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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205180	A. BUILDING 01 B. WING	04/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWARD GARDENS	105 MECHANIC ST CAMDEN, ME 04843

(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 Dates: 04/14/2025 Windward Gardens, 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	Please note that the filing of this Plan of Correction does not constitute any admission as to the alleged violation set forth in this statement of deficiencies. This Plan of Correction is being filed as evidence of the facility's continued compliance with an applicable law.	
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 04/14/2025 Windward Gardens, a Long Term Care Facility, was surveyed to the National Fire Protection Association 101 Life Safety Code 2012 Edition as reference on 42 CFR 483.90 (a-d) physical environment and is not in substantial compliance.	K 000		
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories	K 161	The vertical support post where the grab handle is attached will have the missing fire proofing replaced with 3M FIP 1 step to ensure adequate protection. Maintenance staff will be in-serviced on NFPA 101, Life Safety Code, 2012 Edition, Section 19.1.6.1 Fire proofing at the top of the attic access will be inspected monthly for the next three months. The findings will be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) Committee Meeting. Administrator/Designee will Monitor.	5/28/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 4/25/2025

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

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K 161	Continued From page 1 sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview during the facility tour, the long-term care facility failed to maintain the fireproofing compound on the steel support post in the attic space per NFPA 101, Life Safety Code, 2012 Edition, Section 19.1.6.1 Finding: On 04/14/2025, between 10:00 AM and 4:00 PM, the surveyors, with the Administrator and Sr. Maintenance Director present identified: 1. The vertical steel support post at the top of the attic access ladder is missing the fire proofing	K 161		

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K 161	Continued From page 2 where the grab handle is attached to the beam. The Sr. Maintenance Director saw the missing fireproofing when I pointed it out at the time of the observation. The Sr. Maintenance Director said that they would also check the entirety of the beams for any missing fireproofing. This finding was verified by the Administrator and Sr. Maintenance Director at the time of observation and the exit interview on 04/14/2025, between 10:00 AM and 4:00 PM	K 161		
K 223 SS=D	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout	K 223	The soiled laundry will have the latching mechanism replaced to ensure the door latches appropriately Maintenance staff will be in-serviced on NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.2.2.7 Soiled laundry doors will be inspected monthly for the next three months. The findings will be reviewed at the monthly QAPI Committee Meeting. Administrator/Designee will Monitor.	5/28/25

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K 223	Continued From page 3 the smoke compartment or entire facility upon activation of required manual fire alarm system, and local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and automatic sprinkler system, if installed; and loss of power per the requirements of NFPA 101 2012 edition 19.3.7.8 Doors in smoke barriers shall comply with 8.5.4 and all of the following: (1) The doors shall be self-closing or automatic-closing in accordance with 19.2.2.2.7. (2) Latching hardware shall not be required. (3) The doors shall not be required to swing in the direction of egress travel.. This was located in 1 of 9 smoke compartments. Findings: On 04/14/2025 between hours of 10:00 AM and 4:00 PM. this surveyor accompanied with the Administrator and Senior Maintenance Director observed the following: 1. The soiled laundry door located in the Northwind Wing failed to fully close. This was attempted at least 3 times. The door latching mechanism prevented the smoke rated door from self closing . The surveyor confirmed this finding with the Senior Maintenance Director and the Administrator at the time of the observation.	K 223		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING	K 293		

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K 293	Continued From page 4 Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observations and interviews with the Facilities Director and the Maintenance Director, the facility failed to maintain the illuminated exit signage in accordance with National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition, Sections 7.10.5.2.1, and 19.2.10. Findings include: On 04/14/2025, between 10:00 AM and 4:00 PM, the surveyors, with the Administrator and Sr. Maintenance Director present identified: 1. The illuminated exit sign in the exit corridor leading to the courtyard on the First Floor North Windward Wing was not illuminated, exit signs shall provide continuous illumination at all times. The Administrator and Sr. Maintenance Director acknowledged that the sign was not illuminated in comparison to the rest of the signage in the area. 2. The illuminated exit sign in the Spring Garden TV Room on the first floor did not remain illuminated when the test button was pressed. The Sr. Maintenance Director tested the sign as well, and it didn't remain illuminated. These findings were verified by the Administrator and Sr. Maintenance Director at the time of	K 293	The illuminated exit signs located at North Wind exit corridor and Spring Garden TV room will be replaced. Maintenance staff will be in-serviced on NFPA 101, Life Safety Code, 2012 Edition, Sections 7.10.5.2.1 and 19.2.10 Exit signs will be inspected monthly for the next three months. The findings will be reviewed at the monthly QAPI Committee Meeting. Administrator/Designee will Monitor.	5/28/25

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K 293	Continued From page 5 observation and the exit interview on 04/14/2025, between 10:00 AM and 4:00 PM.	K 293		
K 341 SS=F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the proper height for the operable part of the Manually Actuated Alarm-Initiating Devices throughout the facility per NFPA 101, Life Safety Code, 2012 edition, sections 19.3.4.2.1, and 9.6.2.5 and NFPA 72, National Fire Alarm and Signaling Code, 2010 edition, Section 17.14.4 Findings: On 04/14/2025, between 10:00 AM and 4:00 PM, the surveyors, with the Administrator and Sr.	K 341	The Pull stations will be corrected so that the operable part will be no more than 48 inches above the floor. Maintenance staff will be in-serviced on NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.4.2.1 and 9.6.2.5 and NPPA 72 National Fire Alarm and Signage Code 2010 edition, Section 17.14.4 Pull Stations will be inspected monthly for the next three months. The findings will be reviewed at the monthly QAPI Committee Meeting. Administrator/Designee will Monitor.	5/28/25

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K 341	Continued From page 6 Maintenance Director present identified the following Manually Actuated Alarm-Initiating Devices, (Pull Stations) with the operable part of each device higher than 48 inches above the floor level. The Sr. Maintenance Director and the Administrator were present while each of pull stations heights were verified with the accompanying surveyors tape measure and my laser measuring device. 1. The main entrance pull station operable part is 53 inches above the floor. 2. The operable part of the pull station by room #1 is 53 inches above the floor. 3. The dining room pull station operable part at the exterior door to the courtyard is 53 inches above the floor. 4. The dining room pull station operable part at the exterior door to the brick walkway is 53 inches above the floor. 5. The operable part of the pull station by room #11 is 53 inches above the floor. 6. The operable part of the pull station by room #205 by the stairs is 53 3/8 inches above the floor. 7. The operable part of the pull station by room #206 by the stairs is 53 3/8 inches above the floor. 8. The operable part of the pull station in the Spring Garden TV room on the first floor is 53 1/2 inches above the floor. 9. The operable part of the pull station by room 112 is 53 inches above the floor. 10. The operable part of the pull station in the Therapy room is 55 1/4 inches above the floor. 11. The operable part of the pull station in the first floor Windward wing is 53 inches above the floor. These findings were verified by the Administrator	K 341		

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K 341	Continued From page 7 and Sr. Maintenance Director at the time of observation and the exit interview on 04/14/2025, between 10:00 AM and 4:00 PM.	K 341		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the water-based fire protection system piping free of external loads in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 edition, Section 5.2.2.2. as referenced by NFPA 101, Life Safety Code, 2012 edition, Section 19.3.5.1 and 9.7.5. This deficient practice could affect the facility, and the sprinkler in case of activation of the sprinkler system.	K 353	The wires that are resting and/or taped to the sprinkler piping will be removed from the sprinkler pipe Maintenance staff will be in-serviced on NFPA 25 2011 edition, section 5.2.2.2 and NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.5.1 and 9.7.5 Sprinkler pipes will be inspected monthly for the next three months. The findings will be reviewed at the monthly QAPI Committee Meeting. Administrator/Designee will Monitor.	5/28/25

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K 353	Continued From page 8 Finding: On 04/14/2025, between 10:00 AM and 4:00 PM, the surveyors, with the Administrator and Sr. Maintenance Director present identified the following 1. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. The sprinkler piping has blue Internet cable and red wires electrical taped to the pipes in the attic space. The Sr. Maintenance Director was in the attic at the time of the observation and acknowledged the loading of the sprinkler piping before climbing down the ladder. This finding was verified by the Administrator and Sr. Maintenance Director at the time of observation and the exit interview on 04/14/2025, between 10:00 AM and 4:00 PM.	K 353		
K 914 SS=F	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	K 914	The annual Testing of non-hospital grade outlets in resident bed locations will be completed. Maintenance staff will be in-serviced on NFPA 99, Health Care Facilities Code, 2012 Edition, Sections 6.3.3.2.4 and 6.3.4.1.3 Electrical receptacle testing documentation will be inspected monthly for the next three months. The findings will be reviewed at the monthly QAPI Committee Meeting. Administrator/Designee will Monitor.	5/28/25

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K 914	Continued From page 9 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 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 the inspection of receptacles not listed as hospital-grade at resident bed locations are tested at intervals not exceeding 12 months in accordance with NFPA 99, Healthcare Facilities Code, 2012 edition, Sections 6.3.3.2.4., and 6.3.4.1.3. Finding: On 04/14/2025, between 10:00 AM and 4:00 PM, the surveyors, with the Administrator and Sr. Maintenance Director present identified the following: 1. The annual testing of the non-hospital grade receptacles in resident bed locations could not be verified through documentation for the calendar year of 2024, or 2025. There is no documentation showing the testing for physical integrity, continuity, correct polarity, or retention force in the maintenance binders or on TELS, the computer-based record keeping program, when requested. This deficient practice could pose an electrical hazard to all residents, visitors, and members of facility staff in these locations. This finding was verified by the Administrator and	K 914		

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K 914	Continued From page 10 Sr. Maintenance Director at the time of observation and the exit interview on 04/14/2025, between 10:00 AM and 4:00 PM	K 914		
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure	K 923	1.The closet at the nurses station on Spring Garden will have the appropriate signage installed 2.The oxygen closet on Windward Center will have the penetrations sealed 3.The oxygen storage on Windward Center has VCT flooring which according to the attached data sheet is not combustible Maintenance staff will be in-serviced on NFPA 101, Life Safety Code, 2012 Edition, Section 8.7 and 2012 NFPA 99 sections 11.3.2, 11.6.5.2, and 11.6.5.3 Soiled laundry doors will be inspected monthly for the next three months. The findings will be reviewed at the monthly QAPI Committee Meeting. Administrator/Designee will Monitor.	5/28/25

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K 923	Continued From page 11 considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, the long term health care facility failed to ensure that Medical Gas storage and administration areas shall be in accordance with the 2012 NFPA 101 Section 8.7 and the provisions of 2012 NFPA 99, Health Care Facilities Code, applicable to the administration, maintenance and testing. NFPA 99 11.3.2 Storage for nonflammable gases greater than 8.5 m3 (300 ft3) but less than 85 m3 (3000 ft3) at STP shall comply with the requirements 11.3.2.1 through 11.3.2.3. 11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors (or gates outdoors) that can be secured against authorized entry. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour. 11.6.5.2 If empty and full cylinders are stored with in the same enclosure empty cylinders shall be segregated from full cylinders. 11.6.5.3 Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed in a rapid manner. Findings: During a facility tour on 04/14/2025, between 10:00 AM and 4:00 PM, a surveyor, with the Administrator and Senior Maintenance Director	K 923		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205180	A. BUILDING 01 B. WING	04/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWARD GARDENS	105 MECHANIC ST CAMDEN, ME 04843

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 923	Continued From page 12 present, observed the following: 1. The oxygen room located at the Nurse's station in the Spring Garden Wing had a sign on the exterior that identified it as an oxygen storage area and another sign on the interior that stated "DO NOT LEAVE OXYGEN TANKS IN THIS ROOM". There were 3 D oxygen cylinders in a rack system and no signage differentiating empty and full cylinders. 2. The oxygen storage room located in the Windward Wing had multiple holes in the left wall when looking inside the room. These holes breached the integrity of the wallboard. 3. The oxygen storage room located in the Windward Wing had tiles located on the floor that are unknown whether they are made of a combustible material. This observation was confirmed by the surveyor, Administrator and Senior Maintenance Director at the time of the survey.	K 923		

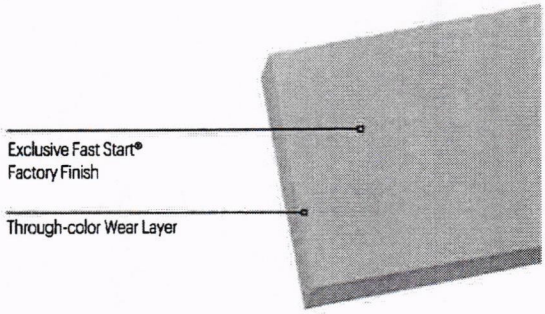
ArmstrongFlooring

VINYL COMPOSITION TILE (VCT)

Premium Excelon® Feature™ Tile & Strips

Product Information

Construction - Vinyl Composition Tile
International Specifications - ASTM F1066 – Class 1 Solid Tile, ISO 10595 – Type I
Overall Thickness - 1/8 in. (3.2 mm)
Wear Layer Thickness - 1/8 in. (3.2 mm)
Factory Finish - Fast Start®
Installation - Adhesives: S-515, S-525, S-1000



Packaging

Tile Sizes	Tiles per Carton/Coverage	Shipping Weight per Carton
12 in x 12 in (305 mm x 305 mm)	12 in x 12 in – 45 (45 sq. ft.)	12 in x 12 in – 63 lbs. (28.6 kg)
2 in x 24 in (50.8 mm x 610 mm)	2 in x 24 in – 24 (8 sq. ft.)	2 in x 24 in – 11 lbs. (4.99 kg)
4 in x 24 in (101.6 mm x 610 mm)	4 in x 24 in – 100 (66.7 sq. ft.)	4 in x 24 in – 88 lbs. (39.9 kg)
6 in x 24 in (152.4 mm x 610 mm)	6 in x 24 in – 50 (50 sq. ft.)	6 in x 24 in – 68 lbs. (30.8 kg)

Testing

ASTM F1066			
Performance	**Test Method**	**Requirement**	**Performance vs. Requirement**
Thickness	ASTM F386	Nominal ±0.005 in.	Meets
Size	ASTM F2055	± 0.016 in. per linear foot	Meets
Squareness	ASTM F2055	0.010 in. maximum	Meets
Indentation – One Minute	ASTM F1914	≥ 0.006 in. to ≤0.015 in.	Meets
Indentation @ 115°F	ASTM F1914	< 0.032 in.	Meets
Impact	ASTM F1265	No cracks beyond limit	Meets
Deflection	ASTM F1304	1.0 in minimum	Meets
Dimensional Stability	ASTM F2199	≤ 0.024 in. per linear foot max.	Meets
Chemical Resistance	ASTM F925	No more than slight change in surface dulling, attack or staining	Meets
Resistance to Heat	ASTM F1514	ΔE < 8.0	Pass, Class 4 Heavy Commercial
Additional Testing			
Static Load Resistance	ASTM F970*	< 0.005 in.	2000 psi
Static Load Resistance @ 125 psi	ASTM F970	< 0.005 in.	Meets
Fire Test Data – Flame Spread	ASTM E648	0.45 W/cm2 or more Class 1	Pass
Fire Test Data – Smoke Evolution	ASTM E662	450 or less	Meets
Fire Test Data – Canada	CAN/ULC S-102.2	Use dependent	Flame Spread -0 Smoke Developed - 30
ADA Standards for Accessible Design	Chapter 3 Section 302.1	Floor surfaces shall be stable, firm and slip-resistant	Meets
Static Coefficient of Friction**	ASTM D2047/UL 410	≥ 0.5	Meets

ArmstrongFlooring™

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Premium Excelon® Feature™ Tile & Strips

Sustainability

WELL v1 Feature		Feature Tile	Contribution
Air	Feature 04 - VOC Reduction	✓	Tested and third party certified by FloorScore® as complying with CDPH v1.2
	Feature 11 - Fundamental Material Safety	✓	Product is free of asbestos and added lead (Part 1)
Mind	Feature 97 - Material Transparency	✓	Readily available Health Product Declaration® (HPD) to 1000 ppm
	Feature 88 (Part 2) Biophilia I - Qualitative	✓	Products available that incorporate nature patterns
	Feature 99 - Beauty and Design II	✓	Patterns and colors to aid in wayfinding and spatial familiarity (Part 3)

WELL v2 Feature		Feature Tile	Contribution
Materials	Feature X01.1 Material Restrictions	✓	Product is free of asbestos
	Feature X06.1 VOC Restrictions	✓	Adhesives associated with product are tested and third party certified by FloorScore as complying with CDPH v1.2
	Feature X06.2 VOC Restrictions	✓	Flooring is tested and third party certified by FloorScore as complying with CDPH v1.2
	Feature X07.1 Material Transparency	✓	Readily available Health Product Declaration (HPD) to 1000 ppm
Mind	Feature M02.1 Nature and Place	✓	Products available that incorporate nature patterns
Community	Feature C13 (Part 2) Accessibility and Universal Design	✓	Patterns and colors to aid in wayfinding and spatial familiarity

LEED™ v4.1	Feature Tile
BPDO - EPD	Third Party Certified Product Specific
BPDO - Material Ingredient	HPD
BPDO - Sourcing	Recycled Content: 40% Pre-Consumer
Location of Manufacturer	USA
Low Emitting Flooring	Tested and third party certified by FloorScore as complying with CDPH v1.2
Low Emitting Adhesives	Tested and compliant to CDPH v1.2; Methylene Chloride and Perchloroethylene not intentionally added; FloorScore Certified
SCAQMD #1168 Compliant. Adhesives meet < 50 g/L requirement	S-515 – 0 g/L S-525 – 16 g/L S-1000 – 0.1 g/L

Carbon Footprint	Feature Tile
Global Warming Potential, including Biogenic Carbon Raw Materials (A1) through Production (A3)	0.33 Kg CO^2 eq. / square foot (3.52 Kg CO^2 eq. / square meter)

Limited Warranty

5-year Commercial Warranty when installed in strict accordance with the detailed instructions.

Visit ArmstrongFlooring.com
for complete Product, Technical, Adhesives, Installation & Maintenance recommendations.

F9779-522

* Testing at loads above 125 psi is outside the scope of the test method. Since testing is conducted on uninstalled flooring, results do not consider the performance of the adhesive, underlayment, or subfloor. These test results are not an indicator of the installed flooring system performance.
** Using the James Machine as described in D2047 and as directed in UL 410 for floor covering materials (FCM) using a leather foot under dry conditions. The application of site-applied floor sealers, polishes and other types of finishes routinely used to maintain resilient flooring materials will change the walking surface and consequently the SCOF value.