fire doors to ensure hardware is in working condition. Audit results will be reported to the facilities Quality Assurance and Performance Improvement committee until 100% compliance is obtained for a period of three consecutive months.

K918 Electrical Systems – Essential Electrical Systems

An emergency generator shutoff is installed on the side of the building.

A sign has been ordered labeling the emergency generator shut off button.

All new hires will be made aware of placement of emergency generator shut off button. During annual safety training, staff will be re-educated on placement of emergency generator shut off button.

Compliance Date: 3/21/25



National
Health Care

RECEIVED

MAR 07 2025

BY: _____

OPERATIONS OF ALL MAIN UTILITIES TRAINING PROGRAM

ACKNOWLEDGEMENT OF TRAINING

Employee Name (printed): _____

Department / Title: _____

On _____ (date) I attended a facility Main Utilities Operation Training Program. The program included visual Emergency Operation/Locations of All Main Utilities servicing our facility and the program was also explained to me.

Utility:	Initial:
Natural Gas	
Main Water	
Main Electrical	
Hot Water	
Heat	
Generator	
Emergency drinking water supply	
Emergency lockdown button	
Sprinkler system valves	

I can locate and understand the function of all items listed above in the event of an emergency or on a routine basis.

Employee Signature: _____

Safety/Maintenance

RECEIVED

MAR 07 2025



RECEIVED

MAR 07 2025

MAR 07 2025

BY:



RECEIVED

RECEIVED

MAR 07 2025

BY: _____

**GENERATOR
EMERGENCY
SHUTOFF**

Revised 3/06-27136 www.ComplianceSigns.com

FIRE DRILL RECAP FORM
 Eastside Center for Health and Rehab

Year: 2025

RECEIVED

MAR 07 2025

BY: _____

		Fire Drills			Disaster Drills	
		Day	Evening	Night	Day	Drill Type
JAN	Date	1-7				
	Time	8:50am				
	Area	Kitchen				
FEB	Date		2-28			
	Time		7pm			
	Area		Swims			
MAR	Date	3-4		3-16		
	Time	8:20am		8:30am		
	Area	Awing		Awing		
APR	Date					
	Time					
	Area					
MAY	Date					
	Time					
	Area					
JUN	Date					
	Time					
	Area					
JUL	Date					
	Time					
	Area					
AUG	Date					
	Time					
	Area					
SEP	Date					
	Time					
	Area					
OCT	Date					
	Time					
	Area					
NOV	Date					
	Time					
	Area					
DEC	Date					
	Time					
	Area					

RECEIVED

MAR 07 2025



MAINE FIRE
6 DOWD RD. P.O. BOX 1050
BANGOR, MAINE 04401
207-942-8809 PHONE
207-941-1910 FAX

BY: _____

Project Name
Address
Contractor
Address
Phone
Email
Cell
Attention

2/28/2025
Eastside Center for Helath & Rehab
516 Mt. Hope Ave. Bangor, Maine
Kevin Barrett

Kevin

We are pleased to submit our quotation with reference to the above captioned as follows :

Quantity	Description
6	Custom Wall Plate/Trim Red
5	Surface Back Box
1	Misc hardware
Lot	Tech Services
Total	\$2,120.00 Plus local and/or state permits as required.

Notes: Install Custom Ordered Surface Cover Plates over existing Pull Station Bac Boxes. Install ne low profile back boxes on cver plates to proper height. Re-Install Pull stations and extend wire as needed so operable part of pull station is at 48" High Maximum from finished floor.

For all installation scheduling, please contact Les Bolstridge (Les@mefirepro.com or 942-8809)

This quotation is net of any taxes based on information supplied by the purchaser and includes only those parts, materials, services, and warrantees as itemized on or attached to quotation.

Any additional material or service needed due to changes required by authorities having jurisdiction or other causes beyond the control of the vendor shall be at an additional charge to the purchaser.

Note: This proposal may be withdrawn by us if not accepted with 15 days. Project must commence within 6 months and be completed in 1 year from date of proposal. Customer may incur additional costs after this time. Terms are net 30 with approved credit application on file or 1/2 down upon acceptance/balance upon completion.

Respectfully Submitted on 2/28/2025

Jim A

Acceptance of Proposal:

By its signature hereunder, customer acknowledges that the price, conditions, and specifications are satisfactory and accepted.

Please sign below and return with PO.

Accepted by:

X

Please release the above equipment (please check):

☐ Upon receipt of this P.O.

RECEIVED

MAR 07 2025

BY: _____



Project Name
Address
Contractor
Address
Phone
Email
Cell
Attention

MAINE FIRE
6 DOWD RD. P.O. BOX 1050
BANGOR, MAINE 04401
207-942-8809 PHONE
207-941-1910 FAX

2/28/2025
Eastside Center for Helath & Rehab
516 Mt. Hope Ave. Bangor, Maine
Kevin Barrett

Kevin

	On the following date:
	Will advise of release date _____

X
Signature _____

RECEIVED

MAR 07 2025

BY: _____



Project Name
Address
Contractor
Address
Phone
Email
Cell
Attention

MAINE FIRE
6 DOWD RD. P.O. BOX 1050
BANGOR, MAINE 04401
207-942-8809 PHONE
207-941-1910 FAX

2/25/2025
Eastside Center for Health
516 Mt. Hope Ave, Bangor, ME 04401
Rob Batron

207-947-6131
rbatron@nathealthcare.com
207-949-6923
Rob Batron

We are pleased to submit our quotation with reference to the above captioned as follows :

<u>Quantity</u>	<u>Description</u>
1	EMT
1	Hardware

Lot	Tech Services
Total	\$220.80 Plus local and/or state permits as required.

Notes: This price does not included any of the following work: electrical, gas/propane, plumbing, carpentry, roofing, sheet metal, or building alarm tie-ins. Prints, floor plans and puff tests are not included.

This price is for moving the fire suppression system pullstation.

For all scheduling, please contact Lawrence Hadley (Larry@mefirepro.com or 207-399-3126)
This quotation is net of any taxes based on information supplied by the purchaser and includes only those parts, materials, services, and warranties as itemized on or attached to quotation. Any additional material or service needed due to changes required by authorities having jurisdiction or other causes beyond the control of the vendor shall be at an additional charge to the purchaser.
Note: This proposal may be withdrawn by us if not accepted with 15 days. Project must commence within 6 months and be completed in 1 year from date of proposal. Customer may incur additional costs after this time. Terms are net 30 with approved credit application on file or 1/2 down upon acceptance/balance upon completion.

Respectfully Submitted on: 2/25/2025

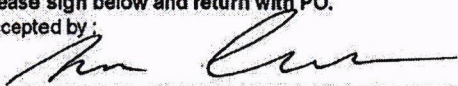
Larry

Acceptance of Proposal:

By its signature hereunder, customer acknowledges that the price, conditions, and specifications are satisfactory and accepted.

Please sign below and return with PO.

Accepted by:

X 

Please release the above equipment (please check):

RECEIVED

MAR 07 2025

BY: _____



Project Name
Address
Contractor
Address
Phone
Email
Cell
Attention

MAINE FIRE
6 DOWD RD. P.O. BOX 1050
BANGOR, MAINE 04401
207-942-8809 PHONE
207-941-1910 FAX

2/25/2025
Eastside Center for Health
516 Mt. Hope Ave, Bangor, ME 04401
Rob Batron

207-947-6131
rbatron@nathealthcare.com
207-949-6923
Rob Batron

	Upon receipt of this P.O.
	On the following date:
	Will advise of release date _____

X
Signature _____

RECEIVED

MAR 07 2025

Cleaves, Robert

BY: _____

From: Jason Cyr <JCyr@ExactitudeInc.com>
Sent: Thursday, March 6, 2025 7:59 AM
To: Barrett, Kevin
Subject: Eastside Rehab Corridor Fire Door Hardware Correction

External-Email: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Kevin: We are in receipt of our accepted proposal dated 3/04/25 to install the necessary bottom strikes for the existing Sargent 8700 series fire rated surface vertical rod exit devices. We have a significant work order backlog but will endeavor to rectify the deficiency as soon as possible, no later than March 27th 2025.
We will communicate any openings in our schedule as they become available.
Feel free to reply or call with any questions.
Thanks,

Jason Cyr | Sales Consultant | Exactitude

A DIVISION OF THE COOK & BOARDMAN GROUP, LLC

T 207.942.3411 | F 207.942.3385

59 Banair Road, Unit A, Bangor, ME 04401

Hardware Consultants | Precision Systems Integration | Precision Millwork

RECEIVED

MAR 07 2025

Cleaves, Robert

BY: _____

From: Barrett, Kevin
Sent: Wednesday, March 5, 2025 3:24 PM
To: Barrett, Kevin
Subject: Eastside Center - Pull Stations

External-Email: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

Sorry didn't get back as we been trying get a time line when those boxes will be delivered. Maine fire will be on-site Tuesday the 11 at 8am.



Les Bolstridge
Electronics Division Service Manager
Phone (207) 942-8809 **Mobile** (207) 944-5836
Web www.mefirepro.com **Email**
les@mefirepro.com
6 Dowd Road Bangor, ME 04401

