

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

PRINTED: 04/29/2025
FORM APPROVED
OMB NO. 0938-0391

RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205114	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 04/29/2025
NAME OF PROVIDER OR SUPPLIER HIGH VIEW REHABILITATION AND LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 517 RIVERVIEW ST MADAWASKA, ME 04756		
(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: 04/29/2025 High View Rehabilitation and Living Center, a long-term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for Emergency Preparedness.	{E 000}			
{K 000}	INITIAL COMMENTS	{K 000}			
{K 914} SS=F	Federal Recertification Survey Date of Survey 04/29/2025 High View Rehabilitation and Living Center, a long-term care facility, was surveyed pursuant to the National Fire Protection Association, 101 Life Safety Code, 2012 Edition as referenced in Part 483.90(a-d) - Physical Environment is not in substantial compliance. Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per	{K 914}			

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

TITLE

(X6) DATE

Nancy Cote-Dangle *Administrative* *5/5/25*

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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NAME OF PROVIDER OR SUPPLIER HIGH VIEW REHABILITATION AND LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 517 RIVERVIEW ST MADAWASKA, ME 04756		
(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 914}	Continued From page 1 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on documentation review and interview the facility failed to ensure that inspect the receptacles not listed as hospital-grade are tested at intervals not exceeding 12 months in accordance with NFPA 99, Healthcare Facilities Code, 2012 edition, Sections 6.3.3.2., and 6.3.4.1 Finding: Documentation review and interview during a facility tour with the Administrator and the Maintenance, Housekeeping, and Laundry Supervisor present on 04/29/2025 from 09:30 to 10:30 AM identified: 1. The annual testing of the receptacles did not include the retention force of the grounding blade, continuity check of the grounding circuit, the polarity check of the hot and neutral connections, or a physical integrity inspection of each non-hospital grade electrical receptacle in the resident rooms in the West Wing and the unoccupied third floor. The other resident rooms were tested. During the interview the Maintenance, Housekeeping, and Laundry Supervisor told me that he was not completely finished. The documentation was reviewed and I verified that the rooms were done except the West Wing and the third floor. This deficient practice could pose an electrical hazard to all residents, visitors, and members of facility staff in	{K 914}	1. No one has been affected by this deficiency. 2. The facility has since made note of the voltage conductance test (attached "Receptacle Tests - Annual") and will be tracking it accordingly. The facility has tested first, second and third floor. 3. The voltage conductance test will be completed annually. 4. We will monitor this through our quarterly QA Meetings. 5. The facility is not requesting a waiver for this tag. 6. Completion date: 05/02/25.		

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{K 914}	Continued From page 2 these locations. This finding was acknowledged by the Administrator and the Maintenance, Housekeeping, and Laundry Supervisor at the time of interview and document review and the exit interview on 04/29/2025 from 09:30 AM to 10:30 AM.	{K 914}			
{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	{K 918}			

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{K 918}	Continued From page 3 circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation, and interview, 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., 8.3.8, and 8.4.1, and NFPA 99, Healthcare Facilities Code, 2012 edition, section 6.4.4.1.1.3. This deficient practice could affect the patients/residents, visitors, and members of facility staff in this location. Findings: Review of documentation and interview with the Administrator and the Maintenance, Housekeeping, and Laundry Supervisor present on 04/29/2025 between 09:30 AM and 10:30 AM identified the following deficiencies: 1) Emergency Power Supply Systems, including all appurtenant components, shall be inspected weekly. The weekly generator inspection reports did not show a voltage conductance test for sealed batteries or an electrolyte specific gravity reading for unsealed automotive batteries. The Inspection and Testing of Emergency Generators document from CMS was provided to the Maintenance, Housekeeping, and Laundry Supervisor at the time of the observation and	{K 918}	1. No one has been affected by this deficiency. 2. The facility has since made note of the voltage conductance test. See attached "Weekly Generator Test". We are also running a "Monthly Generator Load Test" (also attached). 3. The voltage conductance test will be completed annually. The generator will be test weekly and monthly. 4. We will monitor this through our quarterly QA Meetings. 5. The facility is not requesting a waiver for this tag. 6. Completion date: 05/01/25		

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{K 918}	Continued From page 4 documentation review, as he was unable to locate the copy issued on 04/01/2025 during the initial survey. He was shown the sections that list what the weekly requirements shall be and that they shall be annotated on the inspection report, and the NFPA code references that apply. No updated weekly forms have been made since the survey done on 04/01/2025. 2) Emergency Power Supply Systems, including all appurtenant components, shall be inspected weekly. The most recent weekly inspection annotated on the inspection log was dated 04/01/2025. See attached photo. 3) The following items are not annotated on the monthly generator inspection as required: Identification of the generator tested, the date the generator was placed in service, KW rating of the generator, 30% of generator load, Fuel type, and the initials of the inspector/tester. The Inspection and Testing of Emergency Generators document from CMS was provided to the Maintenance, Housekeeping, and Laundry Supervisor at the time of the observation and documentation review, as he was unable to locate the copy issued on 04/01/2025 during the initial survey. He was shown the sections that list what the monthly requirements shall be and that they shall be annotated on the inspection report, and the applicable NFPA code references. No updated weekly forms have been made since the survey done on 04/01/2025. These findings were verified by the Maintenance, Housekeeping, and Laundry Supervisor at the time of observation and at the exit interview. The Inspection and Testing of Emergency Generators document from CMS was provided to the	{K 918}			

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{K 918}	Continued From page 5 Maintenance, Housekeeping, and Laundry Supervisor at the time of the observation on 04/29/2025 between 09:30 AM and 10:30 AM.	{K 918}			

RECEIVED

MAY 09 2025

BY: _____

GENERAC**GENERATOR UNIT**

GEN MODEL: SG130
 MODEL: SG0130GG169.0V18HPLYF
 SERIAL: 3001480481
 ALTERNATE NO: 00002 0937
 PROD DATE: 20170124
 COUNTRY OF ORIGIN: US

GENERATOR DATA

130 KW 162 KVA 60 HZ 0.8 PF
 UPSIZE ALT 0 KW 0 KVA
 120/208 VOLT 451 AMP
 1,800 ENG RPM 1,800 ALT RPM
 BREAKER 144 KW 500 AMP
 X'D 0.170 X'D 0.150

3 PHASE WYE
 UNBALANCED LOAD CAPACITY - 25%
 ROTOR H STATOR H CLASS
 WINDINGS @ 40° AMBIENT TEMP



MANUF
 LOC
 1003

WEEKLY GENERATOR TEST

DATE	4/29/2025	5/6/2025	5/13/2025	5/20/2025	5/27/2025	6/3/2025	6/10/2025	6/17/2025	6/24/2025	7/1/2025
BEFORE TEST										
FUEL CONNECTIONS	Good									
OIL LEVEL	Good									
COOLANT LEVEL	Good									
BATTERY VOLTAGE	12.9V									
BELTS & HOSES	Good									
FAN & FITTINGS	Good									
WIRING & CONNECTIONS	Good									
DEBRIS & FOREIGN OBJECTS	Clear									
FUSES	Good									
DURING TEST										
OIL PRESSURE	70 PSI									
OIL TEMP	N/A									
WATER TEMP	180°									
BATTERY VOLTAGE	13.6V									
FREQUENCY										
AMPS	0									
KILOWATTS	0									
HERTZ	60									
TESTER INITIALS	BB									

IT IS OUR UNDERSTANDING THAT WE ARE MEETING THE REQUIREMENTS FOR NFAP'S 99, 101, 110 & 111.

RECEIVED

MAY 09 2025

BY: _____

GENERAC**GENERATOR UNIT**

GEN MODEL SG130
 MODEL: SG0130GG189.0V18HPLYF
 SERIAL: 3001480481
 ALTERNATE NO: 00002-0937
 PROD DATE: 20170124
 COUNTRY OF ORIGIN: US

GENERATOR DATA

130 KW 162 KVA 60 HZ 0.8 PF
 UPSIZE ALT 0 KW 0 KVA
 120/208 VOLT 451 AMP
 1,800 ENG RPM 1,800 ALT RPM
 BREAKER 144 KW 500 AMP
 X'D 0.170 X'D 0.150

3 PHASE WYE
 UNBALANCED LOAD CAPACITY - 25%
 ROTOR H STATOR H CLASS
 WINDINGS @ 40° AMBIENT TEMP



MADE IN
 U.S.A.
 1003

MONTHLY GENERATOR LOAD TEST

DATE	5/1/2025	6/5/2025	7/3/2025	8/7/2025	9/4/2025	10/2/2025	11/6/2025	12/4/2025	1/8/2026	2/5/2026
BEFORE TEST										
FUEL CONNECTIONS	Good									
OIL LEVEL	Good									
COOLANT LEVEL	Good									
BATTERY VOLTAGE	12.9V									
BELTS & HOSES	Good									
FAN & FITTINGS	Good									
WIRING & CONNECTIONS	Good									
DEBRIS & FOREIGN OBJECTS	Clear									
DURING TEST										
OIL PRESSURE	57 PSI									
OIL TEMP	N/A									
WATER TEMP	193 F									
BATTERY VOLTAGE	13.7V									
FREQUENCY										
HERTZ	60									
RUN TIME	45 min									
KILOWATTS	40									
AMPS	106									
LINE A-B	209									
LINE B-C	208									
LINE C-H	209									
Tester Initials	BB									

IDENTIFICATION: GENERAC SG130

IN SERVICE: 08/30/2017

30% OF LOAD = 39% FUEL: PROPANE

ATS: EATON ATC-300

ATS transfer time: 3 seconds

cooldown time delay: 15 minutes

Elapsed run time: 45 minutes

starts @ 12:00pm to 12:45pm

IT IS OUR UNDERSTANDING THAT WE ARE MEETING THE REQUIREMENTS FOR NFPA'S 99, 101, 110 & 111.

1st Floor

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LLSC Form

Receptacle Tests-Annual (Patient Care Areas)

MAY 09 2025

A	Receptacle Tests
---	------------------

Facility:

HIGH VIEW MANOR

BY:

Inspector's Signature:

Bruce Berube

DATE INSPECTED

5/2/25

Page 1

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

§6.3.4.1.3

B. All other receptacles (normal & emergency powered) in patient care rooms must be tested at intervals defined by documented performance data. (Facility must have performance data to prove "other than annual" testing is warranted; otherwise test annually)

§6.3.4.1.2

TEST PROCEDURES: In each area, ID each outlet starting on the LH side of the main entry door and proceed counter-clockwise back to the entry door; test each individual outlet for the following 4 conditions. Record each on a separate line. Use added pages as needed.

a. Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")

§6.3.3.2.1

b. Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")

§6.3.3.2.2

c. Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")

§6.3.3.2.3

d. Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

§6.3.3.2.4

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
Break 1 Room		Reg	S gang	P	P	P	P	
2		Reg	S gang	P	P	P	P	
3		Reg	S gang	P	P	P	P	
4		Reg	S gang	P	P	P	P	changed cover 5/2
5		Reg	2 gang	P	P	P	P	
6		Reg	S gang	P	P	P	P	
7		Reg	S gang	P	P	P	P	
8		Reg	S gang	P	P	P	P	
9		GFCI	S gang	P	P	P	P	

*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested

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MAY 09 2025

LLSC Form

Receptacle Tests-Annual (Patient Care Areas)

Facility:

HIGH VIEW MANOR

BY:

A

Receptacle
Tests

Page 1

Inspector's Signature: *Bruce Berube*

DATE INSPECTED 5/2/25

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

B. All other receptacles (normal & emergency powered) in patient care rooms must be tested at intervals defined by documented performance data. (Facility must have performance data to prove "other than annual" testing is warranted; otherwise test annually)

TEST PROCEDURES: In each area, ID each outlet starting on the LH side of the main entry door and proceed counter-clockwise back to the entry door; test each individual outlet for the following 4 conditions. Record each on a separate line. Use added pages as needed.

- Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")
- Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")
- Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")
- Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

NPFA 99-2012
§6.3.4.1.3

§6.3.4.1.2

§6.3.3.2.1

§6.3.3.2.2

§6.3.3.2.3

§6.3.3.2.4

TJC EC: none

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	Physical Condition Pass/Fail	Ground Continuity Pass/Fail	Polarity Check Pass/Fail	Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Hallway	Res	S gang	P	P	P	P	
2		HG	S gang	P	P	P	P	
3		HG	S gang	P	P	P	P	
4		HG	S gang	P	P	P	P	
5		Res	S gang	P	P	P	P	
6								
7								
8								
9								

*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested

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LLSC Form

Receptacle Tests-Annual (Patient Care Areas)

Facility:

HIGH VIEW MANOR

A

Receptacle
Tests

Page 1

Inspector's Signature: *Bruce Berube*

DATE INSPECTED 5/2/25

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

§6.3.4.1.3

B. All other receptacles (normal & emergency powered) in patient care rooms must be tested at intervals defined by documented performance data. (Facility must have performance data to prove "other than annual" testing is warranted; otherwise test annually)

§6.3.4.1.2

TEST PROCEDURES: In each area, ID each outlet starting on the LH side of the main entry door and proceed counter-clockwise back to the entry door; test each individual outlet for the following 4 conditions. Record each on a separate line. Use added pages as needed.

- Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")
- Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")
- Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")
- Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

§6.3.3.2.1

§6.3.3.2.2

§6.3.3.2.3

§6.3.3.2.4

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Laundry	Reg	3 gang	P	P	P	P	
2		GFI	3 gang	P	P	P	P	
3		Reg	3 gang	P	P	P	P	
4		Reg	2 gang	P	P	P	P	
5								
6								
7								
8								
9								

*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested

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LLSC Form

Receptacle Tests-Annual (Patient Care Areas)

Facility:

HIGH VIEW MANOR

A

Receptacle
Tests

Page 1

Inspector's Signature: *Bruce Brarabe*

DATE INSPECTED 5/8/25

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

§6.3.4.1.3

B. All other receptacles (normal & emergency powered) in patient care rooms must be tested at intervals defined by documented performance data. (Facility must have performance data to prove "other than annual" testing is warranted; otherwise test annually)

§6.3.4.1.2

TEST PROCEDURES: In each area, ID each outlet starting on the LH side of the main entry door and proceed counter-clockwise back to the entry door; test each individual outlet for the following 4 conditions. Record each on a separate line. Use added pages as needed.

§6.3.3.2.1

§6.3.3.2.2

§6.3.3.2.3

§6.3.3.2.4

- Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")
- Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")
- Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")
- Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

TJC EC: none

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	Physical Condition Pass/Fail	Ground Continuity Pass/Fail	Polarity Check Pass/Fail	Tension oz. ≥ 4 Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Lobby	Res	S gang	P	P	P	P	
2		Res	S gang	P	P	P	P	
3		Res	S gang	P	P	P	P	
4		Res	S gang	P	P	P	P	
5		Res	S gang	P	P	P	P	
6								
7								
8								
9								

*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested

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Receptacle Tests-Annual (Patient Care Areas)

Facility:

HIGH VIEW MANOR

A

Receptacle
Tests

Page 1

Inspector's Signature: *Bruce Berube*

DATE INSPECTED

5/8/25

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

§6.3.4.1.3

B. All other receptacles (normal & emergency powered) in patient care rooms must be tested at intervals defined by documented performance data. (Facility must have performance data to prove "other than annual" testing is warranted; otherwise test annually)

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TEST PROCEDURES: In each area, ID each outlet starting on the LH side of the main entry door and proceed counter-clockwise back to the entry door; test each individual outlet for the following 4 conditions. Record each on a separate line. Use added pages as needed.

- Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")
- Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")
- Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")
- Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

§6.3.3.2.1

§6.3.3.2.2

§6.3.3.2.3

§6.3.3.2.4

TJC EC: none

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Business Office	Reg	S gang	P	P	P	P	
2		Reg	S gang	P	P	P	P	
3		Reg	S gang	P	P	P	P	
4		Reg	S gang	P	P	P	P	
5		Reg	3 gang	P	P	P	P	
6		Reg	S gang	P	P	P	P	
7		Reg	S gang	P	P	P	P	
8		Reg	S gang	P	P	P	P	
9		Reg	S gang	P	P	P	P	

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Inspector's Signature:

Bruce Bernabe

DATE INSPECTED

5/2/25

Page 1

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§6.3.3.2.1

b. Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")

§6.3.3.2.2

c. Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")

§6.3.3.2.3

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§6.3.3.2.4

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TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Social worker Office	Reg	S gang	P	P	P	P	
2		Reg	S gang	P	P	P	P	
3		Reg	S gang	P	P	P	P	
4		Reg	S gang	P	P	P	P	
5								
6								
7								
8								
9								

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Receptacle Tests-Annual (Patient Care Areas)

Facility:

HIGH VIEW MANOR

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Receptacle
Tests

Inspector's Signature:

Bruce Berube

DATE INSPECTED

5/2/25

Page 1

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NPFA 99-2012

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\$6.3.3.2.2

\$6.3.3.2.3

\$6.3.3.2.4

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A	B	C	D	E	F	G	H	I
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1	Activity	Reg	S gang	P	P	P	P	
2		Reg	S gang	P	P	P	P	
3		Reg	S gang	P	P	P	P	
4								
5								
6								
7								
8								
9								

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Facility:

HIGH VIEW MANOR

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Receptacle
Tests

Page 1

Inspector's Signature: *Bruce Berube*

DATE INSPECTED 5/2/25

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NPFA 99-2012

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§6.3.3.2.1

§6.3.3.2.2

§6.3.3.2.3

§6.3.3.2.4

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IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Bathroom	GFCE	S 2wg	P	P	P	P	
2								
3								
4								
5								
6								
7								
8								
9								

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Receptacle Tests-Annual (Patient Care Areas)

BY:

Facility:

HIGH VIEW MANOR

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Receptacle
Tests

Page 1

Inspector's Signature: *Bruce Berube*

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5/2/25

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NPFA 99-2012

§6.3.4.1.3

§6.3.4.1.2

§6.3.3.2.1

§6.3.3.2.2

§6.3.3.2.3

§6.3.3.2.4

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Dining Room	Reg	2 gang	P	P	P	P	
2		Reg	S gang	P	P	P	P	changed cover 5/2
3		Reg	S gang	P	P	P	P	
4		Reg	S gang	P	P	P	P	
5		Reg	S gang	P	P	P	P	
6		Reg	S gang	P	P	P	P	
7		Reg	S gang	P	P	P	P	
8		Reg	S gang	P	P	P	P	
9		HG	S gang	P	P	P	P	

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\$6.3.3.2.1

\$6.3.3.2.2

\$6.3.3.2.3

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A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Dining Room cont	HG	S gang	P	P	P	P	
2		HG	S gang	P	P	P	P	
3		Reg	S gang	P	P	P	P	
4		Reg	S gang	P	P	P	P	
5								
6								
7								
8								
9								

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Receptacle Tests-Annual (Patient Care Areas)

Facility:

HIGH VIEW MANOR

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Receptacle
Tests

Inspector's Signature:

Bruce Berube

DATE INSPECTED

5/2/25

Page 1

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NPFA 99-2012

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§6.3.3.2.3

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TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Admin Office	Reg	S gang	P	P	P	P	
2		Reg	S gang	P	P	P	P	
3		Reg	S gang	P	P	P	P	
4		Reg	S gang	P	P	P	P	
5		Reg	3 gang	P	P	P	P	
6		Reg	3 gang	P	P	P	P	
7		Reg	S gang	P	P	P	P	
8		Reg	S gang	P	P	P	P	
9	Bathroom	Reg	S gang	P	P	P	P	

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b. Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")

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A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension > 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Chapel	Reg	S gang	P	P	P	P	
2		Reg	S gang	P	P	P	P	
3		Reg	S gang	P	P	P	P	
4		Reg	2 gang	P	P	P	P	
5								
6								
7								
8								
9								

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ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension oz. ≥ 4 Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	PT Room	HG	S gang	P	P	P	P	
2		Reg	S gang	P	P	P	P	
3		HG	S gang	P	P	P	P	
4		HG	S gang	P	P	P	P	
5		HG	S gang	P	P	P	P	
6		HG	S gang	P	P	P	P	
7		HG	S gang	P	P	P	P	
8		HG	S gang	P	P	P	P	
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1	Dietary Office	HG	2 gang	P	P	P	P	
2		HG	2 gang	P	P	P	P	
3		Reg	5 gang	P	P	P	P	
4								
5								
6								
7								
8								
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A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Kitchen	Reg	2 gang	P	P	P	P	
2		Reg	5 gang	P	P	P	P	
3		Reg	2 gang	P	P	P	P	
4		GFCI	5 gang	P	P	P	P	
5		Reg	5 gang	P	P	P	P	
6		GFCI	2 gang	P	P	P	P	
7		GFCI	5 gang	P	P	P	P	
8		GFCI	5 gang	P	P	P	P	
9		GFCI	5 gang	P	P	P	P	

*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested

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Receptacle Tests-Annual (Patient Care Areas)

Facility:

HIGH VIEW MANOR

A

Receptacle
TestsInspector's Signature: *Bruce Berube*

DATE INSPECTED 5/2/25

Page 1

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

§6.3.4.1.3

B. All other receptacles (normal & emergency powered) in patient care rooms must be tested at intervals defined by documented performance data. (Facility must have performance data to prove "other than annual" testing is warranted; otherwise test annually)

§6.3.4.1.2

TEST PROCEDURES: In each area, ID each outlet starting on the LH side of the main entry door and proceed counter-clockwise back to the entry door; test each individual outlet for the following 4 conditions. Record each on a separate line. Use added pages as needed.

a. Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")

§6.3.3.2.1

b. Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")

§6.3.3.2.2

c. Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")

§6.3.3.2.3

d. Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

§6.3.3.2.4

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension >4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Kitchen Bath	GFCI	5 gang	P	P	P	P	
2								
3								
4								
5								
6								
7								
8								
9								

*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested

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Receptacle Tests-Annual (Patient Care Areas)

Facility:

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TestsInspector's Signature: *Bruce Berube*

DATE INSPECTED 5/2/25

Page 1

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

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B. All other receptacles (normal & emergency powered) in patient care rooms must be tested at intervals defined by documented performance data. (Facility must have performance data to prove "other than annual" testing is warranted; otherwise test annually)

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TEST PROCEDURES: In each area, ID each outlet starting on the LH side of the main entry door and proceed counter-clockwise back to the entry door; test each individual outlet for the following 4 conditions. Record each on a separate line. Use added pages as needed.

a. Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")

§6.3.3.2.1

b. Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")

§6.3.3.2.2

c. Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")

§6.3.3.2.3

d. Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

§6.3.3.2.4

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Dish Room	GFCI	S gang	P	P	P	P	
2		Reg	S gang	P	P	P	P	
3		HG	S gang	P	P	P	P	
4								
5	Kitchen Storage	Reg	S gang	P	P	P	P	
6								
7	Kitchen SDS Room	Reg	S gang	P	P	P	P	
8								
9								

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Receptacle Tests-Annual (Patient Care Areas)

Facility:

HIGH VIEW MANOR

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Receptacle
TestsInspector's Signature: *Bruce Berube*

DATE INSPECTED 5/2/25

Page 1

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

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- Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")
- Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")
- Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")
- Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

§6.3.3.2.1

§6.3.3.2.2

§6.3.3.2.3

§6.3.3.2.4

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension > 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Rehab office	Reg	2 gang	P	P	P	P	change cover 5/2
2		Reg	5 gang	P	P	P	P	
3								
4								
5								
6								
7								
8								
9								

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Receptacle Tests-Annual (Patient Care Areas)

Facility:

HIGH VIEW MANOR

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Receptacle
TestsInspector's Signature: *Bruce Berube*

DATE INSPECTED 5/2/25

Page 1

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

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- Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")
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- Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")
- Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

\$6.3.3.2.1

\$6.3.3.2.2

\$6.3.3.2.3

\$6.3.3.2.4

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	MDS OFFICE	Reg	S gang	P	P	P	P	
2		Reg	S gang	P	P	P	P	
3		Reg	S gang	P	P	P	P	
4		Reg	2 gang	P	P	P	P	
5								
6								
7								
8								
9								

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Receptacle Tests-Annual (Patient Care Areas)

Facility:

HIGH VIEW MANOR

BY: _____

A

Receptacle
TestsInspector's Signature: Bruce BerubeDATE INSPECTED 5/2/25

Page 1

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

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a. Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")

§6.3.3.2.1

b. Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")

§6.3.3.2.2

c. Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")

§6.3.3.2.3

d. Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

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IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Inservice	Reg	S gang	P	P	P	P	
2		Reg	S gang	P	P	P	P	
3		HG	S gang	P	P	P	P	
4								
5								
6								
7								
8								
9								

*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested

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Receptacle Tests-Annual (Patient Care Areas) BY:

Facility:

HIGH VIEW MANOR

A

Receptacle
TestsInspector's Signature: *Bruce Berube*

DATE INSPECTED 5/2/25

Page 1

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

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a. Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")

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IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Shampoo Room	GFCI	S gang	P	P	P	P	
2		GFCI	S gang	P	P	P	P	
3		GFCI	S gang	P	P	P	P	
4								
5								
6								
7								
8								
9								

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Receptacle Tests-Annual (Patient Care Areas)

MAY 09 2025

Facility:

HIGH VIEW MANOR

BY: _____

A

Receptacle
Tests

Page 1

Inspector's Signature: *Bruce Bernabe*

DATE INSPECTED 5/2/25

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

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a. Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")

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b. Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")

§6.3.3.2.2

c. Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")

§6.3.3.2.3

d. Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

§6.3.3.2.4

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	East corridor	Reg	S gang	P	P	P	P	
2								
3								
4								
5								
6								
7								
8								
9								

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Receptacle Tests-Annual (Patient Care Areas)

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HIGH VIEW MANOR

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TestsInspector's Signature: *Bruce Bernabe*

DATE INSPECTED

Page 1

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

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d. Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

§6.3.3.2.4

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Central supply	Reg	S gang	P	P	P	P	
2		Reg	S gang	P	P	P	P	
3		Reg	S gang	P	P	P	P	
4		Reg	S gang	P	P	P	P	
5		Reg	S gang	P	P	P	P	
6		Reg	S gang	P	P	P	P	
7								
8								
9								

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A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

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- Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")
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- Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")
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§6.3.3.2.1

§6.3.3.2.2

§6.3.3.2.3

§6.3.3.2.4

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	MainT OFFice	Prog	S gang	P	P	P	P	
2								
3								
4								
5								
6								
7								
8								
9								

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Receptacle Tests-Annual (Patient Care Areas)

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NPFA 99-2012

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a. Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")

§6.3.3.2.1

b. Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")

§6.3.3.2.2

c. Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")

§6.3.3.2.3

d. Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

§6.3.3.2.4

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	McL Room	Res	S gang	P	P	P	P	
2								
3								
4								
5								
6								
7								
8								
9								

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NPFA 99-2012

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- Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")
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- Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

§6.3.3.2.1

§6.3.3.2.2

§6.3.3.2.3

§6.3.3.2.4

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1	Cort & Linen closet	Bg	S gang	P	P	P	P	
2		Bg	S gang	P	P	P	P	
3								
4								
5								
6								
7								
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Receptacle Tests-Annual (Patient Care Areas)

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HIGH VIEW MANOR

BY:

A

Receptacle
TestsInspector's Signature: *Bruce Bernabe*

DATE INSPECTED 4/16/25

Page 1

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

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IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1 229		HG	S Low	P	P	P	P	
2		S	(S) high	P	P	P	P	
3		S	high	P	P	P	P	
4		HG	(S) Low	P	P	P	P	changed cover
5		HG	(S) Low	P	P	P	P	
6		HG	(S) Low	P	P	P	P	
7		GFCI	(S) sink	P	P	P	P	
8								
9								

*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested

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Receptacle Tests-Annual (Patient Care Areas)

MAY 09 2025

Facility:

HIGH VIEW MANOR

BY:

A

Receptacle
TestsInspector's Signature: *Bruce Berube*

DATE INSPECTED 4/16/25

Page 1

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012

§6.3.4.1.3

B. All other receptacles (normal & emergency powered) in patient care rooms must be tested at intervals defined by documented performance data. (Facility must have performance data to prove "other than annual" testing is warranted; otherwise test annually)

§6.3.4.1.2

TEST PROCEDURES: In each area, ID each outlet starting on the LH side of the main entry door and proceed counter-clockwise back to the entry door; test each individual outlet for the following 4 conditions. Record each on a separate line. Use added pages as needed.

- Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")
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- Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

§6.3.3.2.1

§6.3.3.2.2

§6.3.3.2.3

§6.3.3.2.4

IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

TJC EC: none

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ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1 284		GFCI	(S) sink	P	P	P	P	
2		HG	(S)	P	P	P	P	
3		HG	(S)	P	P	P	P	
4		HG	(S)	P	P	P	P	
5		HG	(S)	P	P	P	P	
6		HG	(S)	P	P	P	P	
7								
8								
9								

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§6.3.3.2.1

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§6.3.3.2.3

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ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension oz. ≥ 4 Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1 227		Regular	(S) high	P	P	P	P	
2		HG	(S) low	P	P	P	P	
3		Regular	(S) high	P	P	P	P	
4		HG	(S) low	P	P	P	P	
5		HG	(S)	P	P	P	P	
6		HG	(S)	P	P	P	P	
7		HG	(S)	P	P	P	P	
8	Bathroom	GFI	(S)	P	P	P	P	
9								

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§6.3.3.2.1
§6.3.3.2.2
§6.3.3.2.3
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1 222		Regular	GFCI smk	P	P	P	P	
2		HG	(S)	P	P	P	P	
3		HG	(S)	P	P	P	P	
4		HG	(S)	P	P	P	P	
5		HG	(S) high	P	P	P	P	
6		HG	(S)	P	P	P	P	
7								
8								
9								

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- a. Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")
- b. Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")
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- d. Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

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§6.3.3.2.3

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ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity Check Pass/Fail	"d" Tension oz. ≥ 4 Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1 225	Sink	GFCI	(S)	P	P	P	P	
2		HG	(S)	P	P	P	P	
3		HG	(S)	P	P	P	P	
4		HG	(S)	P	P	P	P	
5		Regular	(S)	P	P	P	P	
6		HG	(S)	P	P	P	P	
7								
8								
9								

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223	SINK	GFCI	(S)	P	P	P	P	
2		HG	(S)	P	P	P	P	
3		Reg	(S) high	P	P	P	P	
4		Reg	(S) high	P	P	P	P	
5		HG	(S)	P	P	P	P	
6		HG	(S)	P	P	P	P	
7		HG	(S)	P	P	P	P	
8								
9								

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1 220	Sink	GFCI	(S)	P	P	P	P	
2		HB	(S)	P	P	P	P	
3		HB	(S)	P	P	P	P	
4		HB	(S)	P	P	P	P	
5		HG	(S)	P	P	P	P	
6		HG	(S)	P	P	P	P	
7								
8								
9								

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1 218		HG	(S)	P	P	P	P	
2		HG	(S)	P	P	P	P	
3		HG	(S)	P	P	P	P	
4		HG	(S)	P	P	P	P	
5	Sink	GFCI	(S)	P	P	P	P	
6								
7								
8								
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a. Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E")

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b. Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")

§6.3.3.2.2

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3		HG	(S)	P	P	P	P	
4		Reg	(S) high	P	P	P	P	
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2		HG	(S)	P	P	P	P	
3		Peg	(S)	P	P	P	P	
4		HG	(S)	P	P	P	P	
5								
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