STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205106	A. BUILDING **01** B. WING _____	**02/24/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTSIDE CENTER FOR HEALTH & REHABILITATION, LLC	**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 & Rehabilation, 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		

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

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

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K 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		

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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		

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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		

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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		

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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		

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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		