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MAY 05 2025

BY: _____ PRINTED: 04/18/2025
FORM APPROVED
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205064	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER ROSS MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 758 BROADWAY BANGOR, ME 04401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments Federal Recertification survey Survey Date: 04/15/25	E 000			
K 000	Ross Manor, a long term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities Emergency Preparedness. INITIAL COMMENTS Federal Recertification Survey: Date: 04/15/2025 Ross Manor, 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 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview the long-term care facility failed to ensure that exit discharges provide a level walking surface with respect to changes in elevation and shall be maintained free of obstructions in accordance with NFPA 101, Life Safety Code, 2012 edition,	K 271	K271 <u>Discharge from exits</u> Cones placed on identified uneven walkways to prevent use until repaired. Maintenance to inspect exit discharges to ensure level walking surfaces qwk x3, then monthly. B&B Paving to level uneven walkways as written in bid by July 15, 2025. Results to QAPI.		

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

TITLE

(X6) DATE

James Edgercomb *Executive Director* 5/5/25

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

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K 271	Continued From page 1 Sections 7.1.6, 7.7, and 19.2.7. Findings: On 04/15/2025, between 9:00 AM and 1:00 PM, a surveyor, with the Maintenance Supervisor, observed the following: 1. The exit discharge from the Laurel LTC 300 wing to the public way is uneven with a sag in the pavement. Interview with the Maintenance Director revealed that the sag is caused by a pipeline running under the walkway. This rounded sag is approximately 2 inches deep and is a trip hazard. 2. The paved exit discharge from Waterman Wing to the public way is cracked and has a hole that is 2 inches deep and 2 inches wide with a length of 3 inches. This poses a trip hazard during an emergency evacuation. 3. The exit discharge from Laurel LTC to the public way is under water. The depth of the water is approximately 3 inches deep in the deepest part. Fording water doesn't make the exit slip resistant and free of obstructions. The surveyor confirmed these findings with the Maintenance Director at the time of observation and at the exit interview on 04/15/2025, between 9:00 AM and 1:00 PM.	K 271			
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour	K 321			

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K 321	Continued From page 2 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 facility failed to ensure that hazardous areas are protected to resist the passage of smoke per NFPA 101, Life Safety Code, 2012 edition, Section 19.3.2.1 Findings: On 04/15/2025, between 9:00 AM and 1:00 PM, the surveyors, with the Maintenance Director present, identified the following:	K 321	K321 <u>Hazardous Areas – Enclosure</u> All storage rooms surveyed for penetrations without firestops. Any penetrations without firestops will be corrected with the use of fire retardant caulking 3M Fire Barrier Sealant CP25WB + 4hr by maintenance by 5/2/25. 1) Waterman soiled linen storage Room penetration corrected on 5/2/25 with fire retardant caulking 3M Fire Barrier Sealant CP25WB + 4hr 2) the non-firestopped wire penetration On the wall in the 176 square foot 1-hour rated storage room called the Brief Room corrected on 4/18/25 with fire retardant caulking 3M Fire Barrier Sealant CP25WB + 4hr. Audit of storage areas for penetrations to be completed qwk x3wks, then monthly. Results to QAPI.	

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K 321	Continued From page 3 1. Waterman soiled linen storage room has a penetration behind the gray wire track and flexible conduit track in the 1-hour rated fire wall. An interview with the maintenance director revealed that there are wires and flexible conduit behind the gray metal covering during our discussion. The Maintenance Director confirmed my finding when I showed him with my flashlight. See the enclosed photo. 2. The 176 square foot 1-hour rated storage room called the Brief Room by the entrance to Waterman wing has an unfirestopped wire penetration on the wall. The surveyor confirmed these findings with the Maintenance Director at the time of the observation and during the exit interview on 04/15/2025, between 9:00 AM and 1:00 PM	K 321			
K 341 SS=E	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	K 341	K341 <u>Fire Alarm System</u> Education to maintenance department related to height of operational part of fire pulls. Maine Fire immediately alerted to need for all fire pulls to be relocated as below: 1) The operable part of pull station no higher than 48 inches above floor level in education room. 2) The operable part of pull station no higher than 48 inches above floor level by Waterman room 717 (#12.004) 3) The operable part of pull station no higher than 48 inches above floor level in the Waterman Lobby 4) The operable part of pull station no higher than 48 inches above floor level in Waterman former ramp exit		

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K 341	Continued From page 4 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 04/15/2025, between 09:00 AM and 1:00 PM, the surveyors, with the 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 Maintenance Director was present while each of pull station's heights were verified with the surveyors tape measure and laser measuring device. 1. The education room pull station operable part is 50 1/4 inches above the floor. 2. The operable part of the pull station #12.004by Waterman Room 717 is 50 1/2 inches above the floor. 3. The Waterman Lobby pull station operable part is 50 inches above the floor. 4. The Waterman former ramp exit operable part of the pull station is 49 1/4 inches above the floor. 5. The Waterman wing pull station operable part by the soiled linen is 50 1/2 inches above the floor. 6. The operable part of the pull station by the loading dock is 52 1/2 inches above the floor.	K 341	5) The operable part of pull station no higher than 48 inches above floor level The Waterman wing by the soiled linen closet. 6) The operable part of pull station no higher than 48 inches above floor level by the loading dock 7) The operable part of pull station no higher than 48 inches above floor level by room 509 8) The operable part of pull station no higher than 48 inches above floor level by the Director of Nursing's office 9) The operable part of pull station no higher than 48 inches above floor level by the exit to the outside rec yard in the Williams skilled wing. 10) The operable part of pull station no higher than 48 inches above floor level at the main entrance in the Williams skilled wing.	

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K 341	Continued From page 5 7. The operable part of the pull station by Room 509 is 50 ¾ inches above the floor. 8. The operable part of the pull station by the Director of Nursing office is 50 ¾ inches above the floor. 9. The operable part of the pull station by the exit to the outside rec yard in the Williams Skilled wing is 50 ½ inches above the floor. 10. The operable part of the pull station at the main entrance in the Williams Skilled wing is 50 ½ inches above the floor. 11. The operable part of the pull station in the Occupational Therapy in the Williams Skilled wing is 50 ½ inches above the floor. 12. The operable part of the pull station at the physical Therapy room in the Williams Skilled wing is 52 ¾ inches above the floor. These findings were verified by the Maintenance Director at the time of observation and the exit interview on 04/15/2025, between 9:00 AM and 1:00 PM.	K 341	11) The operable part of pull station no higher than 48 inches above floor level in the Occupational Therapy area in the Williams skilled wing. 12) The operable part of pull station no higher than 48 inches above floor level at the Physical Therapy room in the Williams skilled Wing. Fire pulls to be relocated on 5/14/25 and 5/16/25 per bid by Maine Fire. Report progress to QAPI. K351 <u>Sprinkler System Installation</u>		
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area	K 351	Maintenance to inspect for any other areas where sprinkler heads may be missing after new construction. Maine Fire was immediately notified to come add sprinkler heads to following: 1) Projection of outside roof that is connected to the combustible building at the end of Laurel/LTC wing.		

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K 351	Continued From page 6 of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, and interview, during the facility tour, the long-term care facility failed to install water-based fire protection systems in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 edition, Section 8.15.7.1. Findings: Observation and interview with the Maintenance Director present on 04/15/2025 between 09:00 AM and 1:00 PM identified that sprinklers are not installed under all exterior roofs, canopies, porte-cocheres, balconies, decks, or similar projections exceeding four feet. The measurements were acknowledged by the Maintenance Director at the time of the observation in all three findings. 1. The projection of the outside roof that is connected to the combustible building at the end of the Laurel/ LTC 500 wing extends 49 inches from the building siding to the end of the projection and it has no sprinkler protection. 2. The projection of the outside roof that is connected to the combustible building at the end of the Waterman skilled wing by room 708 extends 49 inches from the building siding to the end of the projection and it has no sprinkler protection.	K 351	2) Projection of the outside roof that is connected to the combustible building at the end of Waterman skilled wing by room 708. 3) Projection of the outside roof that is connected to the combustible building at the end of Waterman skilled wing by room 718. Work to be completed per bid by Maine Fire by July 15, 2025. Bring progress to QAPI.		

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K 351	Continued From page 7 3. The projection of the outside roof that is connected to the combustible building at the end of the Waterman skilled wing by room 718 extends 49 inches from the building siding to the end of the projection and it has no sprinkler protection. These findings were acknowledged by the Maintenance Director at the time of observation, and at the exit interview on 04/15/2025 between 09:00 AM and 1:00 PM	K 351	K353 <u>Sprinkler System Maintenance / Testing Maintenance</u> Reported that the last annual sprinkler test was 4/10/25. The current testing was scheduled for 5/9/25. Dry head sprinkler test and quick opening device replacement both scheduled for 5/9/25 during the service call. 1) Sprinkler inspection certificate dated 4/10/2025, dry head sprinklers to be submitted to recognized testing laboratory and replace with new heads. Signed proposal with Maine Fire shows this is scheduled for 5/9/2025. 2) Quick opening device/accelerator is damaged and worn. This will be replaced at the same time Maine Fire does the sprinkler test. Results of service call to QAPI. Completion Date: 5/9/25	
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 interview and record review, the long-term care facility failed to ensure that	K 353		

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K 353	Continued From page 8 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, 2011 edition, sections 5.3.1.1.1, and 13.4.4 Findings: On 04/15/2025, between 09:00 AM and 1:00 PM, with the Maintenance Director present, observed the following: 1. According to the Sprinkler inspection certificate dated 04/10/2025 by Maine Fire, sample dry head sprinklers shall be submitted to a recognized testing laboratory and replace the removed heads with new dry heads after they have been in service for 50 years. Interview with the Maintenance Director provided a signed proposal with Maine Fire. Further interview with the Maintenance director revealed that Maine Fire is scheduled to perform the test on May 9th, 2025. 2. The quick opening device/ accelerator is damaged and worn according to the sprinkler inspection certificate dated 04/10/2025. Interview with the Maintenance Director and witnessing a phone call to Maine Fire revealed that the QOD is going to be replaced at the same time as the sprinkler head testing on May 9th, 2025. These findings were acknowledged by the Maintenance Director at the time of observation and the exit interview on 04/15/2025, between 9:00 AM and 1:00 PM.	K 353		
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101	K 355		

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K 355	Continued From page 9 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, the long-term care facility failed to install portable fire extinguishers and applicable accessories in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 edition, Sections 5.5.5.3, and 6.1.3.8.3, as referenced by NFPA 101, Life Safety Code 2012 edition, Sections 19.3.5.12, and 9.7.4.1. Findings: On 04/15/2025, between 09:00 AM and 1:00 PM, with the Maintenance Director present, observed the following: 1. A placard shall be conspicuously placed near the class K extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher. There is no placard installed near the class K extinguisher in the kitchenette in the Waterman wing. 2. A placard shall be conspicuously placed near the class K extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher. There is no placard installed near the class K extinguisher in the kitchenette in the Laurel LTC wing. 3. A placard shall be conspicuously placed near the class K extinguisher that states that the fire	K 355	K355 <u>Portable Fire Extinguishers</u> Maintenance to review any other K extinguishers to be sure all have the necessary placards. Maintenance director ordered the placards while Fire Marshall was still in the building for survey. Placards have arrived and been hung. Maintenance to inspect building for any other fire extinguishers that are less than 4 inches off the floor. Audit height of fire extinguishers Q wk x3 then monthly. Results to QAPI	5/9/25	

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K 355	Continued From page 10 protection system shall be activated prior to using the fire extinguisher. There is no placard installed near the class K extinguisher in the kitchenette in the Occupational Therapy room. 4. The fire extinguisher in the sprinkler room by the generator is 3 inches off the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 inches. 5. The fire extinguisher in the electrical room by the loading dock is 3 inches off the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 inches These findings were acknowledged by the Maintenance Director at the time of observation and the exit interview on 04/15/2025, between 9:00 AM and 1:00 PM..	K 355			
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor	K 363	K363 <u>Corridor Doors</u> Maintenance to assess all facility doors for gaps, immediately, then monthly x 3months. Exactitude to repair warped door 504 by July 31, 2025. Results to QAPI		

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OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205064	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2025
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K 363	Continued From page 11 covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to maintain the corridor doors to resist the passage of smoke to and from the corridor as referenced by NFPA 101, Life Safety Code 2012 edition, Section 19.3.6.3. Finding: Observation and interview during a facility tour with the Management Director present on 04/15/2025, between 09:00 AM and 1:00 PM identified: 1. The door frame in Resident room 504 is bent upwards at the top. This has created a gap	K 363			

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K 363	Continued From page 12 between the top center of the door and the door frame that measured 11/16 of an inch. This damage makes the door and frame assembly not resist the passage of smoke. An interview with the Maintenance Director revealed that the maintenance department did not know the door frame was damaged or how it happened. The surveyor confirmed this finding with the Maintenance Director at the time of the observation and during the exit interview on 04/15/2025, between 09:00 AM and 1:00 PM	K 363		
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 interview and documentation review, the long-term care facility failed to conduct an annual fire door inspection that ensures that all fire rated doors and hardware are inspected, tested, and maintained by individuals performing the door inspections that possess knowledge,	K 761	K761 <u>Maintenance, Inspection, Testing - Doors</u> Door inspections have been done annually. Maintenance personnel have experience in door inspections but do not have the certification. 2 maintenance staff will Complete certification by 5/2/25. Progress to QAP1	

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K 761	Continued From page 13 training or experience that demonstrates ability in accordance with NFPA 80, Standard for Fire Door and Other Opening Protectives, 2010 edition, Section 5.2.3.1 as referenced by NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.6, and 8.3.3.1 Finding: Documentation review and interview during a facility tour with the Administrator and Director of Environmental Services present on 04/15/2025, between 09:00 AM and 1:00 PM identified: 1. The facility had no documentation that the doors had been inspected by a trained employee or a qualified outside vendor in the last year. I compared the name on the most recent fire door report done in May of 2024 and found it to be the current Maintenance Director. I asked him if he has any documentation of training, knowledge or experience regarding the inspection of fire doors and the Maintenance Director told me that, " They want me to get one, but I still haven't." The surveyor confirmed this finding with the Maintenance Director at the time of the observation and during the exit interview on 04/15/2025, between 09:00 AM and 1:00 PM	K 761		
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	K 914	K914 <u>Electrical systems – Maintenance / Systems</u> Maintenance immediately began to test all non-hospital grade receptacles in resident bed locations while surveyors were in the building. Add testing of non-hospital grade receptacles to annual tasks in TELS. Audit qwk X3, then qmonth. Share results with QAPI Completion Date: 5/9/2025	

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K 914	Continued From page 14 documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 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 04/15/2025, between 09:00 AM and 1:00 PM, the surveyors, with the 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. The only documentation is for the testing of GFCI in the resident room bathrooms. The columns for the required testings for non hospital grade receptacles are blank on	K 914			

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K 914	Continued From page 15 sheet. There is no documentation showing the testing for physical integrity, grounding circuit continuity, correct polarity of the hot and neutral connections, or retention force of the grounding blade in the receptacle inspection sheets. An interview with the Maintenance Director while looking at the documentation revealed that the only receptacles inspected are the GFCI ones. See submitted copies of the sheets. 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 Maintenance Director at the time of the documentation review and the exit interview on 04/15/2025, between 09:00 AM and 1:00 PM	K 914			
K 918 SS=F	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by	K 918	K918 <u>Electrical Systems -Essential electric system maintenance test.</u> Maintenance to complete an immediate inspection of generators. 1) Weekly generator inspections will be completed and documented. Completion Date: 5/2/25. 2) Monthly generator inspection sheets have been updated to include identification information of the generator, the date it was placed into service, kW rating of the generator, and fuel type. Completion date: 5/2/25 3) Fuel test was completed during Survey, while the annual service was being completed, while Fire Marshall in the building. 4/17/25 completion date. 4) CMD contacted to add shut-off for remote manual stop device. 5/7/25 completion date. Update progress to QAPI.		

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K 918	Continued From page 16 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, and interview, and generator inspection documentation review during the facility tour, the long-term care facility failed to maintain the Essential Electric System Generator per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, sections 8.1.1, 8.3.7., 8.3.8, and 8.4.1, and NFPA 99, Healthcare Facilities Code, 2012 edition, section 6.4.4.1.1.3. This deficient practice could affect the patients/residents, visitors, and members of facility staff in this location. Findings: Review of documentation and interview with the Maintenance Director present on 04/15/2025 between 09:00 AM and 1:00 PM identified the following deficiencies: 1. Emergency Power Supply Systems, including all appurtenant components, shall be inspected	K 918			

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K 918	Continued From page 17 weekly. There are no weekly generator inspections being conducted or documented. An interview with the Maintenance Director verified that the only documentation of the generator inspections are done with the monthly load testing. The document regarding the inspection and testing of emergency generators from the CMS website was provided to the maintenance Director at the time of documentation review. 2. The monthly inspection sheets are missing the following information: identification information of the generator, the date it was placed in service, kW rating of the generator, and fuel type. 3. No documentation showing an annual fuel quality test was provided on the generator testing and maintenance documentation. A fuel quality test shall be performed at least annually using appropriate ASTM standards or the manufacturer's recommendations. During the facility tour, the generator received it's service. The Maintenance Director advised the surveyors that the annual fuel test will be part of the inspection conducted today. 4. All generating stations shall have a labeled remote manual stop device on the premises where the prime mover is located outside the building, outside of the generator housing. The only switch to shut off the generator is a toggle switch on the inside of the generator compartment on the control panel. The generator service technician and the Maintenance Director verified that there is no other device to turn off the generator. These findings were verified by the Maintenance Director at the time of observation,	K 918			

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K 918	Continued From page 18	K 918			
K 920 SS=F	documentation review, and at the exit interview on 04/15/2025 between 09:00 AM and 1:00 PM. Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to ensure that power strips are not used for non-PCREE (Patient-care-related electrical equipment) and that power strips are not used as a substitute for fixed wiring in accordance with NFPA 99 Healthcare Facilities Code, 2012 edition, Section	K 920	K920 <u>Electrical equipment – power cords</u> <u>Extension cords</u> Maintenance to audit and list all residents and staff with 6 outlet Adaptors. Remove all 6 outlet adaptors in resident and staff areas. Audit resident and staff areas monthly for 6 outlet adaptors. Share progress with QAPI.		5/9/25

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K 920	Continued From page 19 10.2.4.2.1, and NFPA 70, National Electrical Code, 2011 edition, chapter 400.8(1). Finding: Observation and interview with the Maintenance Director present on 04/15/2025 between 09:00 AM and 1:00 PM identified 1. The Ace Grounded 6 outlet adapter converts two grounded outlets to six grounded outlets, so this would be considered a power strip device. These adapters are mounted to the outlets as an addition to the building's fixed wiring. An interview with the Maintenance Director claims that these adapters are UL listed but no documentation for the specific listing for patient care areas was produced. These Ace Grounded 6 outlet adapters were observed throughout the facility in resident care rooms in vicinity to the bed. The locations and presence of these Ace Grounded 6 outlet adapters was acknowledged by the Maintenance Director. This finding was acknowledged by the Maintenance Director at the time of observation, on 04/15/2025 between 09:00 AM and 1:00 PM.	K 920		

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K271

MAY 05 2025

BY: _____

ESTIMATE

B & B Paving, Inc.

61 Dave's Way
 Hermon, Maine 04401
 207.848.7099 848.4909 Fax#

DATE: 4.29.2025

TO: ROSS MANOR ADDRESS:	PHONE #: 745-5852 MIKE
JOB LOCATION: 758 BROADWAY -BANGOR	
ESTIMATOR: DAVE WEST	

DESCRIPTION	TOTAL
PARKING LOT Remove existing pavement ~1,116sy Remove existing concrete slabs, Reset Catch Basin Rim Fine Grade & Compact ~1,116sy Pave 19mm HMA Binder @ 2 1/2" Pave 12.5mm HMA Surface @ 1 1/2"	\$59,180
SIDEWALKS SW1: 52' x 5' Remove existing pavement, Excavate & relocate New location 16' x 5' - 16' x 5' Install Gravel 12" Depth & Compact Pave 9.5mm HMA @ 2" SW2: 275' x 5' Remove existing pavement, Install 75LF Stone French Drain Pave 9.5mm HMA @ 2" Parking Lot & Sidewalks To Be Done Congruently	\$16,400 \$75,580

All material is guaranteed to be as specified and work performed in a workmanlike manner according to standard practice. Any alterations or deviations from above specifications involving extra costs will become an extra charge over and above this estimate. All agreements are contingent upon strikes, accidents or delays beyond our control. This proposal may be withdrawn if not executed within 30 days. B & B Paving, Inc. reserves the right to adjust contract to reflect the rising price of asphalt. In the event of an adjustment, the Customer will be notified prior to work being performed. Owner must be present during job for B & B Paving, Inc. to warranty workmanship. We do not warranty washouts, cracks, frost damage or puddling due to lack of drainage & Maine's deep frost level. We will not warranty paving if base groundwork is not performed by us. We do not backfill or loam edges of asphalt; we do recommend that this is done after paving is completed. If grade around asphalt does not allow for water shed, we are not responsible for damage due to saturation. Our workers are covered fully by Worker's Compensation Insurance. Customer to carry other necessary insurances

Payment in full is due upon completion. If payment in full is not made within 30 days from completion date a delinquency charge shall be added to the sum due, equal to one and one-half percent (1 1/2%) per month. In the event the account is turned over to an attorney or other agency for collection, customer shall pay all collection costs, including, but not by way of limitation, attorneys' fees and court costs.

Your signature constitutes a binding contract. Please execute and return one copy, keeping one copy for your records.

<i>Janet Edgecomb</i>	5/5/25
AUTHORIZED SIGNATURE	DATE

Thank you for your business!

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K321

01 November 2014
Supersedes: NEW



Fire Barrier CP 25WB+ Sealant

Declaration of Performance

N° 3M FB CP 25WB+ 1121-CPR-JA0004

according to Annex III of Regulation (EU) No 305/2011

1. Unique identification code of the product-type:

3M™ Fire Barrier CP 25WB+ Sealant

2. Type, batch or serial number or any other element allowing identification of the construction product as required under Article 11(4):

298 ml Cartridges

2183AS

2 = last digit of year

183 = julian date

AS = random batch code

591 ml Sausages

21902183AS

2 = last digit of year packaged

190 = julian date packaged

2 = last digit of year manufactured

183 = julian date manufactured

3. Intended use or uses of the construction product, in accordance with the applicable harmonised technical specification, as foreseen by the manufacturer:

3M™ Fire Barrier CP 25WB+ Sealant is used to reinstate the fire resistance performance of flexible and rigid wall constructions where they are penetrated by various cables and metallic pipes.

4. Name, registered trade name or registered trade mark and contact address of the manufacturer as required under Article 11(5):

3M United Kingdom PLC
Cain Road
Bracknell, Berks, RG12 8HT
<http://www.3m.com/>

5. Where applicable, name and contact address of the authorised representative whose mandate covers the tasks specified in Article 12(2):

No Performance Determined

6. System or systems of assessment and verification of constancy of performance of the construction product as set out in CPR, Annex V:

System 1

7. In case of the declaration of performance concerning a construction product covered by a harmonised standard:

No Performance Determined

8. In case of the declaration of performance concerning a construction product for which a European Technical Assessment has been issued:

3M™ Fire Barrier CP 25WB+ Sealant has been issued an European Technical Assessment (ETA-09/0326) by the Technical Assessment Body (TAB) Warrington Certification Limited on the basis of ETAG 026-2 (Guideline for European Technical Approval of Fire Stopping and Sealing Products Part 2 Penetration Seals: 2008-01-01

Notified Body, Warrington Certification Limited, NB 1121, performs the initial inspection of manufacturing plant and of FPC and issued the confirmation of conformity No 1121-CPD-JA0004

MAY 05 2025

K821

9. Declared performance

Essential Characteristics	Performance	Test Standard	Harmonised technical specification
Reaction to Fire	Class E	DIN EN 13501-1	ETAG 026-2
Resistance to Fire	Up to EI 120	EN 1366-3 :2004	
Dangerous Goods	-		
Safety in Use	ETA 09/0326		
Hygiene, Health and the Environment	ETA 09/0326		
Airborne Sound Insulation	Dn,e,w (C;Ctr) = 60 (-4;-9) dB	EN ISO 140-10: 1992-09 and EN ISO 717- 1:1997-01	
Energy, Economy and Heat Retention	-		
Durability and Serviceability	Z ₁ & Z ₂		

10. The performance of the product identified in points 1 and 2 is in conformity with the declared performance in point 9. This declaration of performance is issued under the sole responsibility of the manufacturer identified in point 4.

Signed for and on behalf of the manufacturer by:



Christoph Küsters
Senior Technical Manager

Neuss, 01.11.2014

For further information:

3M United Kingdom PLC 3M House, 28 Great Jackson Street, Manchester, M15 4PA	Product Information : Tel 0870 60 800 50 Fax 0870 60 700 99	3M Ireland Limited The Iveagh Building The Park, Carrickmines Dublin 18, Ireland	Customer Service : Tel (01) 280 3555 Fax (01) 280 3509
--	---	--	--

Important Notice

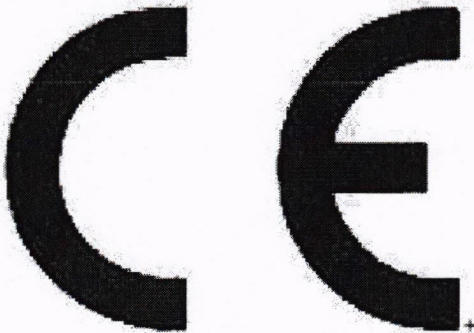
All statements, technical information and recommendations contained in this document are based upon tests or experience that 3M believes are reliable. However, many factors beyond 3M's control can affect the use and performance of a 3M product in a particular application, including the conditions under which the product is used and the time and environmental conditions in which the product is expected to perform. Since these factors are uniquely within the user's knowledge and control, it is essential that the user evaluate the 3M product to determine whether it is fit for a particular purpose and suitable for the user's method or application. All questions of liability relating to this product are governed by the terms of the sale subject, where applicable, to the prevailing law

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K321

BY: _____

	
3M United Kingdom PLC Cain Road Bracknell, Berks, RG12 8HT UK	
10	
3M™ Fire Barrier CP 25WB+ Sealant	
DoP No 3M FB CP 25WB+ 1121-CPR-JA0004	
ETA-09/0326	
3M™ Fire Barrier CP 25WB+ Sealant is used to reinstate the fire resistance performance of flexible and rigid wall constructions where they are penetrated by various cables and metallic pipes	
Reaction to Fire	Class E acc to EN 13501-1
Resistance to Fire	Up to EI 120 acc to EN 1366-3 :2004
Dangerous Goods	-
Safety in Use	ETA 09/0326
Hygiene, Health and the Environment	ETA 09/0326
Airborne Sound Insulation	$D_{n,e,w} (C;Ctr) = 60 (-4;-9) \text{ dB}$ acc to EN ISO 140-10: 1992-09 and EN ISO 717- 1:1997-01
Energy, Economy and Heat Retention	-
Durability and Serviceability	Z_1 & Z_2
Confirmation of conformity and performance described in the above mentioned ETA by Warrington Certification Limited, NB 1121	

Important Notice

All statements, technical information and recommendations contained in this document are based upon tests or experience that 3M believes are reliable. However, many factors beyond 3M's control can affect the use and performance of a 3M product in a particular application, including the conditions under which the product is used and the time and environmental conditions in which the product is expected to perform. Since these factors are uniquely within the user's knowledge and control, it is essential that the user evaluate the 3M product to determine whether it is fit for a particular purpose and suitable for the user's method or application. All questions of liability relating to this product are governed by the terms of the sale subject, where applicable, to the prevailing law.

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BY: _____ K341

Pull Stations Re-Locate

From: Jim Allmon <jima@mefirepro.com>
To: "maintross@firstatlantic.com" <maintross@firstatlantic.com>
Cc: Jeff Minnis <jeff@mefirepro.com>
Date: May 2, 2025, 10:24:15 AM
Subject: Pull Stations Re-Locate
Attachments: ross manor_pull stations relocate_05022025.pdf

Mike-attached is your quote, we are available 5/14 and 5/16 to get this done-BUT we have to order parts asap to make this happen (we are always dependent upon parts availability and shipping). Reply all if approving or if you have questions as Jeff is helping me out with this as Im in/out of the office attending other surveys and what not.

Jim

Jim Allmon

Designer/Sales

NICET Level III

P: 207-942-8809

C: 207-944-3347

jima@mefirepro.com

www.mefirepro.com



Official Life Safety Company of UMaine

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MAY 05 2025

BY: _____

K341



MAINE FIRE
6 DOWD RD. P.O. BOX 1050
BANGOR, MAINE 04401
207-942-8809 PHONE
207-941-1910 FAX

Project Name
Address
Contractor
Address
Phone
Email
Cell
Attention

5/2/2025
Ross Manor-Pull Stations Re-Locate

Mike Seymour

We are pleased to submit our quotation with reference to the above captioned as follows :

<u>Quantity</u>	<u>Description</u>
16	Custom Wall Trim Plates
1	Misc Install Materials
17	Surface Wiremold Box
1	Wall Anchors
Lot	Tech Services
Total	\$6,596.00 Plus local and/or state permits as required.

Notes: Re-Locate (17) Manual pull stations on fire alarm system to 48" pull height.
Remove (2) Pull Stations (Kitchen and Nurse Desk Area in hall)
*2 locations require conduit re-locations and extensions: boiler room
and exit by kitchen.

For all installation scheduling, please contact Les Bolstridge (Les@mefirepro.com or 942-8809)

This quotation is net of any taxes based on information supplied by the purchaser and includes only those parts, materials, services, and warranties as itemized on or attached to quotation. Any additional material or service needed due to changes required by authorities having jurisdiction or other causes beyond the control of the vendor shall be at an additional charge to the purchaser.

Note: This proposal may be withdrawn by us if not accepted with 15 days. Project must commence within 6 months and be completed in 1 year from date of proposal. Customer may incur additional costs after this time. Terms are net 30 with approved credit application on file or 1/2 down upon acceptance/balance upon completion.

Respectfully Submitted on _____ 5/2/2025

Jim A

Acceptance of Proposal:

By its signature hereunder, customer acknowledges that the price, conditions, and specifications are satisfactory and accepted.
Please sign below and return with PO.

Accepted by :

x Janet Edgecomb 5/5/25

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BY: K341



MAINE FIRE
6 DOWD RD. P.O. BOX 1050
BANGOR, MAINE 04401
207-942-8809 PHONE
207-941-1910 FAX

5/2/2025
Ross Manor-Pull Stations Re-Locate

Project Name
Address
Contractor
Address
Phone
Email
Cell
Attention

Mike Seymour

Please release the above equipment (please check):

☐	Upon receipt of this P.O.
☐	On the following date:
☐	Will advise of release date _____

X

Signature

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MAY 05 2025

BY: _____ K351



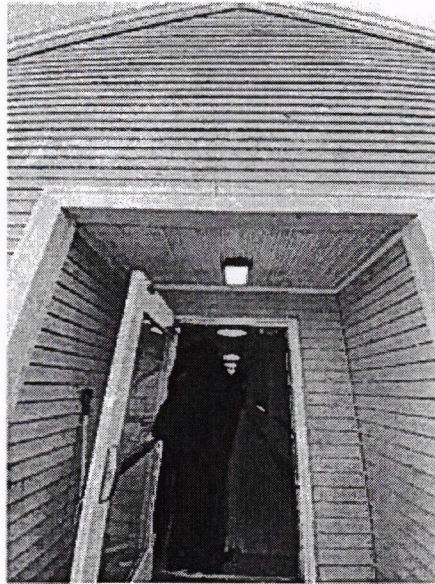
May 2, 2025

Ross Manor
758 Broadway
Bangor, Maine 04401

RE: Provide sprinkler coverage in the ceiling of THREE separate entrance/exit areas.

We will furnish labor and material to:

- Provide sprinkler coverage in the ceiling of THREE separate entrance/exit areas. (ONE at Wing No500 and TWO at Wing No700)
- These new dry pendants will be fed from the dry sprinkler piping in the attic.



The price is **\$5,840.00** and includes all labor, material, and travel.

This quotation is based on our personnel performing the work during our standard working hours (7:00-3:30, M-F) and may be withdrawn by us if not accepted in 30 days. Project must commence within 6 months and be completed in 1 year from date of proposal. Customer may incur additional costs after this time.

We look forward to working with you and if I can further assist you, please do not hesitate to contact me directly at (207) 942-8809.

P.O. Box 1050 · Bangor, ME 04402-1050 · Tel: (207) 942-8809 · Fax: (207) 941-1910

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MAY 05 2025

BY: _____ K351



PAYMENT TERMS: Payment is net thirty (30) days from date of invoice submitted monthly or upon completion of work. If this quote meets your approval, please sign and return a copy to the office.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Thank you for your time and consideration.

Sincerely,

Joshua Bell

ACCEPTANCE OF PROPOSAL — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be as outlined above.

Signature Janet Edgecomb Date of Acceptance 5/5/25

Per NFPA 25 2014 edition: 4.1.1 Responsibility for inspection, testing, maintenance, and impairment. The property owner or designated representative shall be responsible for properly maintaining a water-based fire protection system. 4.1.6 Changes in the occupancy, use, process, or materials. — The property owner or designated representative shall not make changes in the occupancy, the use or process, or the materials used or stored in the building without evaluation of the fire protection systems for their capability to protect the new occupancy, use, or materials.

This work is based on adequate water supply by others. All water calculations are based on water supply information supplies, by others. Maine Fire Protection Systems will not be responsible for inadequate or inaccurate water information.

This Agreement will be governed by the laws of the State of Maine and constitutes the entire agreement between the parties with respect to the subject matter of this Agreement and supersedes all prior written and oral agreements and understandings with respect to the subject matter of this Agreement. This Agreement may not be amended except by a written agreement executed by the party to be charged with the amendment.

PD's liability to Client for personal injury, death, or property damage arising from the Work under this contract shall be limited to the lesser of PD's insured liability or the contract price set forth herein. Client shall hold PD harmless from any and all claims for personal injury, death, or property damage arising from Client's failure to properly maintain the systems inspected by PD or keep them in proper operating condition, whether based upon contract, warranty, tort, strict liability or otherwise. In no event shall PD be liable for any special, indirect, incidental, consequential, or liquidated, penal or any economic damages of any character, including but not limited to loss of use of the Client's property, loss of profits or loss of production, whether claimed by the Client or any third party.

P.O. Box 1050 · Bangor, ME 04402-1050 · Tel: (207) 942-8809 · Fax: (207) 941-1910

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MAY 05 2025

BY: K353

accelerator- Ross Manor

From: Zach Sennett <zach@mefirepro.com>
To: "maintross@firstatlantic.com" <maintross@firstatlantic.com>
Date: May 2, 2025, 12:10:08 PM
Subject: accelerator- Ross Manor

Good afternoon, Mike. Following up on our phone call. We will be over next Friday the 9th of May and will turn the accelerator back on for the dry sprinkler system.

Zach Sennett, Service/Sales Manager- NICET II

Phone (207) 942-8809 Mobile (207) 974-9224

Web www.mefirepro.com Email Zach@mefirepro.com

6 Dowd Road Bangor, ME 04401



24-HOUR Emergency Service
207-942-8809
www.mefirepro.com



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MAY 05 2025

BY: K353



April 15, 2025

Ross Manor
758 Broadway
Bangor, Maine 04401

Description: (4) Dry Head UL Field Sample Testing.

Maine Fire Protection will furnish labor and provide materials to perform:

- Remove (4) Dry sprinkler heads for UL Field Sample Testing.

Includes removal for testing (4) total sprinkler heads in areas throughout the location and install new heads to replace sprinkler heads being sent out and tested, not to be returned. This includes the UL fee for testing each head (\$100), shipping and handling and providing test report document.

This approach gives the owner 10 years before the heads are required to be retested.

- Replace removed heads with new dry sprinkler heads

The cost for this project is: **\$2375.00**, Which includes all labor, materials, and travel.

This quotation is based on our personnel performing the work during our standard working hours (7:00-3:30, M-F) and may be withdrawn by us if not accepting in 15 days.

We look forward to working with you and if I can further assist you, please do not hesitate to contact me directly at (207) 942-8809.

PAYMENT TERMS: Payment is net thirty (30) days from date of invoice submitted monthly or upon completion of work. If this quote meets your approval, please sign and return a copy to the office. Project must commence within 6 months and be completed in 1 year from date of proposal. Customer may incur additional costs after this time.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from the above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance. The owner is responsible for providing sufficient heat (min. 40°F) in all areas where water-filled piping is installed.

Thank you for your time and consideration.

Sincerely,

Ashton Caron

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MAY 05 2025

BY: K353



ACCEPTANCE OF PROPOSAL – The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be as outlined above.

Signature Janet Edgecomb Date of Acceptance 4/15/25

Per NFPA 25 2014 edition: 4.1.1 Responsibility for inspection, testing, maintenance, and impairment. The property owner or designated representative shall be responsible for properly maintaining a water-based fire protection system. 4.1.6 Changes in the occupancy, use, process, or materials. - The property owner or designated representative shall not make changes in the occupancy, the use or process, or the materials used or stored in the building without evaluation of the fire protection systems for their capability to protect the new occupancy, use, or materials.

This work is based on adequate water supply by others. All water calculations are based on water supply information supplies, by others. Maine Fire Protection Systems will not be responsible for inadequate or inaccurate water information.

This Agreement will be governed by the laws of the State of Maine and constitutes the entire agreement between the parties with respect to the subject matter of this Agreement and supersedes all prior written and oral agreements and understandings with respect to the subject matter of this Agreement. This Agreement may not be amended except by a written agreement executed by the party to be charged with the amendment.

PD's liability to Client for personal injury, death, or property damage arising from the Work under this contract shall be limited to the lesser of PD's insured liability or the contract price set forth herein. Client shall hold PD harmless from any and all claims for personal injury, death, or property damage arising from Client's failure to properly maintain the systems inspected by PD or keep them in proper operating condition, whether based upon contract, warranty, tort, strict liability or otherwise. In no event shall PD be liable for any special, indirect, incidental, consequential, or liquidated, penal or any economic damages of any character, including but not limited to loss of use of the Client's property, loss of profits or loss of production, whether claimed by the Client or any third party, irrespective of whether claims or actions for such damages are based upon contract, warranty, negligence, tort, strict liability or otherwise.

PD AND CLIENT AGREE THAT NEITHER OF THEM NOR ANY ASSIGNEE OR SUCCESSOR SHALL (A) SEEK A JURY TRIAL NOR ANY OTHER TRADITIONAL COURT PROCEEDING IN ANY LAWSUIT, PROCEEDING, COUNTERCLAIM, OR ANY OTHER ACTION BASED UPON, OR ARISING OUT OF, THIS AGREEMENT, INCLUDING AMENDMENTS AND MODIFICATIONS THERETO, OR THE DEALINGS OR THE RELATIONSHIP BETWEEN OR AMONG ANY OF THEM, OR (B) SEEK TO CONSOLIDATE ANY SUCH ACTION WITH ANY OTHER ACTION IN WHICH A JURY TRIAL CANNOT BE OR HAS NOT BEEN WAIVED. NEITHER THE PD NOR THE CLIENT HAS AGREED WITH OR REPRESENTED TO THE OTHER THAT THE PROVISIONS OF THIS PARAGRAPH WILL NOT BE FULLY ENFORCED IN ALL INSTANCES.

If a dispute arises concerning the provisions of this Contract or the performance by the parties (a "Dispute"), the parties agree in the first instance to attempt to settle the Dispute by good faith discussions. If, in the good faith judgment of either party, these attempts fail, either party may demand that the Dispute be the subject of mediation within thirty (30) days, with the mediation conducted by a mediator satisfactory to both parties. Who shall bear the cost of the mediation and in what proportion shall be a subject of the mediation, and unless the parties otherwise agree, the costs will be shared equally. If the Dispute is not resolved by mediation, the Dispute shall be resolved by

P.O. Box 1050 · Bangor, ME 04402-1050 · Tel: (207) 942-8809 · Fax: (207) 941-1910



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MAY 05 2025

BY: _____

K353



binding arbitration. The parties agree that final resolution and speed are their common goals. If a Dispute arises and is not resolved at mediation, the parties have three (3) business days to agree on a single arbitrator who will decide all procedural and substantive disputes. If the parties fail to agree upon a single arbitrator, they must, in the succeeding three (3) business days, each designate one arbitrator. The two designated arbitrators will agree upon a third arbitrator within the next three (3) business days. The service of the two arbitrators who were designated by the parties will then end, with each party paying for his/its own designated arbitrator. The third arbitrator will set a schedule which will cause resolution of all disputes to be completed within sixty (60) calendar days of his/her appointment as arbitrator. The arbitrator will act in accordance with Maine arbitration law. The arbitrator will decide all factual issues based upon reasonably reliable evidence. The arbitrator's determination of "reasonably reliable evidence" is final. The arbitration opinion and award shall be final and binding, and shall be enforceable by any court. The parties shall share equally all costs of arbitration excepting their own attorneys' fees, unless the arbitrator awards otherwise as part of the award.

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MAY 05 2025

BY: _____

K363



EXACTITUDE

A DIVISION OF THE COOK & BOARDMAN GROUP, LLC

12 Sky View Drive
Cumberland Foreside, ME 04110
Phone: 207-829-8648
Fax: 207-781-2059

59 Banair Road
Bangor, ME 04401
Phone: 207-942-3411
Fax: 207-942-3385

Date: 5-01-25

Project: Room 504

Customer: Ross Manor

Location: Bangor, ME

Attn: Mike

Salesman: Jason Cyr

We Propose to Furnish and Install the Following Materials:

Install (1) NGP GAP90 UL Listed Frame Stop Height Extender to Remedy the Excessive Clearance at the Top of Door / Frame Head Caused by Lift Damage

Furnished & Installed \$442.00*

Excludes:

Non-Business Hours Work (M-F)

**Exactitude will commit to the completion of the above work no later than July 31, 2025 or sooner.*

**SALES TAX NOT INCLUDED IN THIS QUOTATION
QUOTE VALID FOR 30 DAYS UNLESS OTHERWISE NOTED**

Some or all of the items quoted may be subject to tariffs, duties, or other surcharges related to changes in trade policy, none of which are reflected in the attached quote, but which will be invoiced to and the responsibility of customer if applicable

Accepted By: _____

Janet Edgecomb

Date: _____

5/5/25

TERMS: 30 DAYS NET - NO RETENTION

Hardware Consultants | Precision Systems Integrations | Precision Millwork | East Coast Custom Doors

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BY: _____

K363

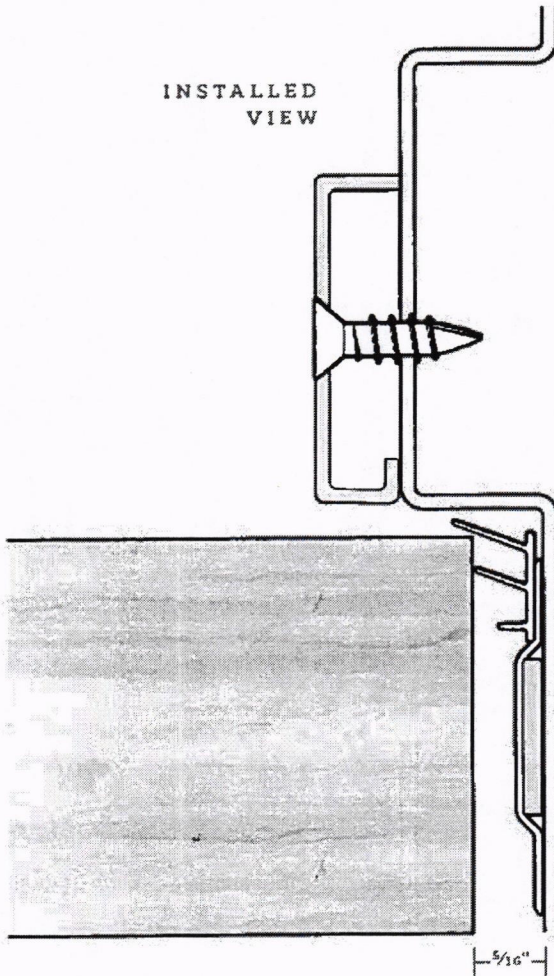
GAP90™

FIRE DOOR HEAD AND JAMB GAP SOLUTION



UL Certified Solution for Fire Doors with Excessive Clearance Between Door and Frame Over $\frac{1}{8}$ " up to $\frac{5}{16}$ ".

INSTALLED
VIEW

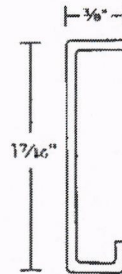


PRODUCT CONSISTS OF:

9945

Steel Stop Extender

- 16-Gauge, Gray Primer Finish
- Furnished with #10 X 1" TEK SMS
- Patent No.: US9,273,510B2
- Embossed with UL Mark



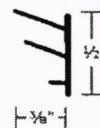
5075

Self-Adhesive TPE Seal

5075B BROWN

5075CL CLEAR*

5075W WHITE



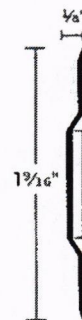
9400

NGP-Edge® Intumescent Seal with PVC Cover

9400 GRAY

9400KB BROWN

9400W WHITE



90-Minute rated UL Certified Miscellaneous Fire Door Accessory on UL10B and UL10C wood or hollow metal fire doors.

An NGP Strike Shirn 9275 or 9225 may also be required for proper latchbolt engagement.

Doors with parallel arm closers — use 9990 Fire Door Top Gap Solution.

GAP90™ INCLUDES 9945, 9400, 5075CL

GAP900KB™ INCLUDES 9945, 9400KB, 5075B

GAP90W™ INCLUDES 9945, 9400W, 5075W

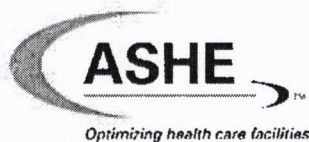
Available in 36", 48", 84" and 96" Lengths

GAP2



GAPGUARD™ FIRE DOOR ACCESSORIES

K761



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MAY 05 2025

AHA Education

Certificate of Completion

The American Society for Health Care Engineering (ASHE)
would like to thank you for your participation.

This is to certify that

Micheal Seymour

has successfully attended

ASHE Quick Training: Fire Door Inspections

The program awarded the following credits (1 CEC = 1 contact hour)

CEC: 0.50. Sub Types: CHFM Compliance, CHFM M&Op.

Date

05/02/2025

Gordon Howie, MSPM, CHFM, CHC
ASHE 2023 President

K761



RECEIVED

MAY 05 2025

Certificate of Completion

The American Society for Health Care Engineering (ASHE)
would like to thank you for your participation.

This is to certify that

Eric Newcmb

has successfully attended

ASHE Quick Training: Fire Door Inspections

The program awarded the following credits (1 CEC = 1 contact hour)

CEC: 0.50. Sub Types: CHFM Compliance, CHFM M&Op.

Date

05/02/2025

Gordon Howle, MSPM, CHFM, CHC
ASHE 2023 President

ENGINEERING & FACILITIES

Corridor Door Inspection Log

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MAY 05 2025

Facility Name:
Date Inspected:

Inspected By:

BY: _____

[illegible]

K761

ENGINEERING & FACILITIES

Fire / Smoke Door Inspection Log

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MAY 05 2025

Facility Name:

Date Inspected:

Inspected By:

BY:

P.M Criteria	Door Number																							
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
Any open holes or breaks in existing surfaces																								
Glazing, vision light frames and glazing beads are intact																								
Door frame, hinges, hardware and noncombustible threshold are secured, aligned and in working order																								
No parts are missing or broken																								
1/8" maximum, door to frame and meeting of stiles of pairs																								
3/4" between bottom of door and floor or threshold																								
Self-closing doors that when opened and released return to closed position																								
Automatic-closing doors - a door that is normally open but that closes when the automatic closing device is activated																								
If door coordinator is installed, does inactive leaf close before active leaf?																								
Latching hardware operates and secures door when in the closed position																								
Auxiliary hardware items that interfere or prohibit operation are not installed																								
No field modifications have been performed																								
Comments																								

K761

ENGINEERING & FACILITIES

Fire / Smoke Door Inspection Log

RECEIVED

MAY 05 2025

BY: _____

Facility Name: _____

Date Inspected: _____

Inspected By: _____

P.M Criteria	Door Number																			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Any open holes or breaks in existing surfaces																				
Glazing, vision light frames and glazing beads are intact																				
Door frame, hinges, hardware and noncombustible threshold are secured, aligned and in working order																				
No parts are missing or broken																				
1/8" maximum, door to frame and meeting of stiles of pairs																				
3/4" between bottom of door and floor or threshold																				
Self-closing doors that when opened and released return to closed position																				
Automatic-closing doors - a door that is normally open but that closes when the automatic closing device is activated																				
If door coordinator is installed, does inactive leaf close before active leaf?																				
Latching hardware operates and secures door when in the closed position																				
Auxiliary hardware items that interfere or prohibit operation are not installed																				
No field modifications have been performed																				
Comments																				

RECEIVED

MAY 05 2025

K914

ENGINEERING & FACILITIES

Section: Engineering Management

BY: _____ Subject: Receptacle Testing Log

Unit/Wing

Receptacle Tests

Date:

Patient Care Areas

Room #	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			

Electrical Receptacle Testing Logs

Section: 1-2.4

RECEIVED

MAY 05 2025

K918

Fuel Test Onan 150KW

BY: _____

From: <service@cmdpowersystems.com>
To: <maintross@firstatlantic.com>
Date: May 1, 2025, 1:45:13 PM
Subject: Fuel Test Onan 150KW
Attachments: image (88).png,image (89).png,image (90).png

Onan 150KW

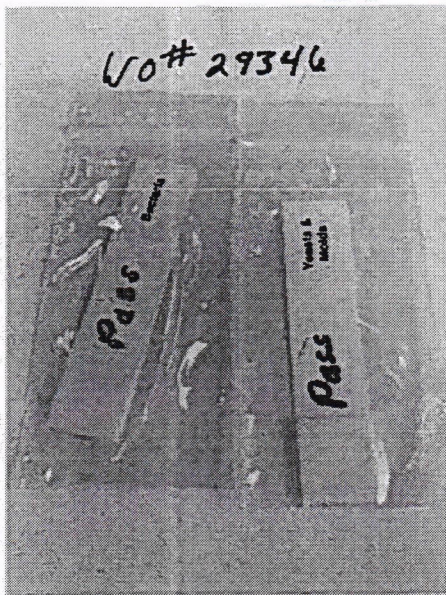
Lindsey Morse

CMD Powersystems, Inc.

42 Dave's Way

Hermon, ME 04401

207-848-7702



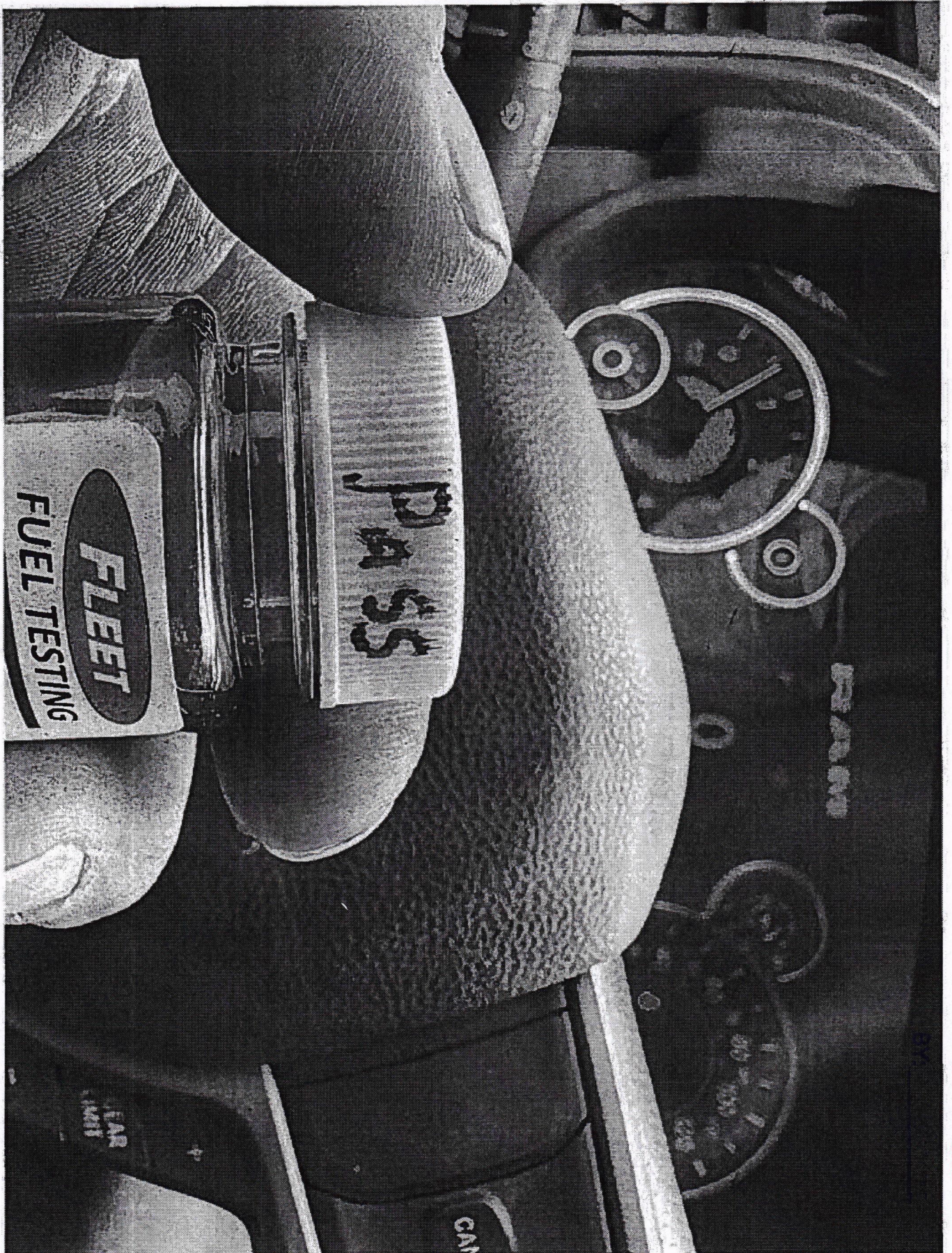
RECEIVED

MAY 05 2025

K918

BY: _____

K918



RECEIVED

MAY 05 2025

RECEIVED

MAY 05 2025

K918

Emergency Shut Offs

BY: _____

From: <service@cmdpowersystems.com>
To: <maintross@firstatlantic.com>
Date: May 1, 2025, 1:49:21 PM
Subject: Emergency Shut Offs

Hi,

We just spoke on the phone; I sent you the pictures from both the fuel tests on those generators in separate emails.

I just talked with my boss, he's going to have to look into what we'll need to do the emergency shut offs for both units, but most likely will be able to do it when we come back out 5/7/25. If for some reason this changes, we will be in contact!

Lindsey Morse

CMD Powersystems, Inc.

42 Dave's Way

Hermon, ME 04401

207-848-7702

EMERGENCY GENERATOR LOG 3 Phase Generator Units

Weekly

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MAY 05 2025

BY: _____

Facility: _____

Town: _____

Emergency Generator _____ KW Fuel _____

Manufacturer: _____

Date	Start Time	Ending Time	Transfer Time	Hour Meter	Oil PSI	Cooling Temp °F	Voltage	Amp Reading			Cycles	Tested	Comments
								L1	L2	L3			

Monthly generator testing under full load is required to a minimum of 30 minutes length
 Weekly testing without a load should be 30 minutes in length or the manufactures requirements

K918

RECEIVED

MAY 05 2025

BY: _____

EMERGENCY GENERATOR LOAD TEST DATA LOG

Monthly

Facility: _____ Date of Test: _____ Testing Company Name and Address: _____
 Engine: _____ Model: _____ S/N: _____
 KW _____ KVA _____ AMP: _____ Volts _____

INITIAL PARAMETERS:

Water Temperature _____ Ambient Temperature _____ Barometer _____
 Oil Pressure _____ Oil Pressure Differential _____ Fuel Oil Pressure _____
 System Voltage _____ Type of Load _____ Hour Meter reading at start of test _____

The test will be conducted from a cold start and readings made at fifteen (15) minute intervals

Time (COLD START)								
VOLTS - PHASE A								
VOLTS - PHASE B								
VOLTS - PHASE C								
AMPS - PHASE A								
AMPS - PHASE B								
AMPS - PHASE C								
KW @								
Frequency								
Oil Pressure								
Water Temperature								
Fuel Oil Pressure								
Fuel Oil Level								
Pyrometer								
	15	30	45	Hour	15	30	45	Hour

Customer: _____ Date: _____ Peak Volts _____ Peak HZ _____ Length of Test _____

End User: _____ Tested by: _____

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