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

RECEIVED
JUN 30 2023
BY:
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205134	A. BUILDING 01 _____ B. WING _____	06/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH'S REHABILITATION AND RESIDENCE	1133 WASHINGTON AVE PORTLAND, ME 04103

(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 Survey Federal Recertification Survey Date: 06/13/2023 Emergency Preparedness Statement St. Joseph's Rehab, a long term care facility, is not in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirements for Long Term Care Facilities Emergency Preparedness.	E 000		
E 004 SS=F	Develop EP Plan, Review and Update Annually CFR(s): 483.73(a) §403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §486.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a). The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: (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 all of the following: * [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or	E 004		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 06/30/23

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 004	Continued From page 1 CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. * [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. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long term care facility failed to conduct an annual review of the Emergency Preparedness Plan in accordance with 42 CFR 483.73(a) Finding: On 06/13/2023, between 9:00 AM and 1:00 PM, a surveyor, with the Maintenance Director present, observed the following: 1. An annual review of the entire emergency preparedness plan had not been conducted. According to records reveiwed the last time an annual review had been completed was 2018.	E 004		

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E 004	Continued From page 2 The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	E 004		
E 039 SS=F	EP Testing Requirements CFR(s): 483.73(d)(2) §416.54(d)(2), §418.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.102(d)(2), §485.68(d)(2), §485.542(d)(2), §485.625(d)(2), §485.727(d)(2), §485.920(d)(2), §491.12(d)(2), §494.62(d)(2). "[For ASCs at §416.54, CORFs at §485.68, REHs at §485.542, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FQHCs at §491.12, and ESRD Facilities at §494.62]: (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:	E 039		

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E 039	Continued From page 3 (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. *[For Hospices at 418.113(d):] (2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following: (i) Participate in a full-scale exercise that is community based every 2 years; or (A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is	E 039		

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E 039	Continued From page 4	E 039		

community-based or a facility based functional exercise; or
(B) A mock disaster drill; or
(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

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

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E 039	Continued From page 5 maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed. *[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):] (2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and	E 039		

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E 039	Continued From page 6 maintain documentation of all drills, tabletop exercises, and emergency events and revise the [facility's] emergency plan, as needed. *[For PACE at §460.84(d):] (2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE organization must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the PACE experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop	E 039		

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E 039	Continued From page 7 exercises, and emergency events and revise the PACE's emergency plan, as needed. *[For LTC Facilities at §483.73(d):] (2) The [LTC facility] must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. (B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed.	E 039		

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E 039	Continued From page 8 *[For ICF/IIDs at §483.475(d)]: (2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year. The ICF/IID must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or. (B) If the ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed. *[For HHAs at §484.102] (d)(2) Testing. The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following: (i) Participate in a full-scale exercise that is	E 039		

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E 039	Continued From page 9	E 039		

community-based; or

(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every 2 years; or.

(B) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale community-based or individual, facility based functional exercise following the onset of the emergency event.

(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:

(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or

(B) A mock disaster drill; or

(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

(iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.

*[For OPOs at §486.360]

(d)(2) Testing. The OPO must conduct exercises to test the emergency plan. The OPO must do the following:

(i) Conduct a paper-based, tabletop exercise or

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E 039	Continued From page 10 workshop at least annually. A tabletop exercise is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event. (ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. "[RNCHIs at §403.748]: (d)(2) Testing. The RNHCI must conduct exercises to test the emergency plan. The RNHCI must do the following: (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (ii) Analyze the RNHCI's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the RNHCI's emergency plan, as needed. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long term care facility failed to participate in a full-scale exercise of the Emergency Preparedness Plan in accordance with 42 CFR 483.73	E 039		

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E 039	Continued From page 11 Finding: On 06/13/2023, between 9:00 AM and 1:00 PM, a surveyor, with the Maintenance Director present, observed the following: 1. A full-scale exercise has not been conducted at this facility as required, documentation could not be provided as to when the last full exercise had taken place. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	E 039		
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 06/13/2023 Life Safety Code Statement: St. Joseph's Rehabilatation and Residence, 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 in substantial compliance.	K 000		
K 211 SS=E	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.	K 211		

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K 211	Continued From page 12 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the exits and exit discharges in the paths of egress free of all obstructions per NFPA 101, Life Safety Code, 2012 edition, sections 7.1.10.1, and 7.1.5.1 Findings: Based on observation and interview on 6/13/2023, between 09:00 AM and 1:00 PM, a surveyor, with the Assistant Director of Maintenance, observed the following: 1. Chain link fencing with two gates were found padlocked secured with master locks. One of the gates has the lock on the non-egress side. The gate serve as exterior exit discharges to the public way used by C and D wing of the facility. Note: The locks were removed prior to the surveyor departure, on 06/13/2023 at 1:00 PM. 2. Exterior lighting strings were found strung across the exterior exit pathways to the public way at heights ranging from 4' 0" to 5', 4". 3. The marked exit door to the side loading dock, by the employee time clock and the compactor room only opened 8 inches because it was obstructed by bread racks and carts. The surveyor confirmed these findings with the Assistant Director of Maintenance at the time of the observation.	K 211		
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101	K 321		

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

RECEIVED JUN 30 2023

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205134	A. BUILDING 01 B. WING BY:	06/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH'S REHABILITATION AND RESIDENCE	1133 WASHINGTON AVE PORTLAND, ME 04103

(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 321	Continued From page 13	K 321		

Hazardous Areas - Enclosure
Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour 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 areas with self-closing and positively latching doors per NFPA 101, Life Safety Code, 2012 edition, sections 8.4, and 19.3.2.1.,

Finding:

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

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	205134	A. BUILDING 01 B. WING	06/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH'S REHABILITATION AND RESIDENCE	1133 WASHINGTON AVE PORTLAND, ME 04103

(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 321	Continued From page 14 Based on observation and interview on 6/13/2023, between 09:00 AM and 1:00 PM, a surveyor, with the Assistant Director of Maintenance, observed the following: 1. The A Wing Dirty Utility room 90 -minute fire rated door has a striker plate loose and the door did not self-close and latch from the fully open position. The striker plate was cited on the annual fire door inspection report dated 04/26/2022 by Exactitude. The surveyor confirmed this finding with the Assistant Director of Maintenance at the time of the observation.	K 321		
K 342 SS=D	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 by: Based on observation and interview, the long-term care facility failed to maintain the proper of height for the fire alarm pull stations	K 342		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205134	A. BUILDING 01 _____ B. WING _____	06/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH'S REHABILITATION AND RESIDENCE	1133 WASHINGTON AVE PORTLAND, ME 04103

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K 342	Continued From page 15 throughout the facility per NFPA 101, Life Safety Code, 2012 edition, sections 19.3.4.2.1, 9.6.2.5 and NFPA 72, National Fire Alarm and Signaling Code, 2012 edition, Section 17.16. Findings: Based on observation and interview on 6/13/2023, between 09:00 AM and 1:00 PM, a surveyor, with the Assistant Director of Maintenance, observed the following: 1. The fire alarm pull stations throughout the facility were measured and found to be higher than required height of 42-48 inches above the finished floor. The present height of the pull stations are 59 1/2 inches from the floor at the position of the actuating device on the pull station. 1. The manual pull station is obstructed behind A3 cross corridor doors that are held open with a magnetic hold open device. The surveyor confirmed this finding with the Assistant Director of Maintenance at the time of the observation.	K 342		
K 355 SS=B	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the	K 355		

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	205134	A. BUILDING 01 _____ B. WING _____	06/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH'S REHABILITATION AND RESIDENCE	1133 WASHINGTON AVE PORTLAND, ME 04103

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K 355	Continued From page 16 long-term care facility failed to maintain the proper installation height for the portable fire extinguishers throughout the facility per NFPA 101, Life Safety Code, 2012 edition, sections 19.3.5.12, and 9.7.4.1., which references NFPA 10, Standard for Portable Fire Extinguishers, 2010 edition, Section 6.1.3.8.1. Finding: Based on observation and interview on 6/13/2023, between 09:00 AM and 1:00 PM, a surveyor, with the Assistant Director of Maintenance, observed the following: 1. The portable fire extinguishers that are in the corridors by the exterior exit doors and not in cabinets are mounted at a height higher than 63 inches. Fire extinguishers having a gross weight not exceeding 40 lbs. shall be installed so that the top of the fire extinguisher is not more than 5 ft above the floor. The surveyor confirmed this finding with the Assistant Director of Maintenance at the time of the observation.	K 355		
K 371 SS=F	Subdivision of Building Spaces - Smoke Compar CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier.	K 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205134	A. BUILDING 01 _____ B. WING _____	06/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 371	Continued From page 17 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the smoke compartment cross corridor doors throughout the facility per NFPA 101, Life Safety Code, 2012 edition, sections 19.3.7.1, and 3.7.2 Findings: Based on observation and interview on 6/13/2023, between 09:00 AM and 1:00 PM, a surveyor, with the Assistant Director of Maintenance, observed the following: 1. A2, 45 minute rated double doors, have panic hardware that is loose and separating from the door. 2. A3, 45 minute rated double doors rub on the floor and doesn't self-close. 3. B2, 90 minute double doors outward leaf rubs on the top center portion of the door frame and doesn't fully close. 4. C1, 45 minute cross corridor wooden doors have panic hardware that is loose and stripped from the door. 5. C2, 45 minute cross corridor wooden doors inward side leaf rubs on the top of the door frame and doesn't fully close. 6. DR2, 20 minute double doors have a floor strike plate that is loose, preventing a leaf from	K 371		

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

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BY:

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	205134	A. BUILDING 01 _____ B. WING _____	06/13/2023

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K 371	Continued From page 18 fully latching. The surveyor confirmed these findings with the Assistant Director of Maintenance at the time of the observation.	K 371		
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 and test the fire rated doors throughout the facility per NFPA 101, Life Safety Code, 2012 edition, sections 19.7.6, 8.3.3.1 and NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 edition, Section 5.2.4.2. Findings: Based on observation and interview on 6/13/2023, between 09:00 AM and 1:00 PM, a surveyor, with the Assistant Director of	K 761		

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

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K 761	Continued From page 19 Maintenance, observed the following: 1. The most recent annual fire door inspection was conducted by exactitude on 04/26/2022. 2. The C Wing Dirty Utility Room 90 minute fire rated door has one screw missing from the center hinge and one screw broken in the bottom hinge. 3. Door K7, in the kitchen is a 90 minute fire rated door that doesn't close all the way because it is rubbing on the floor. 4.Door K4, in the kitchen, is a 20-minute fire rated door that is unable to open fully, because of storage behind the door. The surveyor confirmed this finding with the Assistant Director of Maintenance at the time of the observation.	K 761		
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems 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 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to equip the generator with an emergency stop device outside the generator enclosure per NFPA 110, Standard for Emergency and Standby Power Systems,	K 911		

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

6/15/2023
FORM APPROVED
OMB NO. 0938-0391

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	205134	A. BUILDING 01 B. WING	06/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH'S REHABILITATION AND RESIDENCE	1133 WASHINGTON AVE PORTLAND, ME 04103

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K 911	Continued From page 20 2010 edition, section 5.6.5.6, and NFPA 99, Health Care Facilities Code, 2012 edition, Section 6.4.1.1. Finding: Based on observation and interview on 6/13/2023, between 09:00 AM and 1:00 PM, a surveyor, with the Assistant Director of Maintenance, observed the following: 1. The only generator remote emergency stop station/device is inside the generator enclosure/housing. There is no labeled remote emergency stop station/device on the exterior of the generator housing. The surveyor confirmed this finding with the Assistant Director of Maintenance at the time of the observation.	K 911		

E004 & 039: Develop EP Plan, Review and Update Annually & EP Testing Requirements

*No residents were impacted from this deficiency.

*All residents had the potential to be impacted by this deficiency.

*On February 4, 2023 SJR began what was to become a catastrophic failure for power, natural gas & propane.

A record breaking Cold front dropped temperatures below zero, double digits. Boilers that are fueled by Natural Gas began to shut off, recycle, restart and shut down again. The natural gas line is 300 yards from the main source line. The cold would not allow the natural gas to flow at a rate to maintain the boilers.

The Switch Panel automatically converted to the Generator. However, the Generator after initially functioning as it should, began to shut down and then restart. There were two issues happening at the same time. The 5000 gallon diesel tank did not have the "Winter Mix" in sufficient amount so to not congeal as temps kept plummeting. Dead River was the Vendor in the Facility's EP Manual and they were contacted. An emergency call placed and Dead River arrived with the hour to top off the tank with Winter Mix. The tank has an internal mixer, yet the generator was still oscillating off & on.

By then CMP techs had arrived to assess the situation for their expertise. They tested the underground line feed from the Power Pad in the Courtyard to the Power Switch panel. Their test concluded the line was compromised and must be replaced. They assisted in securing a Contractor, but getting the new power cable onsite and installed would be measured in days.

Therefore, the only option to enable residents to safely remain at SJR was to secure a back-up generator and keep the existing generator running periodically long enough to maintain heat, etc. Generator powers 100% of Facility.

The contracted vendor in the EP Manual was called and search underway. MaineHealth supplied their EP Vendor to send to SJR to take command of current generator until back-up arrived.

Back-up generator arrived and installed. SJR stable and repairs scheduled for its generator and power pad cable.

Administrator, DON and all Facility Management Team present since the beginning of events. SJR Board Chair & North Country Senior Leadership kept abreast multiple times during 24 hours of sequences or period of days.

In addition to the above, SJR had pipes freeze and break. Contractors to manage any electrical concerns and plumbing were on-sight the first 48 hours.

SJR submits this event at the recommendation on the Surveyors who indicated its review would result in a reconsideration the above TAGs. Additional detail information is submitted to support this historic event.

We are able to expand upon this event if need during your review.

Thank you.

Tag #
E 039, 10f

SJR
Saint Joseph's
REHABILITATION
& RESIDENCE

RECEIVED
JUN 30 2023
BY:

02.04.2023

Subject: Deep Freeze 02.04.2023

Events as they unfolded.

1. Sprinkler System Issue (Frozen/Broken Fitting in Dirty Utility Room D Wing)
2. Power Outage (Caused by broken Power Feed Wire Underground)
3. The Boilers went down and then Boiler B over filled (40psi +/-)
4. Filtration Pumps Failed. (Fuel Sample Also Sent to be Tested)
5. Drain line obstructed on the Memory Care Unit **(Patient Evacuation)**
6. Sprinkler System Issue (Frozen Head in Mechanical Room on unit D)
   Electrical Panel on unit D
7. Generator Failure
8. Power Feed from Transformer and Transfer Switch Repair
9. Transfer Switch Repair

Clinical Staff working on

Saint Joseph's Rehabilitation and Residence

Saturday February 4, 2023 02-04-2023

RECEIVED
JUN 30 2023
BY:

Supervisor Phone 207-245-2446 Supervisor in house EXT 2156	After Hours: Leanna Stackhouse DON 207-671-1777 Stephen Gonzales ADON 207-274-9140

Deep Freeze

A Unit	Census: 160
7a-7:30pm Nursing	7:00PM-7:30AM NURSING
Light Duty Brown, Tracy (03:00PM - 07:00PM)	Light Duty Brown, Tracy (07:00PM - 11:30PM)
LPN	LPN
RN Brandon, Kelly	RN DeGomez, Jillian
RN Pilson, Abigail	RN
RN Pooler, Darla (07:00AM - 11:30AM) left early due to illness	CNA Gardner, Ina
RN	CNA Jenkins, Shawnna
CNA Bush, Kennedy	CNA Prejean, Keisha
CNA Cleveland, Marjorie	CNA Singleton, Katria (07:00PM - 11:00PM)
CNA English, Lashrise (06:30AM - 07:30PM) called is going to be late	
CNA Paul, Charisse	
CNA Singleton, Katria (07:00AM - 11:00AM)	
CNA Thibodeau, Carrie	

B Unit	Census: 160
7a-7:30pm Nursing	7:00PM-7:30AM NURSING
LPN Fisk, Michelle	LPN Fisher, Mercedes
RN Shimokawa, Malden (11:00AM - 07:30PM)	RN Brown, Kathleen

Saint Joseph's Rehabilitation and Residence
Saturday February 4, 2023

Supervisor Phone 207-245-2446 Supervisor In house EXT 2156	After Hours: Leanna Stackhouse DON 207-671-1777 Stephen Gonzales ADON 207-274-9140	

B Unit	Census: 160
7a-7:30pm Nursing	7:00PM-7:30AM NURSING
RN Thomas, Bindu	RN
RN	CNA Deering, Latashia (07:00PM - 11:00PM)
CNA Brown, Laydia	CNA Gora, Izabela (07:00PM - 11:30PM)
CNA Deering, Latashia (09:00AM - 07:30PM)	CNA Harrison, Patricia
CNA Gora, Izabela (07:00AM - 07:00PM)	CNA Hood, Jayla (11:00PM - 07:30AM)
CNA Johnson, Christine	CNA Smith, Kiara (07:00PM - 11:30PM)
CNA Smith, Kiara (09:00AM - 07:00PM) running about 2 hours late	CNA Sungubala, Salome (11:00PM - 07:30AM)
CNA Wojciechowska, Agnieszka (07:00AM - 03:30PM) running late called	
CNA	

C Unit	Census: 160
7a-7:30pm Nursing	7:00PM-7:30AM NURSING
LPN Gallegos, Patience	LPN
RN Ingerson, Alex (07:00AM - 03:30PM)	RN Ingerson, Alex (03:00AM - 07:00AM)
RN Jamo, Georgia (12:00PM - 07:00PM) going to be an hour late	RN Jamo, Georgia (07:00PM - 11:30PM)

Saint Joseph's Rehabilitation and Residence

Saturday February 4, 2023

Supervisor Phone 207-245-2446 Supervisor in house EXT 2156	After Hours: Leanna Stackhouse DON 207-671-1777 Stephen Gonzales ADON 207-274-9140	

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BY:

C Unit	Census: 150
7a-7:30pm Nursing	7:00PM-7:30AM NURSING
RN Sidmeisuma, Maiden (07:00AM - 11:00AM)	RN Jimino, Amanda
RN	RN
CNA Coulombe, Richard (03:00PM - 07:00PM)	CNA Coulombe, Richard (07:00PM - 11:30PM)
CNA Endriga, Dend Mark (07:00AM - 03:00PM)	CNA Hood, Jayla (07:00PM - 11:00PM)
CNA Hamidine, Laquita	CNA Lane, Barbara
CNA Mathews, Samuel	CNA Mosley, Ariana
CNA Trefry, Christine (07:00AM - 03:30PM)	CNA Trefry, Christine (03:00AM - 07:00PM)
CNA Turner, Angela (07:00AM - 03:30PM)	
CNA Williams, Shira (03:30PM - 07:30PM)	
CNA	

Facility	Census: 150
7a-7:30pm Nursing	7:00PM-7:30AM NURSING
Nursing Supervisor Jacques, Michelle (07:00AM - 03:30PM)	Nursing Supervisor Jacques, Michelle (03:00AM - 07:00AM)
Nursing Supervisor Wood, Sherry (05:00PM - 07:00PM)	Nursing Supervisor Wood, Sherry (07:00PM - 05:30AM)
CNA Jocson, Mylean (11:45AM - 07:30PM) Reception from 1 to 7	

Saint Joseph's Rehabilitation and Residence

Saturday February 4, 2023

Supervisor Phone 207-245-2446 Supervisor in house EXT 2156	After Hours: Leanna Stackhouse DON 207-671-1777 Stephen Gonzales ADON 207-274-9140	

Unit D	Census: 159
7a-7:30pm Nursing	7:00PM-7:30AM NURSING
LPN Duper, Tremaine 7A-7:30P	LPN
RN Ackerman, Moyra (07:00AM - 07:00PM)	RN Ackerman, Moyra (07:00PM - 11:30PM)
RN Ramos, William 7:00A - 7:30P	RN Hawkins, Kimberly
CNA Anderson, Angela 7A-7:30P	RN Poindexter, Carrie
CNA Cahill, Stephanie 7A-7:30P	CNA Kelly, Janice
CNA Mushiya, Divine 7A-7:30P	CNA Moody, Tiffany
CNA Rodgers, Patricia 7A-7:30P	CNA Rodney, Dourcelia
CNA	CNA Turner, Latoya

RECEIVED
JUN 30 2023
BY:

K211: Means of Egress - General

*No residents were impacted from this deficiency.

*All residents had the potential to be impacted by this deficiency.

*Contractor hired to remove all Exterior Lighting Strings attached to the Facility strung across Exterior Exit Public Pathways to the public way. Re-installation will avoid any lights being attached to the facility or strung across Exterior Exit Public Pathways.

*Completion Date: July 7, 2023.

*Signs will be attached/posted onto Chain Link Fencing with gates indicating the gates cannot be secured with any locking devices.

*Completion Date: July 7, 2023.

*The Marked Exit Door has had signs Attached on both sides indicating no items can block ability to Enter/Exit the door. Items have been moved that caused the deficiency at Survey. Dietary Staff and Vendors will be educated on the requirement.

Facility Staff am rounds now include the visual inspection of all Exit Doors and documented on their Inspection Sheet.

*Completion Date: July 7, 2023.

Monthly inspections for the above three deficiencies will be performed each month for 3 months. If no issues cited, inspection monitoring will end. If any issues noted, inspections will continue until (3) consecutive months have zero issues cited to establish deficient practice has been resolved.

*Completion Date: July 7, 2023; Ongoing.

K321: Hazardous Areas - Enclosure

*No residents were impacted from this deficiency.

*All residents had the potential to be impacted by this deficiency.

*Contracted service for this purpose was in place and remains.

*Inspection & Testing was postponed by the Facility due to Covid Outbreak status. Facility has updated the Inspection & Testing to exclude Covid Outbreak, etc. as a barrier for completion going forward.

*Testing & Inspection now scheduled.

*Completion Date: July 7, 2023.

*Inspection of all Smoke Barrier Doors will be done Monthly Rounds. These inspections will occur separately from other inspections to enhance the critical importance that doors function as intended.

*New Contractor to conduct annual inspections/repairs was secured. The door identified in the TAG was repaired during Survey. It will be inspected with all other cited door closures by Contractor.

*The inspection/testing of the Smoke Barrier Doors will be reported at the Safety/Quality Quarterly Board for SJR.

*Completion Date: July 21, 2023; Ongoing.

K342: Fire Alarm System – Initiation

*No residents were impacted from this deficiency.

*All residents had the potential to be impacted by this deficiency.

*All Fire Alarm pull stations have been repositioned so they do not exceed the 48" height.

*The Manual Pull Station A3 was relocated so it is no longer blocked from view by the cross corridor doors. And repositioned at the 48" height limit.

*Requirements for manual pull station installation are now located in the Facility's Safety Manual as a resource for any future changes that may occur to the Facility.

*Completion Date: June 30, 2023.

K355: Portable Fire Extinguishers

*No residents were impacted from this deficiency.

*All residents had the potential to be impacted by this deficiency.

*All Portable Fire extinguishers have been repositioned so they do not exceed the 63" height or if Extinguisher weight did not exceed 40 pounds gross, 60".

*Requirements for Portable Fire Extinguishers not located in a wall mounted cabinet installation are now located in the Facility's Safety Manual as a resource for any future changes that may occur to the Facility.

*Completion Date: June 30, 2023.

K371: Subdivision of Building Spaces – Smoke Compartments

*No residents were impacted from this deficiency.

*All residents had the potential to be impacted by this deficiency.

*Contractor hired to repair all cited doors identified in this TAG.

*Completion Date: June 30. 2023 Contractor secured. All Door Repairs and Adjustments: July 21, 2023.

*Inspection of all Smoke Barrier Doors will be done Monthly Rounds. These inspections will occur separately from other inspections to enhance the critical importance that doors function as intended.

*New Contractor to conduct annual inspections/repairs was secured.

*The inspection/testing of the Smoke Barrier Doors will be reported at the Safety/Quality Quarterly Board for SJR.

*Completion Date: July 21, 2023; Ongoing.

K761: Maintenance, Inspection, & Testing - Doors

*No residents were impacted from this deficiency.

*All residents had the potential to be impacted by this deficiency.

*Contracted service for this purpose was in place and remains.

*Inspection & Testing was postponed by the Facility due to Covid Outbreak status. Facility has updated the Inspection & Testing to exclude Covid Outbreak, etc. as a barrier for completion going forward.

*Testing & Inspection now scheduled.

*Completion Date: July 7, 2023.

*Inspection of all Smoke Barrier Doors will be done Monthly Rounds. These inspections will occur separately from other inspections to enhance the critical importance that doors function as intended.

*New Contractor to conduct annual inspections/repairs was secured.

*The inspection/testing of the Smoke Barrier Doors will be reported at the Safety/Quality Quarterly Board for SJR.

*Completion Date: July 21, 2023; Ongoing.

K911: Electrical Systems - Other

*No residents were impacted from this deficiency.

*All residents had the potential to be impacted by this deficiency.

*Contractor secured to install a Labeled Remote Stop Station/Device on the exterior of the generator housing.

*Requirements for the Remote Labeled Remote Stop Station/Device is now located in the Facility's Monthly Inspections Manual as a resource for any future changes that may occur to the Facility.

*Completion Date: July 6, 2023.

SJR
Saint Joseph's
REHABILITATION
& RESIDENCE

02.04.2023

#1-Sprinkler System D Wing Dirty Utility Room

On the above date at approximately 8:45 AM I received a call from the facility informing me of a broken sprinkler fitting on the Dirty utility room floor on D wing. I asked the laundry personnel if the alarms were sounding in the facility, and she informed me that they were not. I called High Tech Fire Protection, our sprinkler company, to explain the situation and they informed me that they would send a technician out but it would be best that I shut water off to the wet system. I called one of the maintenance technicians that was working that morning and informed him that we were advised by the sprinkler company to shut the water off to the wet valve that feeds that portion of the building. Just before he was able to get the system isolated the alarm sounded indicating there must have been a flow in water. He did get the system shut down and High-Tech Fire arrived to address the problem.

Once at the facility High tech fire removed the damaged section of pipe and isolated the problem until the repair could be made. Approximately 10 feet of two-inch pipe was measured for and then replaced.

When the alarm sounded because of the water flow the facility was now in full alarm and was acting on the disaster plan as trained. Moved patients as needed (Evacuating them as needed) clearing halls, placing the Code Red Overhead Announcement, and notifying the fire department of the situation.

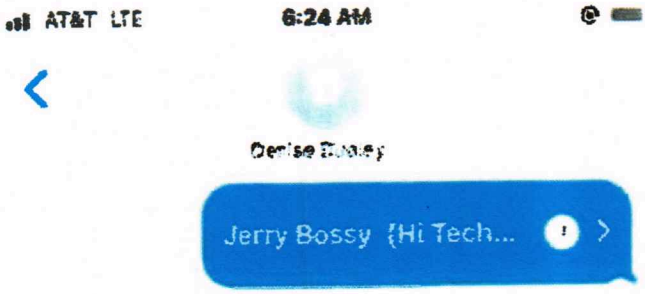
* Please see the attached.

Chuck Doustou

From: Chuck Doustou
Sent: Friday, June 16, 2023 9:17 AM
To: Chuck Doustou
Subject: Deep freeze

RECEIVED
JUN 30 2023
BY:_____

Broken sprinkler pipe elbow dirty utility room D Wing.



Tap to Download

-Chuck

Chuck Doustou

Chuck Doustou

From: Chuck Doustou
Sent: Monday, June 19, 2023 5:13 PM
To: Chuck Doustou
Subject: Sprinkler system

Broken fitting in D Wing dirty utility room

-Chuck

Chuck Doustou

Chuck Doustou

From: Chuck Doustou
Sent: Friday, June 16, 2023 9:16 AM
To: Chuck Doustou
Subject: Deep freeze

RECEIVED
JUN 30 2023
BY:_____

Frozen sprinkler pipes

AT&T LTE 6:25 AM

Denise Dudley

Another sprinkler head popped in the electrical room on unit D as in delta I'm heading back to the building now. I've already call David

When you get a chance can you give me a call?

Tap to Download

-Chuck

Chuck Doustou

Deep Freeze 12-04-2023

High Tech Fire Protection

PO Box 156
Minot, ME 04258

Invoice

Date	Invoice #
2/9/2023	6463

PAID 03/01/2023

RECEIVED
JUN 30 2023
BY:

Bill To

North Country Associates
c/o St. Joseph's Manor
1133 Washington Avenue
Portland, ME 04103

P.O. No.	Terms	Bldg. Location/Project Name
	Due on receipt	1133 Washington Avenue, Portland

Item	Description	Service Date	Amount
df	Requisition for the Day Work completed by Field Dept. for the fire protection sprinkler system. Labor, travel and material for Technician to respond to ER Service Call (leak)(premium time). Technician found **broken 2" feed line due to freeze.** Tecnnician pulled line from adjoining room and plugged off, measured and listed material for repair. System left in service with one feed line down.	2/4/2023	935.48
df	Labor and travel for Technician to respond to second ER Service Call (broken head)(premium time). Technician **replaced broken head in mechanical room. This head** was used from the spare headbox. System returned to normal **and left in service.**	2/4/2023	507.00
df	Labor, travel and material for Technician to return to location to complete repair. Technician shut down Fire Sprinkler system and replaced 8ft of 2" feed pipe/fittings and (1) one chrome pendant head. Technician returned system to normal and checked repair area for leaks. None found. System left in service.	2/6/2023	993.28

Thank you for your business.

Total	$2,435.76
Payments/Credits	-$2,435.76
Balance Due	**$0.00**

Phone #	Fax #
207-998-2551	207-998-4187

SJR
Saint Joseph's
REHABILITATION
& RESIDENCE

02.04.2023

#2-Power Outage

On the above date just after 9:00 AM the building suffered a power outage. CMP was notified of the outage and informed me that it was nothing on their side causing our outage. I notified Collins electric along with Power Products to help identify what may have caused the outage. Once Collins electric arrived along with Power Products, they found a broken Feed wire underground in between the transfer switch and CMP Transformer.

After power products did their assessment of the transfer switch it was determined that the underground short caused a substantial amount of damage to our transfer switch which would need to be repaired before it would be able to be put back online.

The facility was now being powered by our standby generator.

* Please see the attached.

Collins Electric LLC
140 Cape Rd
Standish, Me 04084
(207) 329-6602
Email Collinselectric@rocketmail.com

To whom it may concern:

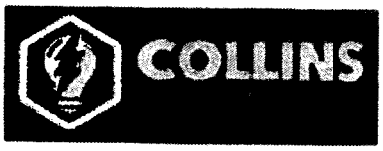
On Saturday February 4th, I was called to Saint Joseph's Rehabilitation for an electrical service issue. Due to the extreme cold temperatures over the past few days, the water underneath the transformer that serves the building had frozen and in doing so damaged the service wires. The automatic transfer switch had already transferred power to the generator by the time I arrived, and everything seemed to be functioning as it should. Due to the fact that it was a Saturday I was unable to acquire the parts required to repair the service until the following Monday, so we were reliant on the generator for the rest of the weekend.

Later that night I was again called due to a sprinkler bursting over an electrical panel. Prior to my arrival, maintenance at the facility had called city inspectors to assess the situation, and they required that I inspect any damage done to the panel. Upon my arrival I could tell the generator was stuttering a bit, so I relayed to maintenance my concern. While inspecting the panel, the building went dark as the generator had suddenly stopped running. I went out to look at the annunciator on the generator and it was flashing a communication error. Because of this I figured it was a good idea to put the generator into manual and try to run it that way. It seemed to run a lot smoother after this. Maintenance called Power Products, the generator service company, and they affirmed that this seemed to have fixed the issue for now.

On Monday when I had returned to replace the service wires, we noticed an issue with the automatic transfer switch that had caused the communication error. Because of this we left the building on generator power until Power Products could resolve the issue. Since the repair all faulty components to the transfer switch have been replaced and the building has been functioning on utility power without issue.

Bronson Raymond
Master Electrician & Owner
Collins Electric LLC

Collins Electric LLC
140 Cape Rd
Standish, Me 04084
(207) 329-6602
Email Collinselectric@rocketmail.com



SJR
Saint Joseph's
REHABILITATION
& RESIDENCE

RECEIVED
JUN 30 2023
BY:

02.04.2023

#3-Boilers went Down

On the above date at approximately 9:30 AM the Boiler alarms at the rear of the building started to sound indicating that the boilers went down. I went into the boiler room and found both boilers were not running and in full alarm. I switched the boilers over from natural gas to number 2 heating oil and reinstated both boilers. It took a period to get the smaller of the two boilers back online.

After revisiting the boiler room to check on the boilers I found boiler B to be up on pressure to about 40 PSI. I drained about 20 pounds of pressure off the boiler to keep the pressure relief valve from popping and called mechanical services to have them come in and check the boilers out.

When mechanical services were working on the boilers and notice fuel oil on the floor beneath the filtration circulator pumps that feed our generator from the above ground 5000-gallon oil storage tank.

The spill kit in the mechanical room was used.

* Please see the attached.

Deep Freeze 02-04-2023

Work Order

Mechanical Services Inc. / Maine Controls
Portland 207-774-1531,Augusta 207-626-0822, Bangor 207-947-6250,Presque Isle 207-554-1212

ST JOSEPH'S REHABILITATION
1133 WASHINGTON AVE
AND RESIDENCE
PORTLAND ME 04103-3698

ST JOSEPH'S REHABILITATION
1133 WASHINGTON AVE
AND RESIDENCE
PORTLAND ME 04103

Call Slip Number
339823

Problem Reported:
PROB: EMG-EMERGENCY SERV CALL
Boiler B is overfilling

Tech	Date	Hours
1SMW	02/04/2023	2.5000 OT hours

Brand	Model	Serial #
SMITH	28A-8	N-90-866

2/4/23: checked in on site and customer showed me that when he check the boiler after they lost power overnight and boilers were down. He found that boiler B pressure was at 38psi so he drained some of the water off. I troubleshoot the feedwater valve and open back the valve to the feed then monitor it where he drop the pressure to around 20psi. Boiler cycle 3 times but there wasn't any increase in pressure at all. Relief valve didn't pop so I also check the expansion tank which is all set and customer gonna keep checking on it for the weekend and let us know if the pressure keeps increasing. I think because the boilers got to cold when they lost power and the feed water had made up the pressure so when boilers was making temps the pressure got high. All set as of this moment

02/04/2023 12:28PM

Signed by: No One To Sign

SJR
Saint Joseph's
REHABILITATION
& RESIDENCE

02.04.2023

#4-Filtration Pumps failed

On the above date at approximately 10:15 AM while mechanical services were working in the boiler room, they noticed fuel oil on the floor beneath the filtration pumps that feed our generator its fuel supply. I notified precision tanks of the situation, and they sent a technician to the facility to figure out what was going on. Once they arrived, they determined that the power surge had damaged the pumps and that the fuel had gelled, and the pumps were having a hard time moving the fuel to and from the generator and fuel was leaking from a ruptured seal.

Replacements were ordered to repair the pumps which did take place on a different day.

***A sample of our fuel oil that supplies the generator along with our boilers was sent out to be tested for its quality.**

* Please see the attached.

RECEIVED
JUN 30 2023
BY:

Invoice #7681

Precision Tanks, Inc.
41 Masterman Road
Jay, ME 04239
Phone: 207-645-9549
Fax: 207-645-4247
email: pti@megalink.net

Invoice To: **St. Joseph's Rehabilitation & Residence**
1133 Washington Ave
Portland, ME 04103

Date: March 2, 2023

Attn: **Chuck Doustou** **email:**
RE: **Billing for a weather-related event.**

We replaced a combination pump and motor for the Reverso Fuel Polisher Unit. This unit was damaged by the power surging that was happening during the power outage. The temporary generator kept going out and caused damage to the pump during the running of the unit when the power outage occurred.

Materials:

1 – Global Fueling PIUSI F0032701 Transfer Electric Pump		$1,192.65
UPS		$42.96
	Total Materials & Shipping	$1,235.61

Labor:

3/1/23	Antonio DeSanctis	6 hrs @ $90.00/hr	$540.00
3/1/23	Spencer Bean	6 hrs @ $60.00/hr	$360.00
		Total Labor	$900.00
	Trip Charge		$65.00

Total Amount Due $2,200.61

Please Note:
On overdue accounts a finance charge of 1 1/2% per month will be charged after 30 days. This is an annual percentage rate of 18%. A minimum charge of $1.25 shall apply buyer also agrees to pay all reasonable costs of collection including reasonable attorney fees if necessary, all service labor is guaranteed for 60 days.

St.JosephsRehabilitation&ResidenceWeatherRelatedEventReplacedCombinationPumpandMotor7681March2,2023/ic

Fuel Testing
#2
Heating

FOI LABORATORIES

Certificate of Analysis
Laboratory Number: FOI020920232

RECEIVED
JUN 30 2023
BY:

Tony Couture		Sample Taken From:	St. Josephs Rehab & Residence 1133 Washington Ave Portland, ME 04103
Precision Tanks Inc.		Type of Fuel:	#2 Diesel
41 Masterman Rd		Sample Collection Date:	February 6, 2023
Jay , Main 04239		Date Received:	February 9, 2023
USA		Date Released:	February 14, 2023
207-645-9549		Component Make:	
Sample ID:	**Main Storage Tank**	Component Model:	
Purchase Order:	**14193**	Serial Number:	
Work Order:		Quanity in Tank:	2000g
Package:	**LSD 103**	Tank Capacity:	5000g

Test Name	Method Name	Method Limit/Criteria	Result	Units
API Gravity by Hydrometer	ASTM D1298-99	report	39	Degrees API Gravity
Cetane Index	ASTM D976-01	40 minimum	46.9	Cetane Index
Copper Strip Corrosion	ASTM D130-04	3 maximum	1a	Corrosion Rating
Distillation, 50%	ASTM D86/D2887	report	239	Celsius
Distillation, 90%	ASTM D86/D2887	282 - 338 °C	306	Celsius
Microbial Growth	Micro/Culture Medium	Positive Test Fails	Negative	Positive or Negative
Sulfur	ASTM D5453-09	report	20	PPM as S
Visual Appearance	ASTM D4176-04	Cloudy / Phase / Heavy Sediment Fails	Clear, Medium Sediment, Some Particles	Visual Description
Water and Sediment	ASTM D2709	0.05 maximum (% volume)	.05	Percent
Water by Karl Fischer	ASTM D6304-16	Max 500 ppm	77	ppm H2O

Comments:

Legend/Key:

***Result within Method Criteria - Black Lettering | *Result outside Method Criteria -**

Low Flash Point: A low flash point fuel can be a fire hazard, subject to flashing and possible continued ignition and explosion. A low flash point can also indicate contamination with low flash fuels such as gasoline and or Kerosene.

8014 NE 13th Ave., Vancouver, WA 98665

RECEIVED

JUN 30 2023

BY:

FOI LABORATORIES

Certificate of Analysis
Laboratory Number: FOI020920231

Tony Couture		Sample Taken From:	St. Josephs Rehab & Residence 1133 Washington Ave Portland, ME 04103
Precision Tanks Inc.		Type of Fuel:	Diesel
41 Masterman Rd		Sample Collection Date:	February 6, 2023
Jay , Main 04239		Date Received:	February 9, 2023
USA		Date Released:	February 14, 2023
207-645-9549		Component Make:	
Sample ID:	Generator Belly Tank	Component Model:	
Purchase Order:	14193	Serial Number:	
Work Order:		Quanity in Tank:	180g
Package:	LSD 103	Tank Capacity:	250g

Test Name	Method Name	Method Limit/Criteria	Result	Units
API Gravity by Hydrometer	ASTM D1298-99	report	38	Degrees API Gravity
Cetane Index	ASTM D976-01	40 minimum	46	Cetane Index
Copper Strip Corrosion	ASTM D130-04	3 maximum	1a	Corrosion Rating
Distillation, 50%	ASTM D86/D2887	report	242	Celsius
Distillation, 90%	ASTM D86/D2887	282 - 338 °C	309	Celsius
Flash Point	ASTM D93-10	52 °C minimum	53	Celsius
Microbial Growth	Micro/Culture Medium	Positive Test Fails	Negative	Positive or Negative
Sulfur	ASTM D5453-09	report	28	PPM as S
Visual Appearance	ASTM D4176-04	Cloudy / Phase / Heavy Sediment Fails	Clear, Medium Sediment, Some Particles	Visual Description
Water and Sediment	ASTM D2709	0.05 maximum (% volume)	.05	Percent
Water by Karl Fischer	ASTM D6304-16	Max 500 ppm	87	ppm H2O

Comments:

Legend/Key:

*Result within Method Criteria - Black Lettering | *Result outside Method Criteria -

8014 NE 13th Ave., Vancouver, WA 98665

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Saint Joseph's
REHABILITATION
& RESIDENCE

RECEIVED
JUN 30 2023
BY:

02.04.2023

#5-Drain Lines Obstructed on Memory Care Unit

On the above date at approximately 2:15 PM I received a call from staff in our memory care unit regarding toilets overflowing and sinks not draining. When I made it to the unit, I found team two (2) almost completely flooded with water and staff doing their best to block the water from making its way to the nurse's station.

We evacuated the patients from team two (2) to the day room and started to clean up the mess. Richard P waltz was notified of the situation and responded approximately 45 minutes later to clear the obstructed line.

Once the entire unit was clear of all water and drain lines were running residents were moved back to their rooms and housekeeping thoroughly cleaned and disinfected the area.

* Please see the attached.

6.15.2023

Deep Freeze

On Saturday February 4th I was working as a nurse's aide on team two (2) unit C wing our memory care unit during the morning shift 7:00am/3:00pm. That day we were in a deep freeze outside and I remember hearing of a pipe or two freezing up and leaking on unit D. We had been running on the generator because of the power outage. Then the fire alarms went off because of the damage to the Sprinkler system. We had to use our fire drill training to secure and lock-down the unit until all clear.

Then we noticed toilets on the back half of the unit were overflowing into the hallways and patient rooms. We evacuated the residents to our day room. We moved furniture and put blankets and towels down to block the water from coming down the hall.

Maintenance was notified and came with floor machines to clean up the water and help with evacuating the patients. Richard P waltz the plumbers was notified and came to clear the obstructed drain-line.

Maintenance did a fantastic job taking care of this issue while dealing with multiple other issues throughout the building.

Angel Turner CNA

Drain line blockage / full [illegible] evacuation

RICHARD P. WALTZ Plumbing & Heating Co. Inc. *3rd Generation* 179 Presumpscot Street, Portland ME 04103 772-2801

Family Owned and Operated—Since 1936 www.richardpwaltz.com 705 Roosevelt Trail, Windham ME 04062 893-1911

info@richardpwaltz.com Fax: 773-3114

Bill To Information:	Work At Information:	Time Frame: OT	PO#:	Terms: Bill
Chuck St Josephs Manor 1133 Washington Ave portland 207 632 1902	Same	Work Date: 2/4/23	Order Info:	
		Sales Order #:	Customer Email Address:	

Workman: Daric	Start Time: 3:00	End Time: 4:45	Total Time: 1.75	Start/End Lunch:

Special Instructions / Directions / Contact Info: D10L

Service Requested:

Clogged pipes

RECEIVED JUN 30 2023 BY:

OVERTIME RATES
$300.00 per Hr. / Technician
$200.00 per Hr. / Helper

MAINTENANCE REMINDER: Miscellaneous: Frequency:

C&I Oil Heat Y N Frequency: C&I Gas Heat Y N Frequency: A/C Y N Frequency:

Drain Clean Y N Frequency: Grease Trap Y N Frequency: Septic Clean Y N Frequency:

Backflow Y N Frequency: Pump(s) Y N Frequency: Type of Pump(s):

IMPORTANT All rates carry a one hour minimum, plus travel time both ways, loading/unloading, and cleaning of equipment.
Warranty: Repairs 30 days; New Fixtures Supplied by Company 1 year; (Customer Supplied Materials, Sewer/Drain Cleaning, and Backflow Preventor Repairs - No Warranty*)

Category	Plumbing/Oil	Plumbing/Oil O/T	Natural /LP Gas & A/C	Natural/LP Gas & A/C O/T	Comm'l Pump Station	Comm'l Pump Station O/T	Carpenter	Carpenter O/T
Licensed Technician								
Licensed Helper								

Charges are based on time & materials. Estimated costs/time frames are best guess and may be exceeded. Payment is due at the time of service. If prior arrangements were made, terms are strictly net due upon receipt. If terms are not honored customer agrees to pay late fees of 1.5% per month (18% per annum), plus all collections costs: including attorney fees, administrative and filing fees, and collection agency fees (20-50% of balance placed in collections). These fees are added to the balance due.

Chuck Dorestow [signature]
I have read & understand the rates above and authorize work to commence.

[signature]
I acknowledge that all work is accepted, complete & satisfactory.

Received Payment of: $

Description Of Work Performed:

Arrived to back up in C wing popped 1 clean out that was clear then moved down hall and popped another clean out which was backed up walked about 28' pulled wipe and plastic bag tested everything flowing at this time

RECEIVED
JUN 30 2023
BY:

Materials Used:

HDRE
2 4" gripper plugs
gavyn time
3 pair gloves
Truck 558
milage

Recommendations / Code Violations / Model & Serial #'s Replaced or Serviced:

Material:

Equipment:

MSM:

Labor:

TOTAL:

Checks Payable to: Richard P. Waltz Plumbing

[redacted]

Family Owned and Operated–Since 1936 www.richardpwaltz.com info@richardpwaltz.com Fax 775-3114

Bill To Information:
Chuck St Joseph's Manor
1135 Washington Ave Portland
207 632 1902

Work At Information:
Same

Time Frame: O+ Saturday
Work Date: 2/4/23
Sales Order #:

Workman: GARY A **Start Time:** 3:00 **End Time:** 7:15 **Total Hours:** 1.75

Special Instructions / Directions / Contact Info: 1.75 hrs OT 4:45 525.00

RECEIVED
JUN 30 2023
BY:

Service Requested:
Clogged pipes

OVERTIME RATES
$300.00 per Hr. / Technician
$200.00 per Hr. / Helper

MAINTENANCE REMINDER: Miscellaneous: _____ Frequency: _____

C&I Oil Heat Y N Frequency: _____ C&I Gas Heat Y N Frequency: _____ A/C Y N Frequency: _____

Drain Clean Y N Frequency: _____ Grease Trap Y N Frequency: _____ Septic Clean Y N Frequency: _____

Backflow Y N Frequency: _____ Pump(s) Y N Frequency: _____ Type of Pump(s): _____

IMPORTANT All gates carry a one hour minimum, plus [illegible]

Warranty: Repairs [illegible] New Fixtures Supplied by Company 1 year, [illegible]
Repairs - No Warranty(s)

CHERRY Plumbing OT Plumbing/Oil OT Natural/LP Gas & A/C Natural/LP Gas OT [illegible]
Licensed Technician
Licensed Helper

Charges are based on time & materials. Estimated costs/time frames are best guess[illegible] ments were made, terms are due upon receipt. If terms are not honored [illegible] collections costs: including attorney fees, administrative and filing fees, and collection [illegible] to the balance due.

Description Of Work Performed: Arrived On Site opened floor panels to expose sewage line through clean out port. Used 32 foot C-rod snake and removed line blockage. packed up and left site.

RECEIVED
JUN 30 2023

Materials Used:
See Parts WO

Recommendations / Code Violations / Model & Serial #'s Replaced or Serviced:

Material:
Equipment:
MSM:
Labor:
TOTAL:

SJR
Saint Joseph's
REHABILITATION
& RESIDENCE

RECEIVED
JUN 30 2023
BY:

02.04.2023

#6-Sprinkler System Frozen Head D Wing Mechanical Room

On the above date at approximately 10:15 PM I received another call from the facility stating that the alarm off and water was coming out of the mechanical room on unit D.

When I returned to the building, I found the sprinkler head in the electrical room on D Wing was broken due to being frozen and shedding water.

Once again High-Tech Fire was notified of the situation and responded to address the broken sprinkler head.

The electrical panel underneath the sprinkler head did get wet and Collins Electric were notified and came and inspected the panel to see what type of damage may have occurred.

The Portland Fire Department once they arrived notified the City of Portland to have them send a Code Enforcement Officer to the facility to inspect the severity of the electrical damage. The code enforcement officers requested that we contact our electrician to come in to inspect the electrical panel. Collins Electric were notified and responded to the request of the city of Portland, inspected the panel and found it to be dry inside.

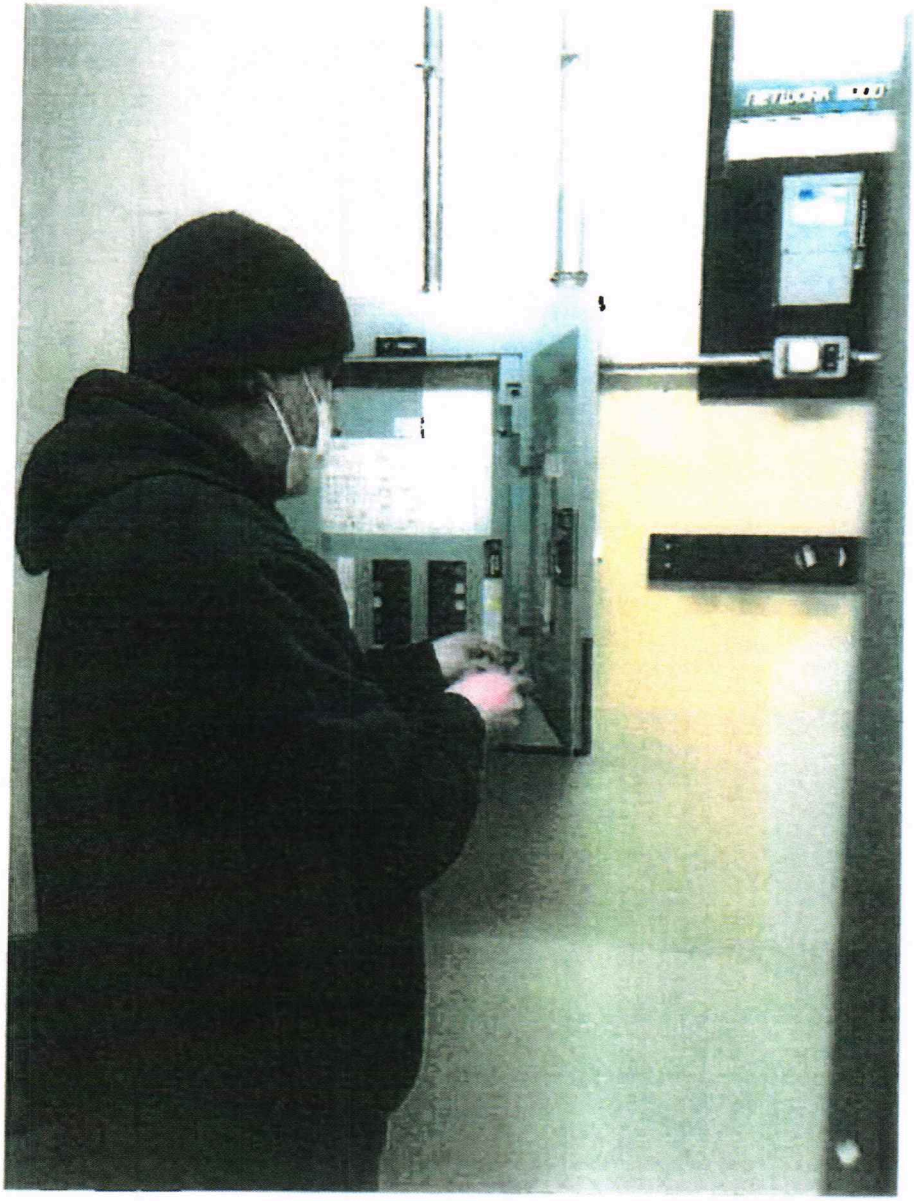
Collins electric did report back to the city of Portland code enforcement as to their findings.

* Please see the attached.

Chuck Doustou

From: Chuck Doustou
Sent: Friday, June 16, 2023 11:19 AM
To: Chuck Doustou
Subject: Deep freeze

Collins Electric inspecting the electrical panel on unit D after the sprinkler head break



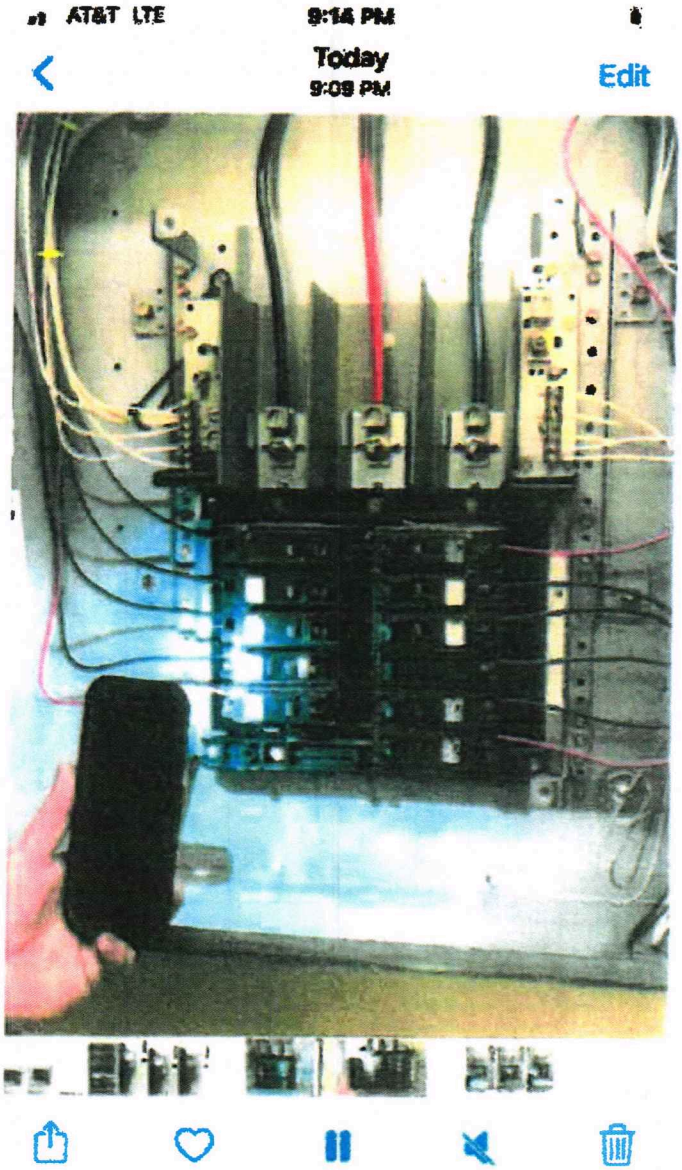
-Chuck

Chuck Doustou

Chuck Doustou

From: Chuck Doustou
Sent: Friday, June 16, 2023 11:19 AM
To: Chuck Doustou
Subject: Deep freeze

D Wing electrical panel after sprinkler head break.



-Chuck

Chuck Doustou

Saint Joseph's
REHABILITATION
& RESIDENCE

RECEIVED
JUN 30 2023
BY:_____

02.04.2023

#7-Generator Failure

On the above date at approximately 11:00 Pm while the building was running on the standby generator the lights within the building started to dim and the generator stalled. Collins electric happened to be here inspecting the electrical panel on unit D after the broken sprinkler head and automatically went out and set the generator from auto onto the run position and it started back up and continued to supply power to the building with emergency power.

Over the next several hours, the generator stalled several times and needed to be restarted. (SJR maintenance worked through the evening to ensure that the generator was running. I automatically reached out to power products and explained the situation and had them set up the delivery of a rental generator until we could get ours figured out what was going on with ours. They in turn set up the delivery of a rental standby generator from Sunbelt Rentals which was delivered the following day 02.04.2023 at approximately 3:00 PM.

Using our **M.O.U**. as written in our disaster plan, I reached out to Dead River Oil to set up automatic deliveries of fuel oil.

Over the next week dead river did the following deliveries how fuel oil for the rental standby generator to ensure that we would not run out:

02.05.2023

02.06.2023

02.07.2023

02.08.2023

02.10.2023

02.05.2023

Thank you Dana @ Dead River!!!

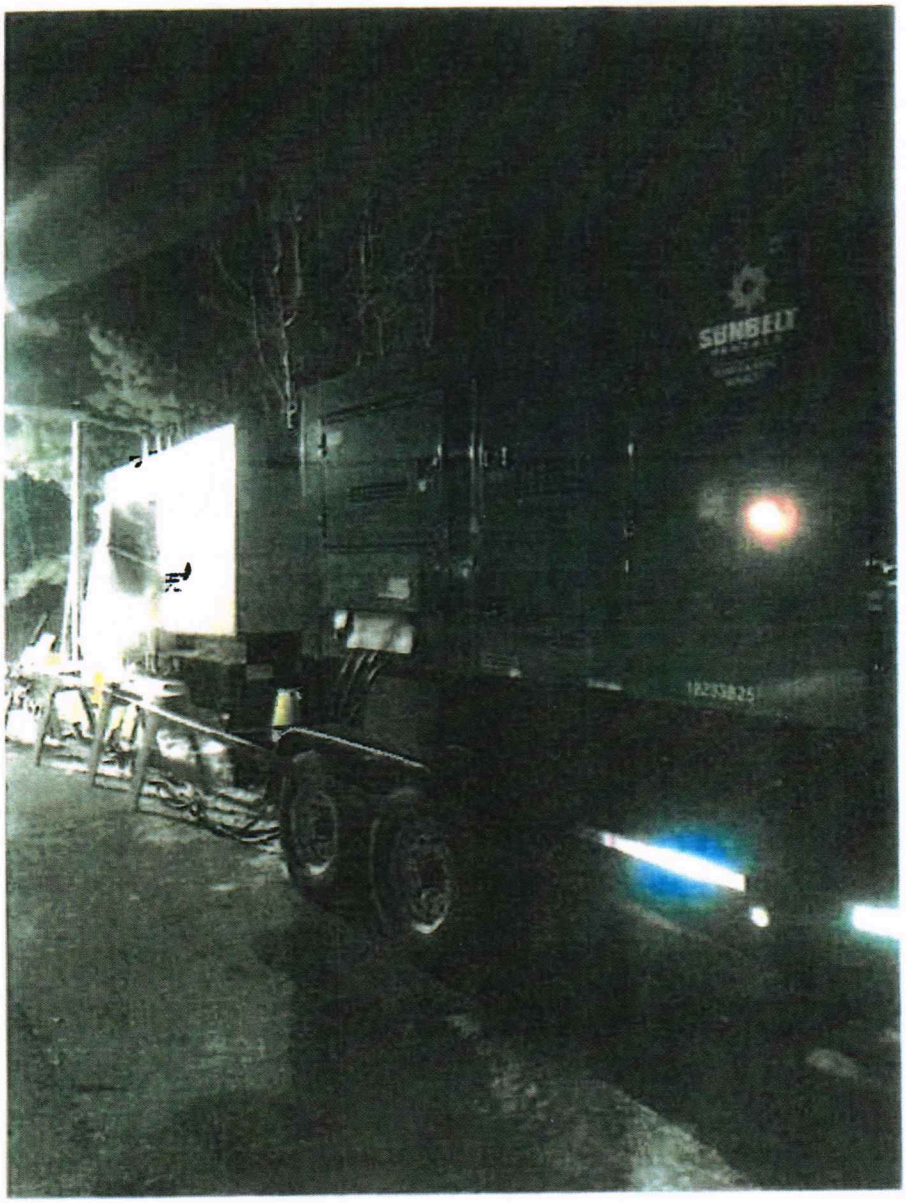
Thank you Brad @ Power Products!!!

* Please see the attached.

Chuck Doustou

From: Chuck Doustou
Sent: Friday, June 16, 2023 11:15 AM
To: Chuck Doustou
Subject: Deep freeze

Temporary rental standby generator supplied by Power Products.



-Chuck

Chuck Doustou

Chuck Doustou

From: Chuck Doustou
Sent: Friday, June 16, 2023 11:12 AM
To: Chuck Doustou
Subject: Deep freeze

Rental generator control panel readings .

-Chuck

Chuck Doustou

Saint Joseph's
REHABILITATION
& RESIDENCE

RECEIVED
JUN 30 2023
BY:

02.04.2023

#8- Power Feed from Transformer and Transfer Switch Repair

On the above date one of the underground feed wires that supplies power from the transformer to the transfer switch suffered a short underground. This was Collins Electric findings were after they responded to the facility.

Given the fact that it was a Saturday all supply houses were closed parts were unavailable. The following Monday Collins Electric contacted the electric supply house and placed the material order and had material on site **02.08.2023**.

CMP was notified of the repair because they need to shut power off to the transformer for Collins electric to make the necessary repairs with CMP on stand-by at the facility.

The new feed wire was pulled from the transformer to the transfer switch to complete this repair.

*** Please see the attached.**

Chuck Doustou

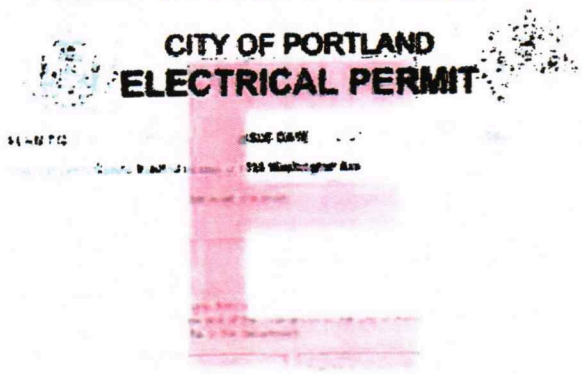
From: Chuck Doustou
Sent: Wednesday, March 15, 2023 8:00 AM
To: Matt Sarapas
Cc: Chuck Doustou
Subject: Electrical permit

AT&T LTE 7:57 AM

Done 3 of 3

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND
ELECTRICAL PERMIT

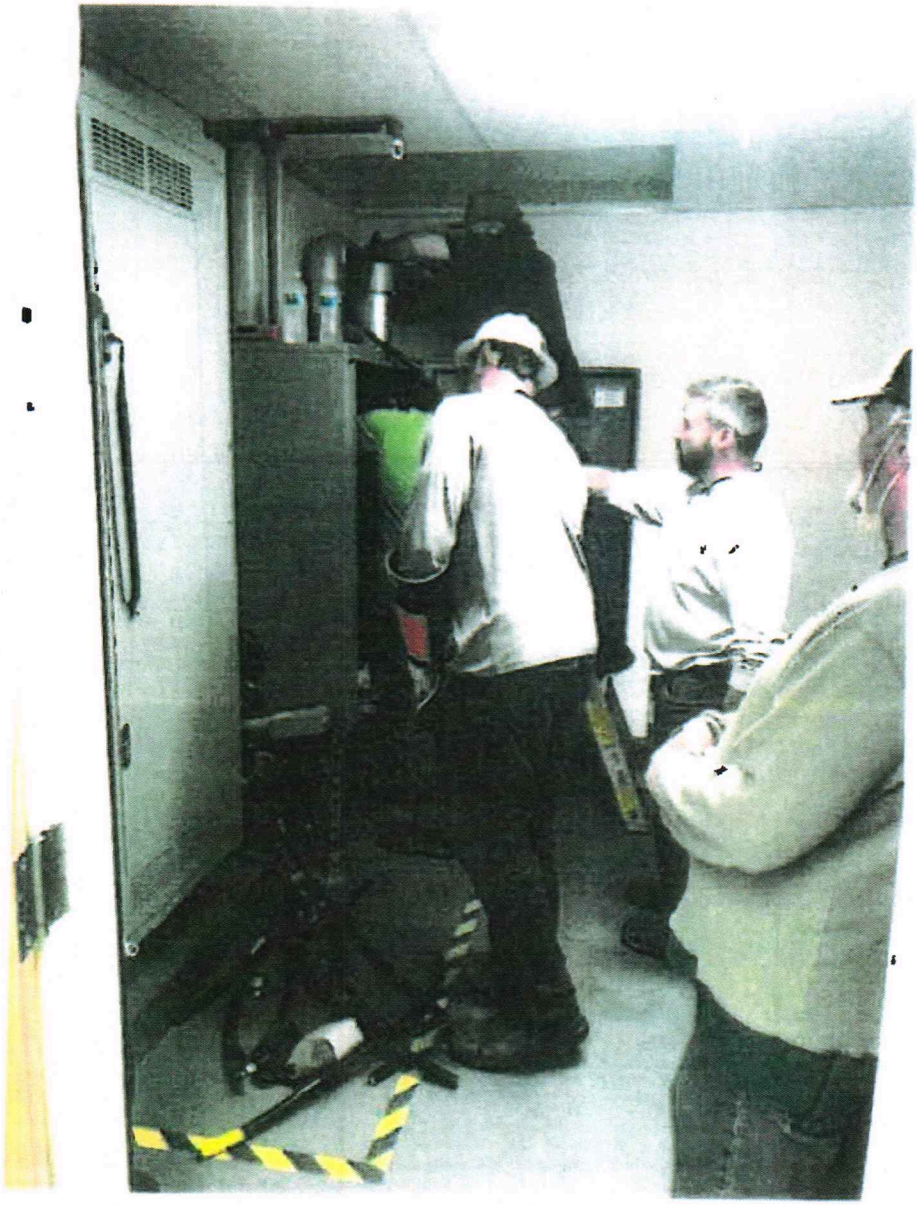


-Chuck

Chuck Doustou

From: Chuck Doustou
Sent: Friday, June 16, 2023 11:09 AM
To: Chuck Doustou
Subject: Deep freeze

Collins Electric and CMP pulling new feed from CMP transformer.



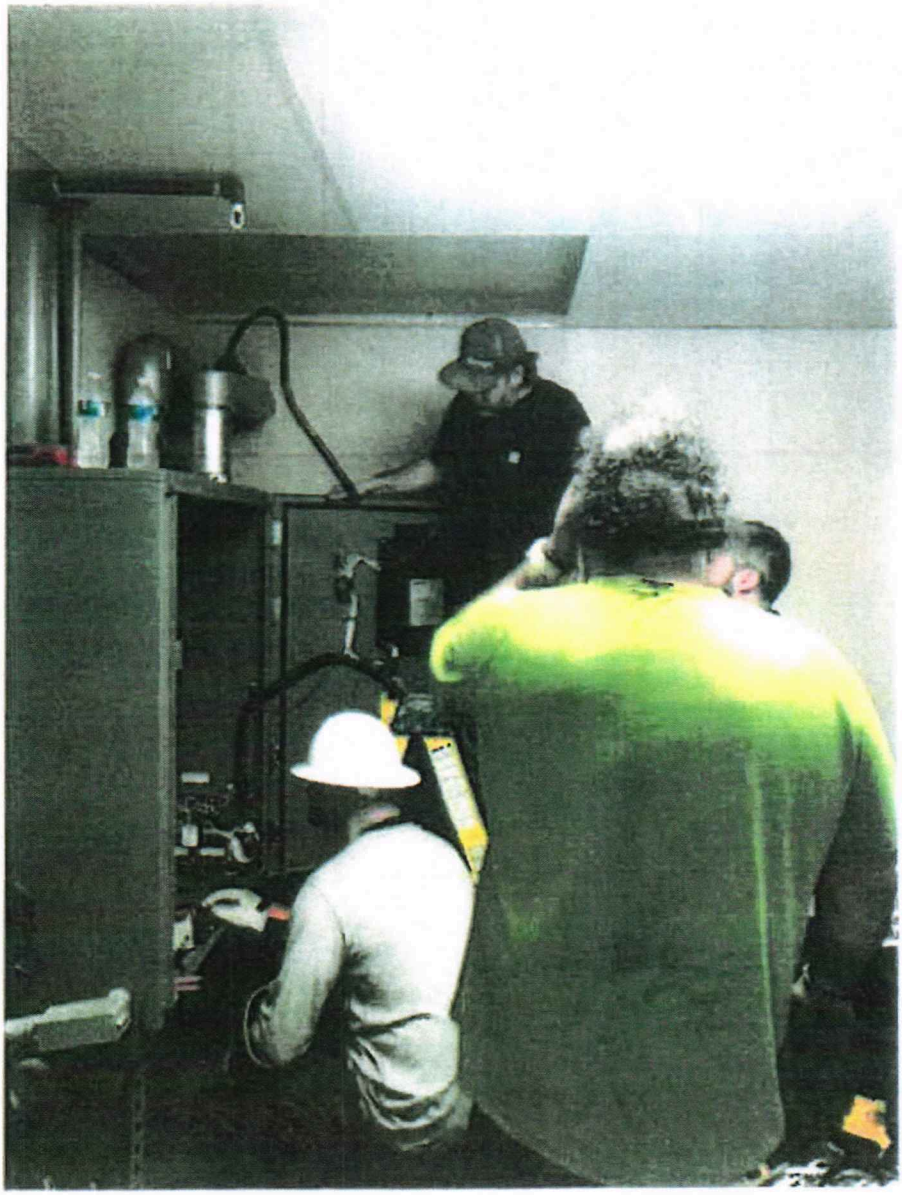
-Chuck

Chuck Doustou

Chuck Doustou

From: Chuck Doustou
Sent: Friday, June 16, 2023 11:12 AM
To: Chuck Doustou
Subject: Deep freeze

Collins Electric and CMP pulling new feed from CMP transformer



-Chuck

Chuck Doustou

Saint Joseph's
REHABILITATION
& RESIDENCE

RECEIVED
JUN 30 2023
BY:

02.08.2023

#9-Transfer Switch Repair

On the above date the transfer switch suffered a substantial amount of electrical damage due to the underground electrical line short coming from the CMP transformer to our ATS. (Automatic Transfer Switch)

Power Products put together a thorough list of all the parts that it was going to take to repair the ATS and that it was going to take approximately a month to receive the parts once they were ordered. I reached out to Michael Pasco with Power Products to see what other options we would have. He explained that we could purchase a brand new ATS that was avalable and have it within a week which is the direction we decided to go with.

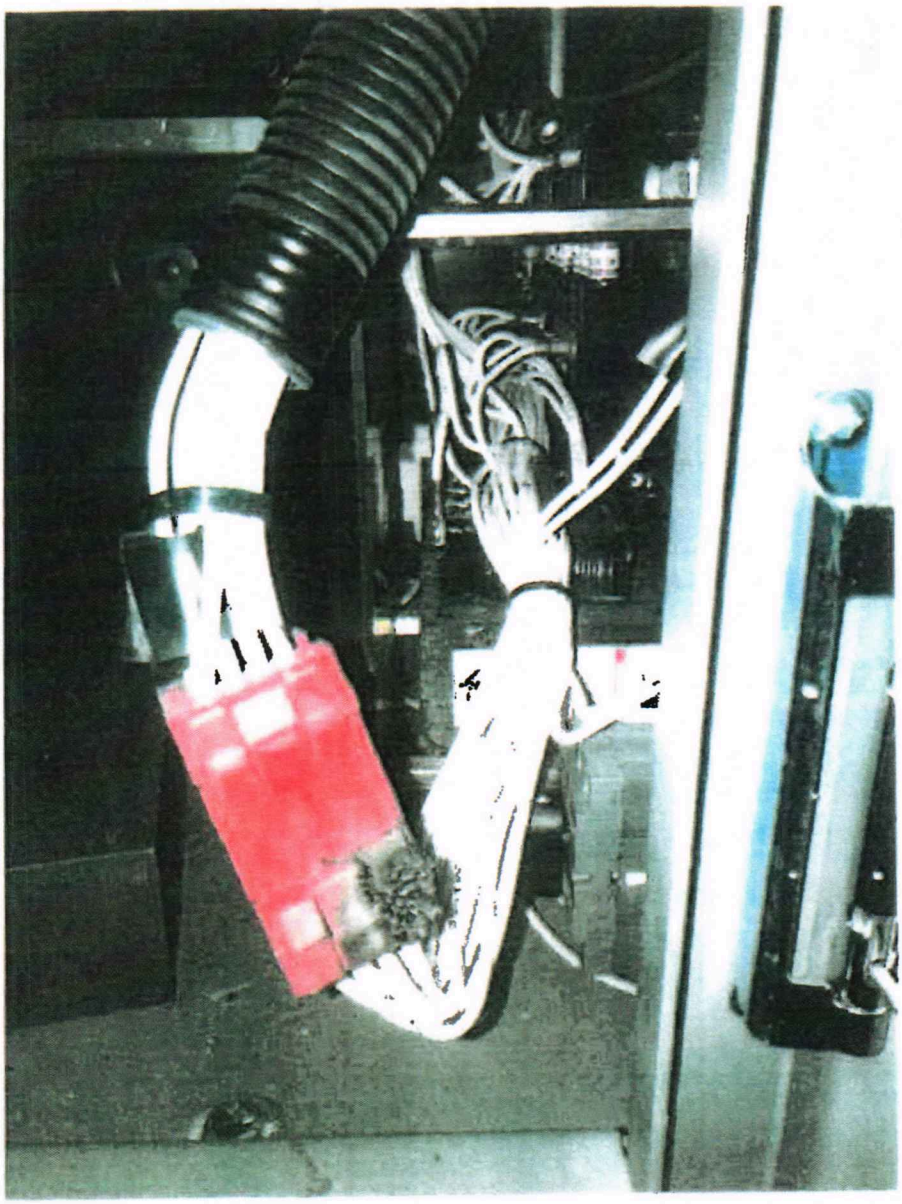
Once we received the new transfer switch Power Product removed all the necessary parts needed from the new switch and placed them into our old switch to cut down on the downtime our facility would have had to do if we were to replace the entire switch.

*** Please see the attached.**

Chuck Doustou

From: Chuck Doustou
Sent: Friday, June 16, 2023 11:14 AM
To: Chuck Doustou
Subject: Deep freeze

Damaged wiring harness to Kohler transfer switch.



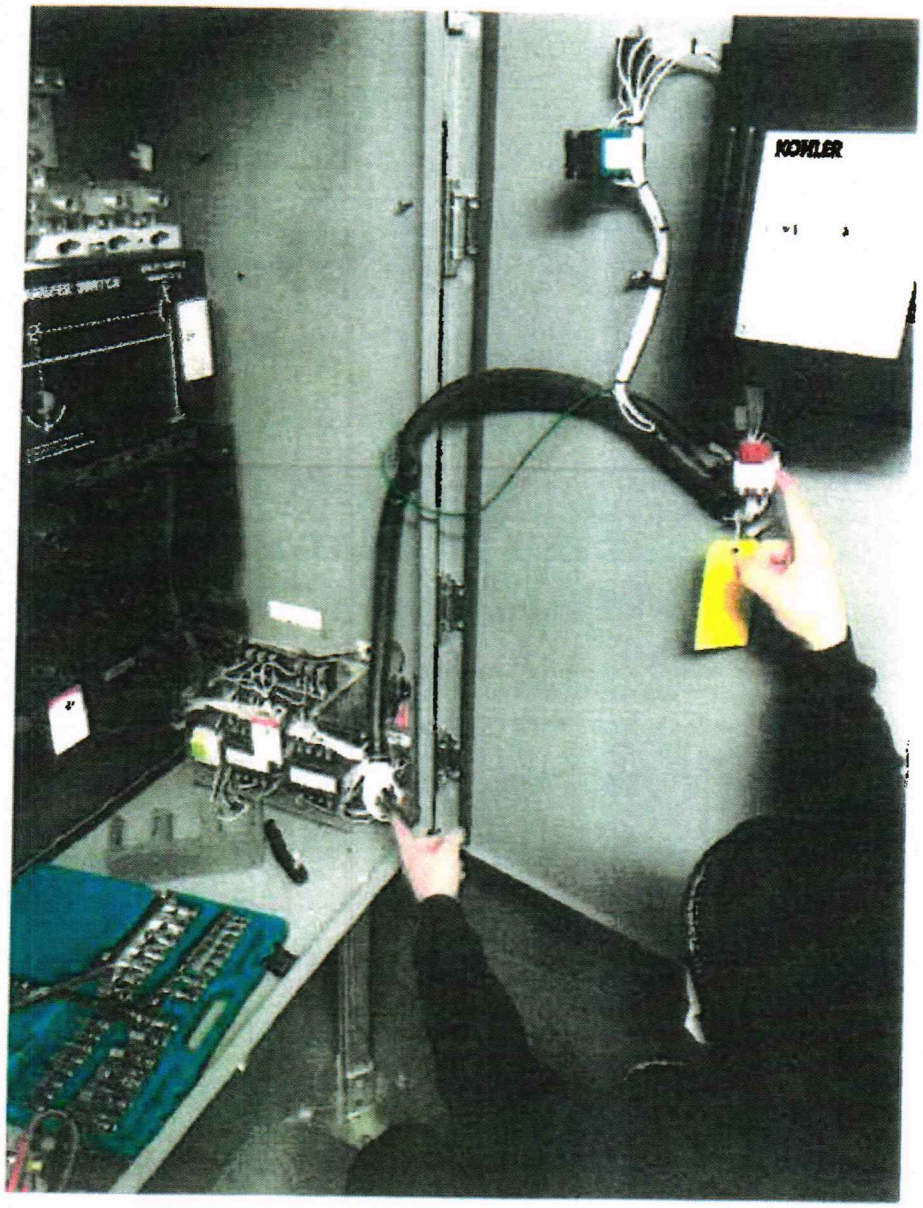
-Chuck

Chuck Doustou

Chuck Doustou

From: Chuck Doustou
Sent: Friday, June 16, 2023 11:16 AM
To: Chuck Doustou
Subject: Deep freeze

Damaged transfer switch wiring harness.



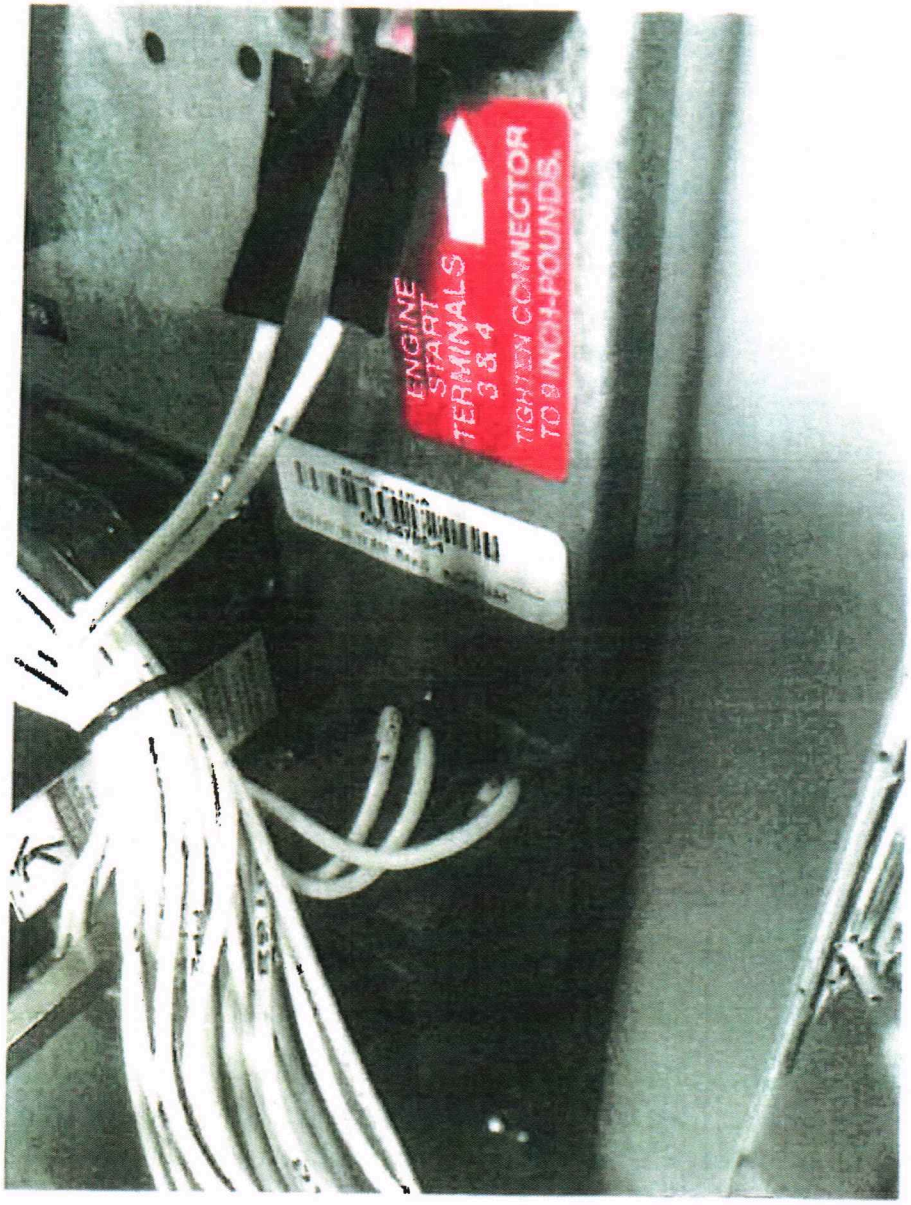
-Chuck

Chuck Doustou

Chuck Doustou

From: Chuck Doustou
Sent: Friday, June 16, 2023 11:17 AM
To: Chuck Doustou
Subject: Deep freeze

Damage control board from transformer wire short.



-Chuck

Chuck Doustou

120121-abb New Transfer Switch

PowerProducts

"The Power Source"

This option

RECEIVED
JUN 30 2023
BY:_____

DATE: February 10, 2023

TO: Saint Joseph Rehab

ATTENTION: **Chuck**

SUBJECT: **NEW ATS**

We are pleased to quote the following equipment for the above referenced project.
(1) KEP DMTC-0800S Kohler Automatic Transfer Switch

Start up and testing

Freight FOB Jobsite for offload and installation by others (Via Common Carrier)

OFFER TOTAL SELL PRICE: $16,500.00
Price does not include any applicable taxes or installation

OFFER ACCEPTANCE

I hereby authorize PowerProducts Systems LLC to use this form as a bona fide purchase order of the equipment shown on Offer Number: 120121abb
which clearly establishes definite price and specifications of material ordered. The person signing is doing so according to the terms and conditions.

Proposed by:		**Accepted by:**	
Company:	PowerProducts Systems LLC	Company:	St Joseph Rehab
Print Name:	Michael Romano	Print Name:	Joel Rogers
Title:	Kohler Generator Sales	Title:	Administrator
Signature:	_____	Signature:	Joel Rogers
Date:	_____	Date:	02/10/2023

PowerProducts LLC
90 Bay State Road
Wakefield, Ma 01880

P# 781-287-7305
F# 781-246-5321

120121-abb

TERMS AND CONDITIONS

Standard Terms: To Be arranged and agreed
The terms and conditions of this Quote are only those set forth herein, or as otherwise agreed to between Power Products and Customer in a written purchase order identified below. Power Products reserves the right to rescind this Quote if the terms and conditions in Customers purchase order are not acceptable.
Notwithstanding this or any language in the PO# indicated below, PowerProducts will not be bound by any terms or conditions between Customer and any third-party such as a general contractor or owner.
EST delivery = In stock in Dallas Texas
As this is an "estimate", and from time to time, manufacturers current production schedules change. PowerProducts will not accept any incidental or consequential charges arising out of supplying equipment for this project. (Including delivery).
This quotation/order is NON-CANCELABLE once released to the factory.
Pricing is firm for 30 days from date of quotation and does not include any installation, insulation, piping, wiring, except that which an integral part of the equipment is as manufactured. This price is F.O.B., Job site for offloading and installation by others.
In the event you are not able to take delivery of the equipment, or any part thereof, *(PowerProducts)* will store the equipment for a period of up to 30 days, at no additional charge. If the equipment is stored by *(PowerProducts)* we will furnish a suitable certificate of insurance for purpose of facilitating "off-site" payment under terms of sale."
**Note: Payment for Project (less hold back) is required before start up.*

ADDITIONAL INFORMATION:

- Offloading and installation by others.

EXCEPTIONS & CLARIFICATIONS:

- Due to extreme volatility in material costs, quoted pricing is valid for 30 days and subject to review and adjustment thereafter.

This is based on a first come first serve

PowerProducts LLC
90 Bay State Road
Wakefield, Ma 01880

P# 781-287-7305
F# 781-246-5321

Transfer Switch Repair Quote

February 10, 2023

CHUCK DOUSTOU X1199
ST JOSEPH MANOR
1133 WASHINGTON AVE
PORTLAND, ME 04103

PowerProducts
"THE POWER SOURCE"
SYSTEMS, LLC

Corporate
90 Bay State Road
Wakefield, MA 01880
Tel: 781-246-1810
Fax: 781-246-6321

Maine Branch
452 Warren Avenue
Portland, ME 04103
Tel: 207-797-5950
Fax: 207-797-9679

Rhode Island Branch
1 Southern Industrial Dr.
Cranston, RI 02921
Tel: 401-942-0052
Fax: 401-942-0054

Dear Customer:

Recently we serviced your Generator at ST JOSEPH'S REHAB, in PORTLAND, ME. During the service call we discovered deficiencies that are compromising the reliability of your emergency power system.

RECEIVED
JUN 30 2023
BY:

We recommend: **Replacing Transformer,Controller and Harness...**
PARTS ETA 21 DAYS

The estimate to make the repairs, assuming they go routinely is as follows:

PARTS AND SUPPLIES.:	**$7,531.00**
LABOR AND TRAVEL...:	**$1,155.00**
FREIGHT.....:	**$350.00**
TOTAL ESTIMATE.....:	**$9,036.00**

If not included above, applicable sales tax may apply.

Since this estimate has been prepared prior to repairs we may discover further deficiencies or encounter unexpected difficulties. If this occurs, we will contact you immediately to discuss any price adjustments related to this situation.

Please feel free to contact us if you have any questions. To proceed with scheduling this necessary work please email back this form with your purchase order or authorization.

All special order parts are Non-Returnable.

Regards,

MARK WILSON
Generator Service Department **Phone:(781) 246-1811**
mwilson@POWERPRODSYS.COM

Please schedule the above work and advise me of the date:

P.O.# _____ Customer Name (Signed) _____

Customer Name (Printed) _____

Quote #: 00706216

RECEIVED

JUN 30 2023

BY: _____

Monthly Generator Load Test February 2023

POWER OUTAGE

Specifications. **BATTERY 24 volt**

MODEL	KOHLER 250REOZJE	STANDBY	
SERIAL #	SGM32LPFP	3-PHASE	
VOLTS	277/480		
AMPS	383		

PPE HEARING/SAFETY GLASSES/HEAD LAMP/LADDER/TOOLS/TAPE

	PASS	FAIL	COMMENTS
FUEL AMOUNT GENERATOR	X		3/4 +/- IN BELLY TANK
VISUAL TANK INSPECTION AND AMOUNT	X		2174.9
CHECK OIL	X		
COOLANT LEVEL	X		
BATTERY TERMINALS AND DATE	X		
BELTS/HOSES	X		
EXHUAST	X		
LAMP TEST	X		
OUTSIDE TEMPERTURE	38*		We were in the outage for a total of 149 hours +/- CMP & Collins Electric were notified to make all repairs
TIME ON	8:30am	Sat 02/04	
TIME OFF	2:45pm	Fri 02/10	
HOUR CLOCK READING	138.7		
TOTAL LOAQDED RUN TIME	103		
OIL PRESURE	47lbs		
WATER TEMPERTURE	177*		
VOLTAGE	479		Amps PH1-180 / Amps PH2-171 / Amps PH3-138 / Amps AVR-163.0
RPM	1799		
LOCAL BATTERY V.D.C.	28.3		
GENERATOR IN AUTO POSITION	X		

AMOUNT OF LOAD DURING TEST

VOLTS	480
AMPS PHASE 1	180
AMPS PHASE 2	171
AMPS PHASE 3	138
HIGHEST PHASE AVERAGE	180
AVERAGE X (480 X 1.732 X .8PF)	125.3
TOTAL KW LOAD AVERAGE	0
TOTAL PERCENTAGE OF GEN. OUTPUT	46.997389

NOTES:

Weather outside:

Extreme cold (-20* plus)

*Under ground line break from transformer to the transfer switch caused a significate amount of damage to our Transfer Switch.

DATE:	02.04.2023
TECH:	Chuck Doustou

*AFTER ALL POWER OUTAGES

RESET AIR BED COMPRESSORS

RESET WI/FI

RESET REHAB ROUTER

RESET HUB ROOM A/C

CHECK CIRCULATOR PUMP DRIVES

RESET AMBULANCE DOORS

Please see the attached full sumary report of events that occurred.

NATIONAL FIRESTOPPING SOLUTIONS

June 29, 2023

Dear Mr. Doustou,

National Firestopping Solutions (NFS) strives to ensure the highest quality and satisfaction for our clients, their staff, and patrons. Our mission is to provide sound and reputable door inspection & repairs/upgrades to protect property and human life. Additionally, our standards meet the strict requirements of NFPA, all accreditation boards, and local authorities having jurisdiction.

After reviewing page 18 of the **Statement of Deficiencies and Plan of Correction** from the *Department of Health and Human Services Center for Medicare & Medicaid Services* from 06/13/2023 and conducting a walkthrough of **Saint Joseph's Rehabilitation & Residence** located in Portland, ME, on 06/29/2023, NFS has evaluated all doors mentioned in "K 371" of such document. NFS's plan of action to remedy these deficiencies is as follows:

Page 18, K 371, Findings;

1. A2, NFS to disassemble, adjust, and reassemble panic hardware to the door.
2. A3, NFS to adjust hinges to allow door to self-close to fully closed and latched position.
3. B2, NFS to adjust hinges to allow door to self-close to fully closed and latched position.
4. C1, NFS to disassemble, adjust, and reassemble panic hardware to the door.
5. C2, was found to be the same door as C1. NFS to adjust hinges to allow door to self-close to fully closed and latched position.
6. DR2, NFS witnessed facilities remediate the floor strike plate, bringing assembly in compliance on Thursday, June 29th, 2023.

NFS to have this work completed by **Friday, July 21st 2023,** and/or within 3 weeks of proposal confirmation. Scheduling to be determined. Please see repair proposal below.

On behalf of ourselves and the rest of the team here at NFS, we look forward to servicing all your future passive fire protection needs.

Sincerely,

Griffin Carr
Door Division | Regional Manager
National Firestopping Solutions

NATIONAL FIRESTOPPING SOLUTIONS
19 INDUSTRIAL PARK ROAD, SACO, ME 04072
OFFICE: (207) 282-4136
FAX: (207) 283-2980

NATIONAL FIRESTOPPING SOLUTIONS

RECEIVED
JUN 30 2023

June 29, 2023

Chuck Doustou
Saint Joseph's Rehabilitation & Residence
1133 Washington Ave.
Portland, ME 04103

National Firestopping Solutions is pleased to present this fire door assembly upgrade proposal for work to be performed at Saint Joseph' Rehabilitation & Residence in Portland, ME.

Scope: NFS will conduct door upgrades based on the 2022 door inspection & findings of the CMS list from 6/13/2023. Upgrades to include shimming doors to fix clearance issues, filling holes in doors/frames up to ½" with approved materials, adjusting closers and latching hardware to fix self-closing/latching issues, and installing missing broken parts such as screws, silencers, aftermarket parts including latching hardware and clearance remediation product. All upgrades will be documented in Procore and provided to facilities.

Upgrade Rate Section:

Labor/Travel Rate Per Technician----------$105.00/HR

Materials----------Cost

OH&P----------15%

NFS holds UL, FM and IFDIA certifications.
*Work is considered completed using timestamp and photos.
*Upgrades do not include electrical work, field labeling, welding, or full frame/door replacement.
*NFS is not responsible for any damage delt to assemblies after completion of work.
*This proposal is valid for 45 days after submittal date.
***A minimum price of $1,200.00 will be charged if the above rates do not exceed $1,200.00.**

Sincerely,

Griffin Carr
Door Division | Regional Manager
National Firestopping Solutions

Approval Signature/Date

Print Name

NATIONAL FIRESTOPPING SOLUTIONS
19 INDUSTRIAL PARK ROAD, SACO, ME 04072
OFFICE: (207) 282-4136
FAX: (207) 283-2980

Pull Stations

Chuck Doustou

From: Bronson Raymond <bronsonraymond@collinselectricme.com>
Sent: Tuesday, June 27, 2023 6:39 AM
To: Chuck Doustou
Subject: Pull Stations

RECEIVED
JUN 30 2023
BY:

We plan on being on sight Thursday to lower all the fire alarm Pull Stations. We will either junction it above the drop ceiling so you can patch the old holes or junction and blank in the box where the existing pull stations are depending on what you would prefer. Thanks

Bronson Raymond
Collins Electric LLC
140 Cape Rd.
Standish ME, 04084
(207) 890-6191
bronsonraymond@collinselectricme.com