STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205157	A. BUILDING 01 B. WING	C 11/14/2023

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(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 000	INITIAL COMMENTS Federal Complaint Survey Survey Date: 11-14-23 Coastal Manor, a long-term care facility, is not in substantial compliance with the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment	K 000		
K 232 SS=D	Aisle, Corridor, or Ramp Width CFR(s): NFPA 101 Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT is not met as evidenced by: Based on observation the long-term care facility failed to maintain corridor free obstructions per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.3.4 (5) (a). Finding: On November 14, 2023, between 11:30 AM and 1:00 PM, surveyors, with the Maintenance Director present, observed the following: 1. Couch and chair found stored in the 2nd floor exit corridor. The surveyor confirmed this finding with the	K 232	See Attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 12-1-23

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

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K 232	Continued From page 1 Maintenance Director at the time of the observation.	K 232	See Attached	
K 311 SS=D	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observation the long-term care facility failed to maintain the 1-hour stairwell enclosure in the West Wing dining area to the outside per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.1.1 and 8.3.4.2 and NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition, Sections 4.2.2 and 7.4.3.1.1 Finding: On November 14, 2023, between 11:30 AM and 1:00 PM, surveyors, with the Maintenance Director present, observed the following: 1. The fire door protecting the center stairwell has no fire-rated tag and appears to be equipped with residential hardware.	K 311	See Attached	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 311	Continued From page 2 The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 311	See Attached	
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the long term care facility failed to maintain the documentation to indicate that the smoke detection had the sensitivity testing completed per NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition, Section 14.4.5.3.1 and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.4.1, 9.6, and 9.6.1.3. Finding: On November 14, 2023, between 11:30 am and 1:00 pm, a surveyor, with the Maintenance Director and Office Manager present, observed the following: 1. Documentation could not be provided to indicate that the NFPA 72 compliant fire alarm system had conducted the sensitivity testing of the smoke detection within one year of installation.	K 345	See Attached	

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K 345	Continued From page 3 The surveyor confirmed this finding with the Maintenance Director and Office Manager at the time of the record review.	K 345	See Attached	
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the long term care facility failed to conduct 3rd shift announced fire drills at varied times per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.6 and 19.7.1.7. Findings: On November 14, 2023, between 11:30 am and 1:00 pm, a surveyor, with the Maintenance Director and Office Manager present, observed the following: 1. The 3rd shift fire drills conducted in April 2023, July 2023, and October 2023 were all done at 6:35 am. These times are not considered varied.	K 712	See Attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 712	Continued From page 4 2. The 3rd shift fire drill was missed in the 1st quarter of 2023. Fire drills shall be conducted once per quarter per shift. 3. The 3rd shift fire drills conducted in April 2023, July 2023, and October 2023 were announced over an intercom at 6:35 am. Coded announcements can only be done between 9:00 pm and 6:00 am. The surveyor confirmed these findings with the Maintenance Director and Office Manager at the time of the record review.	K 712	See Attached	
K 754 SS=D	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to maintain mobile soiled linen collection	K 754	See Attached	

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K 000	INITIAL COMMENTS Federal Complaint Survey Survey Date: 11-14-23 Coastal Manor, a long-term care facility, is not in substantial compliance with the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment	K 000		
K 232 SS=D	Aisle, Corridor, or Ramp Width CFR(s): NFPA 101 Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT is not met as evidenced by: Based on observation the long-term care facility failed to maintain corridor free obstructions per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.3.4 (5) (a). Finding: On November 14, 2023, between 11:30 AM and 1:00 PM, surveyors, with the Maintenance Director present, observed the following: 1. Couch and chair found stored in the 2nd floor exit corridor. The surveyor confirmed this finding with the	K 232	See Attached	

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

Administrator 12-1-23

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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K 232	Continued From page 1 Maintenance Director at the time of the observation.	K 232	See Attached	
K 311 SS=D	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observation the long-term care facility failed to maintain the 1-hour stairwell enclosure in the West Wing dining area to the outside per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.1.1 and 8.3.4.2 and NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition, Sections 4.2.2 and 7.4.3.1.1 Finding: On November 14, 2023, between 11:30 AM and 1:00 PM, surveyors, with the Maintenance Director present, observed the following: 1. The fire door protecting the center stairwell has no fire-rated tag and appears to be equipped with residential hardware.	K 311	See Attached	

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K 311	Continued From page 2 The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 311	See Attached	
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the long term care facility failed to maintain the documentation to indicate that the smoke detection had the sensitivity testing completed per NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition, Section 14.4.5.3.1 and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.4.1, 9.6, and 9.6.1.3. Finding: On November 14, 2023, between 11:30 am and 1:00 pm, a surveyor, with the Maintenance Director and Office Manager present, observed the following: 1. Documentation could not be provided to indicate that the NFPA 72 compliant fire alarm system had conducted the sensitivity testing of the smoke detection within one year of installation.	K 345	See Attached	

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K 345	Continued From page 3 The surveyor confirmed this finding with the Maintenance Director and Office Manager at the time of the record review.	K 345	See Attached	
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the long term care facility failed to conduct 3rd shift announced fire drills at varied times per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.6 and 19.7.1.7. Findings: On November 14, 2023, between 11:30 am and 1:00 pm, a surveyor, with the Maintenance Director and Office Manager present, observed the following: 1. The 3rd shift fire drills conducted in April 2023, July 2023, and October 2023 were all done at 6:35 am. These times are not considered varied.	K 712	See Attached	

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K 712	Continued From page 4 2. The 3rd shift fire drill was missed in the 1st quarter of 2023. Fire drills shall be conducted once per quarter per shift. 3. The 3rd shift fire drills conducted in April 2023, July 2023, and October 2023 were announced over an intercom at 6:35 am. Coded announcements can only be done between 9:00 pm and 6:00 am. The surveyor confirmed these findings with the Maintenance Director and Office Manager at the time of the record review.	K 712	See Attached	
K 754 SS=D	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to maintain mobile soiled linen collection	K 754	See Attached	

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K 754	Continued From page 5 receptacles in room protected as a hazard area per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.5.7 (3). Findings: On November 14, 2023, between 11:30 AM and 1:00 PM, surveyors, with the Maintenance Director present, observed the following: 1. 1st floor Trash Closet has two 32-gallon trash receptacles. The corridor door was a hollow core door with residential hardware. 2. 2nd floor Trash Closet has two 32-gallon trash receptacles. The corridor door was a hollow core door with residential hardware. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 754	See Attached	
K 761 SS=E	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)	K 761	See Attached	

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K 761	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the 2-hour fire-rated doors free of holes and penetrations per NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition, Section 5.2.5.2 (1) and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.1.3.3 (2) and 8.3.3.1. Findings: On November 14, 2023 between 10:00 AM and 1:00 PM, a surveyor, with the Maintenance Director present, observed the following: 1. The 90-minute fire rated cross-corridor door located in 2-hour fire barrier between the long-term care facility and residential board and care facility has 4 holes located on the top latch side of the door. 2. The 90-minute fire rated door frame located in the 2-hour fire barrier between the long-term care facility and residential board and care facility has a penetration on the latch side. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 761	See Attached	
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second	K 918	See Attached	

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K 918	Continued From page 7 criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the long term care facility failed to provide documentation for one monthly inspection and all weekly inspections of the generator per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 8.4.1 and NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.4.1.1.3.	K 918	See Attached	

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COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME 04096

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 918	Continued From page 8 Findings: On November 14, 2023, between 11:30 am and 1:00 pm, a surveyor, with the Maintenance Director and Office Manager present, observed the following: 1. Documentation could not be provided to include the monthly generator test for October 2023. 2. Documentation could not be provided to include the weekly generator tests for the last 12 calendar months. The surveyor confirmed these findings with the Maintenance Director and Office Manager at the time of the record review.	K 918	See Attached	

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

AH
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 205157	MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	DATE SURVEY COMPLETE: 11/14/2023

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL MANOR	20 WEST MAIN STREET YARMOUTH, ME

BY:

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 291	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation the long-term care facility failed to maintain emergency lighting per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.9.1 and 7.9.2.3 (3). Finding: On November 14, 2023, between 11:30 AM and 1:00 PM, surveyors, with the Maintenance Director present, observed the following: 1. Emergency light #3 outside nurse's station was not operational when the test button was pressed. The surveyor confirmed this finding with the Maintenance Director at the time of the observation. See Attached

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

The above isolated deficiencies pose no actual harm to the residents

COASTAL MANOR, CORP.

20 West Main Street • Yarmouth, Maine 04096 • (207) 846-5013 • FAX (207) 846-2252

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DEC 01 2023
BY:

Coastal Manor
Plan of Corrections
Complaint Survey 11/14/23
Provider ID# 205157
Facility ID# 0507
Event ID# MMW621

TAG K232

Coastal Manor has been found to not be in compliance with K232 as evidenced by a couch and chair being stored in the 2nd floor exit corridor. This deficiency affected the 2nd floor residents. The plan to correct this deficiency cited is to have a staff meeting on December 6, 2023 to discuss the importance of maintaining the 2nd floor corridor clear of obstructions. The staff will sign a document indicating they have and will maintain corridors clear of obstructions. This will be added to our orientation packet so that new employees will understand the importance of keeping the corridors clear of obstructions.
A walkthrough of all corridors and common areas will be completed by the Maintenance Director and will be logged in to a weekly checklist. This will ensure that this deficiency does not recur.

The couch and chair causing the deficiency were removed on 11-15-23.

TAG K311

Coastal Manor has been found to not be in compliance with K311 as evidenced by the finding that fire door protecting the center stairwell has no fire-rated tag and appears to be equipped with residential hardware. This deficiency cited affected 1st and 2nd floor residents as the door connects the two floors via a stairwell.
The plan to correct this deficiency is to replace the door and frame with a new 1 hr fire rated assembly. DSI is ordering a new replacement door and will install. Attaching contract from DSI showing completion date.
The Maintenance Director will do a weekly inspection of all doors in conjunction with the annual fire/smoke door inspection and log this on the weekly maintenance checklist so this deficiency does not recur.
The Office Manager/Administrator will oversee all weekly maintenance checklists and indicate completion by signing off on the logbook.

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TAG K345

Coastal Manor has been found not to be in compliance with K345 as evidenced by documentation could not be provided to indicate that the NFPA 72 compliant fire alarm system had conducted the sensitivity testing of the smoke detection within one year of installation. The Maintenance Director reviewed the tag with Interstate Fire Protection. They stated that the smoke/fire devices have internal sensitivity parameters that will alert trouble in the system if they get dirty or sensor is interfered. I am attaching documentation received from Interstate Fire Protection regarding the smoke/fire devices. There are 3 devices that are conventional smoke/fire that will be having the sensitivity testing done on December 11, 2023 @ 8 am in conjunction with the kitchen suppression system test and fire extinguishers replacement.

TAG K712

Coastal Manor has been found not to be in compliance with K712 as evidenced by based on observation, interview, and record review, Coastal Manor failed to conduct 3rd shift announced fire drills at varied times per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.6 and 19.7.1.7. 1. This deficiency cited affected all residents.
The plan to correct this deficiency is to have a staff meeting on December 6, 2023 with the Maintenance Director to educate the 3rd shift employees on conducting fire drills between 9pm and 6am. All staff attending will sign a document indicating they have been educated on fire drill procedures and will conduct them at varying times each quarter.
The Office Manager/Administrator will review the Fire Drill Log Book and sign off on it that each drill per quarter has been conducted so that this deficiency does not recur.

TAG K754

Coastal Manor has been found not to be in compliance with K754 as evidenced by Coastal Manor failed to maintain mobile soiled linen collection receptacles in a room protected as a hazard area per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.5.7. This deficiency cited affected all residents as the deficient doors were located on both floors.
The plan to correct this deficiency is to replace the 3 doors with 1.5 hr fire rated door assemblies. Steve Buchholz Construction has been hired to order and replace the doors. Attached is a contract showing the date of completion.
A weekly walkthrough to inspect all Fire/Smoke doors for proper function will be completed by the Maintenance Director. Findings, if any, will be logged in to the weekly maintenance log so this deficiency does not recur.
The Office Manager/Administrator will review the weekly and annual fire/smoke door inspection and sign off as completed.

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DEC 01 2023
BY

TAG K761

Coastal Manor has been found not to be in compliance with K761 as evidenced by the 90 minute fire rated cross-corridor door located in 2-hour fire barrier between the long-term care facility and the residential board and care facility has 4 holes located on the top latch side of the door and a penetration on the latch side. This deficiency cited affected the first floor residents only.
The Maintenance Director has filled in the small holes that did not have through penetration and has filled in the small hole in the door frame.
The Maintenance Director has contacted the maker of the door regarding these door assembly modifications. After consultation with door manufacturer and re-certification company, it is concluded the best approach is door assembly replacement. Steve Dumont of D.S.I. will be out on Thursday December 7th at 8am to measure for new installation. Once measured and ordered, a completion date will be forwarded to the OSFM.
The Maintenance Director will do weekly inspections of all fire/smoke doors in conjunction with the annual fire/smoke door inspection. This will be added to the Maintenance Weekly inspections log so this deficiency does not recur.
The Office Manager/Administrator will over see all Maintenance weekly checklists and indicate completion by signing off in the log book.

TAG K918

Coastal Manor has been found not to be in compliance with K918 as evidenced by 1. Coastal Manor failed to provide documentation for the October, 2023 monthly generator test and 2. documentation could not be provided to include the weekly generator test for the last 12 calendar months. This deficiency cited affected all of residents.
The Maintenance Director has downloaded Form 18-A (Weekly Generator Inspection Log) and will submit findings to this log. This will be in conjunction with the monthly conductance test and monthly exercise of generator which findings are submitted to a logbook.
The Office Manager/Administrator will oversee these findings and sign off in the log book so this deficiency does not recur.
This corrective action has been completed on 11-22-23.

TAG K291

Coastal Manor has been found not to be in compliance with K291 as evidenced by Emergency light #3 outside the nurse's station was not operational when the test button was pressed. This deficiency affected the first floor residents. The Maintenance Director conducts monthly inspections on all of the emergency lighting in the building and reports findings in a log. Unfortunately, between the last inspection of #3 E light, the battery had failed. A new battery has been installed on 11-15-23

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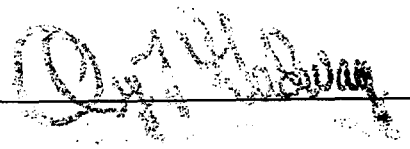
DEC 01 '23

BY: _____

Signature 

Administrator – Orey Gadway

Date 12-1-23

TAG K311

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PROPOSAL

BY

Professional distributor, retailer, wholsaler and installer of sectional and rolling steel doors, electric operators and construction specialty products.

PORTLAND
31 Diamond Street
P.O. Box 8772
Portland, ME 04104
207-797-5696
Fax 207 878-5156

PRESQUE ISLE
6 Buck Street
Mapleton, ME 04757
207 -764-3060
Fax 207-764-5754

DOOR DSI SERVICES, INC.

12/1/2023 9:59:39 AM Letter 1

Contact's Fax

COMPANY / LAST NAME	FIRST NAME	DATE	REVISED DATE	TELEPHONE
Coastal Manor		12/1/2023	12/1/2023	(207) 846-2250
PO BOX		HOME #		FAX #
		(207) 846-2250		
STREET		JOB NAME		
20 West Main St				
CITY	STATE / ZIP CODE	JOB LOCATION		
Yarmouth	ME 04096-			
ATTENTION	EMAIL	FILE NAME/NUMBER		JOB PHONE
Aaron		41498		
TYPE	DATE REQUIRED / YEAR / PRODUCT TYPE	COMMENTS		
	Hollow Metal			

We propose to order furnish & install a
2 hour fire rated steel door & frame at the above location in the lotted time & date of 12 to 14 weeks or 3/31/24 .
But do to circumstances beyond the control of DSI this is not guaranteed .and is subject to change at any time.
1- Hollow metal Frame 164 5-3/8" wall 4'0"x7'2" UL LHR ASA RC 1 1/4" face of frame punched and dimpled
1- Hollow Metal Door 18-4 4'0"x7'2" Flush LHR ULB 161TxRC
3-Kb-35 MPB 68 4 1/2"x4 1/2" Hinges (4-1/2" Hvy Wt .180)
1-KB 35 AU-4601LNx 497x MCP234 flushSHIP#085089
1- ABH 2100X us28- ELECTROMAGNETIC Holder
3 KB -35b1229A $2678.49

$147.31 TAX

$2825.80

labor $1800.00

$4625.80

Note :that this proposal does not include Finish trim or finish paint .
Door & Frame are prime painted only .
also carpet on stair may need repair for the stair is in the way of frame or up against frame
we can NOT modify Frame .

We propose to furnish material and/or labor-complete in accordance with the above specifications. (Alterations, adds or deducts noted above are not included in the base price noted below.) for the sum of

See Above dollars ($ 4625.80)

Payment to be made as follows: Check) 33% Deposit. Full Balance At Time of Delivery

Credit Card) 33% Deposit. Full Balance at time Of Delivery

Acceptance of Proposal

I understand that by signing this proposal I am entering into a binding contract and the prices, payment terms, specifications and conditions expressed above and as stated at www.dsidoors.com/terms are hereby accepted. Door Services, Inc. is authorized to do the work as specified. If signed in any representative capacity, the buyer's obligations hereunder are unconditionally and personally guaranteed by the signer.IMPORTANT NOTE: For terms and conditions of sale, visit: www.dsidoors.com/terms. If you are unable to access this website, ask for a printed copy.

For terms and conditions of sale: www.dsidoors.com terms

Authorized Signature

Steve Dumont

NOTE: This proposal can be withdrawn if not accepted within 30 Days

Signature of Buyer

Date

Tommy Somerville TAG K345

RECEIVED
DEC 01 2023
BY:

From: Shawna Bova <sbova@interstatefire.com>
Sent: Monday, November 20, 2023 9:28 AM
To: Tommy Somerville
Subject: Follow up to phone call
Attachments: fike-protection-63-1052.pdf; Screenshot 2023-11-20 092159.png

Morning Aaron,

Did some digging and you have addressable smokes 63-1052. I have attached the data sheet explaining they have internal sensitivity parameters. This means if they get dirty or anything is interfering with the sensor they will go into trouble alerting you there is an issue.
I also attached a screen shot stating these particular devices do not need to be sensitivity tested. You do have 3 conventional devices 2w-b's that would be sensitivity tested and we schedule that no problem. This is not part of a traditional fire alarm inspection as testing is based on system device type.
Please let me know if this will work for the local fire department.

Thank you,

INTERSTATE
FIRE PROTECTION

25 Chenell Drive
Concord, NH 03301
Telephone: 1.800.649.9881
Website: www.interstatefire.com

Shawna Bova
Fire Alarm System/Service Coordinator

TAG K345

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INTELLIGENT LOW PROFILE PLUG-IN DETECTORS

DESCRIPTION

The Eclipse series intelligent low profile plug-in detectors, manufactured by System Sensor, is a peer-to-peer, all digital protocol that allows for numerous applications such as fire, security, access and HVAC control. Eclipse provides faster device response time, with more flexibility than ever possible before. This digital, peer-to-peer protocol enables pinpoint accuracy in as little as a quarter second - without interference problems that can plague other systems.

The Eclipse system distributes intelligence to the networked devices. In fact, Eclipse turns every networked device into a peer, capable of generating messages readable by the entire system. Additionally, with Eclipse, no special communication cables are required, making it ideal for retrofit applications.

The isolator versions have on-board short circuit isolators to prevent shorts on the signaling line circuit (SLC) from disabling all devices on the intelligent loop.

63-1052/63-1058 Photoelectric Smoke Sensor Photoelectric provides peer-to-peer digital protocol for reliable, fast communications. The sensor includes a tri-color LED for instant indication of device status. An Acclimate™ feature is defaulted ON to provide optimum fire detection response. This feature allows sensors to respond to a particular environment and its operating parameters are maintained within non-volatile RAM in the sensor. Dual Alarms (night and day sensitivity) with threshold settings between 1.3 - 3.6%ft. Dual Pre-Alarms with threshold setting between 0.5 - 4.0%ft.

63-1053/63-1059 Photo/Heat Combination Sensor provides peer-to-peer digital protocol for reliable fast communications. The sensor has the ability to alarm from either or both different types of detection and includes a tri-color LED for instant indication of device status. Dual electronic thermistors add 135° F fixed temperature thermal sensing to the standard photoelectronic sensor. Even though this is a dual sensing device, it only uses one address on the SLC loop.

60-1039/60-1040 Thermal Sensor are spot-type heat detectors designed to be programmable for a setpoint range of 135° to 174°F for ordinary detection or 175° to 190°F for intermediate detection. Detectors in the ordinary range may be programmed for either fixed or 15°F rate of rise operation. Additional features include Flame Inhancement and Pre-alarms from 70°-150°F.

67-033/67-034 Ion Sensors provide peer-to-peer digital protocol for reliable, fast communications. The sensor includes a tri-color LED for instant indication of device status. An Acclimate feature is defaulted ON to provide optimum fire detection response. Dual alarms (day and night sensitivity) with threshold settings between 80-50 uAmps MIC are available. Dual pre-alarms with threshold settings between 100-40 uAmps MIC are also available. Configurable for Acclimate, alarm verfication, and drift compensation.

55-051 Configuration IR Tool is designed to communicate with Eclipse devices via infrared signals. The configuration tool will give the user the ability to communicate with the panel and other devices through any selected device on the loop. The 55-051 can read device information such as type, loop, address and sensitivity along with set loop, address, branch and service date. It can also initiate a walk test. The 55-051 features a 16-character liquid crystal display and 17-button keypad.

63-1052 in 63-1054 Base

60-1039 in 63-1055 Base

63-1053 in 63-1060 Base

67-033 in 63-1060 Base

Form No. P.1.52.01-1

704 S. 10th Street · P.O. Box 610 · Blue Springs, Missouri 64013-0610 U.S.A. · (816) 229-3405 · (816) 229-0314 · www.fike.com

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STANDARD FEATURES/SPECIFICATIONS

- Sleek, low-profile design
- Distributed intelligence
- Greater system design freedom
- Peer-to-peer communication
- Digital communication protocol
- Numerous applications (Fire, Security, Access and HVAC control)
- Fast response time
- Superior noise immunity
- Low standby current
- Communicate with the devices via hand- held configuration tool
- Height: 2.1" (51 mm)
- Diameter: 6.1" (155 mm), installed in 63-1054/63-1060 base; 4.1" (104 mm), installed 63-1055/63-1061 base
- Shipping Weight:
  - Heat: 4.8 oz. (136 g)
  - Photo/Photo with Heat: 5.2 oz. (147 g)
- Operating Temperature Range:
  - Photo: 32° to 120°F (0° to 49°C)
  - Photo with Thermal: 32° to 100°F (0° to 38°C)
  - Thermal: –4° to 100°F (–20° to 38°C); 135° to 174°F setpoint
  - High Temperature Thermal: –4° to 150°F (-20° to 66°C); 175° to 190°F setpoint
- Spacing for Thermal Detectors:
  - Detectors set between 135° to 155°F or 175° to 190°F : 50 foot spacing
  - Detectors set between 156° to 174°F: 15 foot spacing
- Relative Humidity: 0% to 93% RH non-condensing
- Thermal Ratings:
  - Fixed Temperature Setpoint: 135°F (57°C)
  - Rate of Rise Detection: 15°F/min. (8.3°C/min.)
  - High Temperature Heat: 190°F (88°C)
- Voltage Range: 15 – 30 volts DC peak
- Standby Current (max. avg.):
  - Thermal: 215 µA @ 24 VDC (continuous broadcasts)
  - Photo/Photo with Thermal: 250 µA @ 24 VDC (continuous broadcasts)
- LED Current (max.): 6.5 mA @ 24 VDC (on)

55-051 Specifications

- Dimensions: 1.3"H x 2.2"W x 7.7"L
- Communication Range: Up to 30 feet
- Battery Life: 168 hours (typical usage)
- Operating Temperature Range: 32° to 122°F (0° to 50°C)
- Relative Humidity: 10% to 90% RH non-condensing

AVAILABLE MODELS

Description	Fike Model No.	Manf. Model No.
Photoelectric Smoke Detector	63-1052/63-1058*	ED-P/ED-PI
Photoelectric with Thermal	63-1053/63-1059*	ED-PT/ED-PTI
Fixed Temperature/ROR/Hi-Temp Thermal Detector	60-1039/60-1040*	ED-T/ED-TI
Ion Sensor	67-033/67-034*	ED-I/ED-II
Mounting Bases		
6" Flanged Mounting Base	63-1054/63-1060*	EBF/EBFI
4" Flangeless Mounting Base	63-1055/63-1061*	EB/EBI
Recessed Mounting Kit	02-10373	RMK400
4" Flangeless Surface Mounting Kit	20-1083	SMK400E
6" Flanged Surface Mounting Kit	20-1084	A10-29-400
Accessories		
Retrofit Flange	20-1085	F110
Remote LED Annunciator	02-3868	RA400Z
Detector Removal Tool (20-1089 included)	20-1087	XR2B
Extension for 02-4985 (5–15 ft)	02-4986	XP-4
Detector Removal Head	20-1089	T55-127-000
Black Detector Kit	20-1090	BCK-200B
Configuration IR Tool	55-051	EA-CT

* *Indicates models with built in isolators.*

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TAG K754

S. A. Buchholz Construction Co.

P.O Box 364

Cumberland, Maine 04021

207-671-7752

RECEIVED

BY:

Aaron:

[redacted]

I ordered the 3 fire doors + jambs, 90 minute rated, + they will be delivered the week of 12/8/23. We will get them installed within the 2 week period of delivery.

Thanks.

Steve B.