BNRC

BANGOR NURSING &
REHABILITATION CENTER

A Member of Covenant Health

RECEIVED
JAN 09 2025
BY:

Gregory Day
Dept. of Public Safety
Office of Fire Marshal
45 Commerce Drive
Augusta, ME 04330

December 31, 2024

Dear Mr. Day,

Attached please find our Plan of Correction for the Fire Marshal annual survey, conducted December 17, 2024. This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. I can be reached at jhope@covh.org for #947-4557 ext. 310 for further assistance.

Regarding K133 we are doing several things to determine the fire rating for the building exterior. I am waiting to hear back from City of Bangor Code Enforcement to see what they have in their files regarding the facility. The city owned this buidling after it was decommissioned by the military. The city may have information in addition to regular code information. The onsite Fire Marshal recommended we look at the building blue prints for fire rating. The oldest blue prints on hand, do not have the exterior wall fire rating. We will continue to pursue determining the fire rating information or take steps to make the outbuildling compliant.

Thank you,

Janet Hope
President

Revised and revision submitted 1/6/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205020	A. BUILDING 01 B. WING	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANGOR NURSING & REHABILITATION CENTER	103 TEXAS AVE BANGOR, ME 04401

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E 000	Initial Comments Federal Recertification Survey Date: 12/17/24 Bangor Nursing & Rehab Center, a long term care facility, is not in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities Emergency Preparedness.	E 000		
E 026 SS=F	Roles Under a Waiver Declared by Secretary CFR(s): 483.73(b)(8) §403.748(b)(8), §416.54(b)(6), §418.113(b)(6)(C)(iv), §441.184(b)(8), §460.84(b)(9), §482.15(b)(8), §483.73(b)(8), §483.475(b)(8), §485.542(b)(7), §485.625(b)(8), §485.920(b)(7), §494.62(b)(7). [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] (8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials. *[For RNHCIs at §403.748(b):] Policies and	E 026	I. Policy regarding Section 1135 waiver will be added to the Emergency Preparedness Plan. II. All residents have the potential to be impacted by this practice. III. Staff will receive education regarding the 1135 waiver regulation and policy. IV. 1135 Waiver policy will be placed in the Emergency Preparedness binders and be available to staff.	1/14/25

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

President | Revised 1/6/25 and 1/9/25 12/31/24

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

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E 026	Continued From page 1 procedures. (8) The role of the RNHCI under a waiver declared by the Secretary, in accordance with section 1135 of Act, in the provision of care at an alternative care site identified by emergency management officials. This REQUIREMENT is not met as evidenced by: Based on and record review and interview the long term care facility failed to include a policy to describe the facility's role with an 1135 waiver for Emergency Preparedness Plan in accordance with 42 CFR 483.73 Finding: On 12/17/24, between 10:00 AM and 4:00 PM, a surveyor, with the Administrator and Plant Operations Director present, found the following: 1. The was no evidence in the facilities emergency preparedness plan describing the facility's role in providing care and treatment at alternate care sites under an 1135 waiver. The surveyor confirmed this finding with the Administrator and Plant Operations Director present at the time of the observation.	E 026		
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 12/17/24 Bangor Nursing & Rehab Center, 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	K 000		

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K 000	Continued From page 2 compliance.	K 000		
K 133 SS=D	Multiple Occupancies - Construction Type CFR(s): NFPA 101 Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3 This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to meet the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition for construction type and supporting construction for health care and/or other building occupancies. A two-hour separation was not provided in accordance with section 8.2.1.3. 1 of 1 building of construction type V(000) was inspected as separate from a health care occupancy. Findings include: Observation during a facility tour on 12-17-2024 between 10:00 am and 4:00 pm with this surveyor, Plant Operations Director and District	K 133	I. The facility is working with City Code Enforcement and an engineer to aquire documentation for the Construction type for BNRC. If the BNRC construction type has a two hour fire rating the outbuilding will remain in place. If the construction type does not allow this type of outbuilding the wooden combustible material will be removed. There is currently a sprinkler located in the outbuilding. II. All residents have the potential to be impacted by this practice. III. Staff will be educated on K 133, BNRC Construction type and the required two - hour fire barrier. IV. Documentation will be kept on permanent file for fire rating for exterior brick walls of the facility.	1/30/25

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K 133	Continued From page 3 Manager: 1. An outbuilding constructed of combustible materials was observed attached to the exterior wall of the facility near the loading dock area. No documetation was provided indicating that a two-hour fire barrier separated the non-conforming structure to the existing healkth care. These findings were verified by the surveyor, Plant Operations Manager and District manager at the time of observation.	K 133		
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the Nursing Facility failed to ensure the means of egress was free from all obstructions, and the path to a public way is a constructed of a hard packed surface per NFPA 101 Life Safety Code, 2012 edition, 7.1, 7.1.6.3 Level. Walking surfaces shall comply with all of the following: (1) Walking surfaces shall be nominally level. 7.1.6.4* Slip Resistance. Walking surfaces shall be slip resistant under foreseeable conditions. The walking surface of each element in the means of egress shall be uniformly slip resistant along the	K 211	I. Walkways (Activities storage, dining room courtyard exit & south courtyard exit) have been cleared for safe egress. Permanent repair will take place in the spring. 12/23/24 Facility has started reaching out to vendors for repair quotes. BNRC will enter into a contract with a vendor to have permanent work done in the spring when grounds can be worked on. BNRC will provide FMO with a copy of the signed contract when it becomes available and as soon as possible. II. All residents have the potential to be impacted by this practice. III. Staff will be educated on K211 and requirements for means of egress. IV. Maintenance will audit means of egress. Audits will be brought to QAPI.	6/1/25

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K 211	Continued From page 4 natural path of travel. 7.7.1* Exit Termination. Exits shall terminate directly, at a public way or at an exterior exit discharge. Findings: Based on observation, on 12/17/24 between 10:00 AM and 4:00 PM, in the presence of the Plant Operations Director and District Manager the following was not met: 1. The walkway exiting the Activities storage corridor to the public way is required to be free from all obstructions, the pathway is generally uneven, grass growing through large cracks in the pavement and the walkway has deteriorated to at point where most of it is non existant. 2. The walkway from the gated area outside of the main dining room does not end at a public way. The walkway ends before the parking lot and is obstructed by grass and curbing. 3. The walk way from the gated area outside located on the West side of the garden leading from the building to the public way the pathway is generally uneven, grass growing through large cracks in the pavement and the walkway has deteriorated to at point where most of it is non existant. This finding was verified by the Plant Operations Director and District Manager at the time of the observation.	K 211		
K 222 SS=E	Egress Doors CFR(s): NFPA 101	K 222		

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K 222	Continued From page 5 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected	K 222	I. The corridor doors had the electronic locking function removed/disengaged on 12/31/24. The courtyard gates have been secured in the open position since 12/26/24 and connot be closed. Doors will be kept in open position until repairs/improvements can be made to both gates by a fencing company. When gates are open, there is open egress from the courtyard to the pathway. A latch will be placed on the inside/ courtyard side of the gate near the dining room exit. Dual Gates at south end of courtyard will be modified for quick and easy exit and entry. BNRC star, alling fencing companies on 12/23/24. BNRC will enter into a formal agreement with a vendor for the upgrade/improvement and provide FMO a copy of agreement as soon as possible and when it is completed. II. All residents have the potential to be impacted by this practice. III. Staff will be educated on K 222 Egress doors. IV. Maintenance will conduct rounds to audit safe egress is maintained to include checking that courtyard gates remain in open position until fencing company adjusts the gates.. Results of rounding will be brought to QAPI.	1/30/25

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K 222	Continued From page 6 throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on Observations the facility failed to ensure doors at the means of egress meet the requirement of NFPA 101 life safety code 2012 edition 19.2.2.2.4. Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Findings: On 12/17/24, between 10:00 AM and 4:00 PM, surveyors, with the Plant Operations Director and District Manager present, observed the following: 1. Two of the three exit doors located in the long term care corridor (formerly known as the memory care wing). 1 door located across from the Activities office, the other is next to resident	K 222	RECEIVED JAN 08 2025 BY:	

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K 222	Continued From page 7 room 5, were locked and the inspector could not exit the building unless staff unlocked the door using a card reader or enter a code. 2. The Dual Gates located on the West end of the garden at the back of the facility has a latch mounted on the base of the gates, the rods used as the latch does not allow someone in the fenced in area to egress from the garden area. 3. The Gate located on the East end of the garden at the back of the facility has a latch mounted on the outside of the gate, this does not allow someone in the fenced in area to egress from the garden area. This finding was verified by the Plant Operations Director and District Manager at the time of the observation.	K 222	RECEIVED JAN 30 2025 BY:	
K 223 SS=D	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced	K 223	I. Self Closing device on door to supply room repaired to function as intended and door now self closes. II. All residents have potential to be impacted by this practice. III. Staff educated on K 223 and self closing door devices. IV. Maintenance preventive maintenance rounds will now include the supply room. Documentation of PM will be brought to QAPI.	12/24/24

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K 223	Continued From page 8 by: Based on observation, the facility failed to ensure that doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of required manual fire alarm system, and local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and automatic sprinkler system, if installed; and loss of power per the requirements of NFPA 101 2012 edition Chapter 19 section 19.2.2.2.7 and 19.2.2.2.8 Findings: On 12-17-2024 between hours of 10:00 am and 4:00 pm. this surveyor accompanied with Plant Operations Manager and District Manager did observe the following: 1. The door to the CNA Supply Room a hazardous area, located across from Room 26 is held open with a electromagnetic hold opening device. The door would not self-close upon release of the electromagnetic device as part of the self closing device was removed. The surveyor confirmed this finding with the Plant Operations Manager and District Manager at the time of the observation.	K 223		
K 232 SS=D	Aisle, Corridor, or Ramp Width CFR(s): NFPA 101 Aisle, Corridor or Ramp Width	K 232		

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K 232	Continued From page 9 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 observations, the long-term care facility failed to maintain exit corridor width per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.3.4. Any required aisle, corridor, or ramp shall not be less than 48" in clear width where serving as a means of egress from patient sleeping rooms unless permitted by one of the following: 1-5. Finding: On 12/17/24, between 10:00 AM and 4:00 PM, surveyors, with the Plant Operations Director and District Manager, observed the following: 1. The Long Term Care Corridor had a cart with water and supplies stored in the exit corridor located across from the Nurses Station. This deficient practice could impede egress while in the corridor. 2. Five separate portable vital signs devices were stored along the corridor wall in the skilled unit located outside of resident room 35. The surveyor confirmed this finding with the Plant Operations Director and District Manager at the	K 232	I. Water cart has been eliminated. Vital sign monitors will be stored in closet or office when not in use. Defribrillator will be will be relocated to a hallway nook, where it will not protrude into a hallway. II. All residents have potential to be impacted by this practice. III. Staff will receive education regarding K 232 and maintaining exit corridors per regulation. IV. Maintenance manager or designee will audit that hallways are free of the water cart, vital sign monitors not in use and maintenance of 48" width. Audits will be brought to QAPI.	1/30/25

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K 232	Continued From page 10 time of the observation. Based on observations, the long-term care facility failed to maintain exit corridor width per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.3.4. Any required aisle, corridor, or ramp shall not be less than 48" in clear width where serving as a means of egress from patient sleeping rooms unless permitted by one of the following: 1-5. Finding: On 12/17/24, between 10:00 AM and 4:00 PM, surveyors, with the Plant Operations Director and District Manager, observed the following: 1. In the corridor adjacent to the steam room on the opposing wall an Automatic External Defibrillator was mounted to the corridor wall protruding 6 3/4 inches The surveyor confirmed this finding with the Plant Operations Director and District Manager at the time of the observation.	K 232		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.)	K 293	I. Electrician has installed exit signs. II. All residents have the potential to be impacted by this practice. III. Staff will be educated on K293 and Exit sign requirements. IV. Exit signs are permanently in place and are visible to direct residents, staff and visitors.	12/31/24

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(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 293	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to meet the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition for exit and directional signs that are displayed in accordance with 7.10, 19.2.10.1, 19.2.10.2,19.2.10.3, and 19.2.10.4. This deficient practice could affect the occupants, visitors and staff while trying to exit the building under reduced visibility of the exit areas. Findings include: Observations of exits signage during a facility tour on 12/17/24 between 10:00 AM and 4:00 PM Surveyors with the Plant Operations Director and District Manager present: 1. The area leading into the Skilled Bed corridor at both entrances from the Long Term corridors do not have adequate visble exit signage to direct residents, staff and visitors to a second means of egress. These findings were verified by the Plant Operations Director and District Manager at the times of observation.	K 293	RECEIVED BY:_____	
K 345 SS=F	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	K 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205020	A. BUILDING 01 _____ B. WING _____	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANGOR NURSING & REHABILITATION CENTER	103 TEXAS AVE 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
K 345	Continued From page 12 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 and interview, the long-term care facility failed to ensure that the fire alarm was maintained in accordance with NFPA 101, Life Safety Code, 2012 Edition, Sections 9.6.1.3, 9.6.1.5, 2010 edition NFPA 70, 2010 edition NFPA 72 chapter 14 section 14.4 Testing. Based on record review on 12-17-2024 between hours of 10:00 am and 4:00 pm. this surveyor accompanied with District Manager, no smoke detector sensitivity testing documentation was found and was not available. 1. The facility had no documentation that the fire alarm systems smoke detection sensitivity testing had been completed within the past 5 years. The surveyor confirmed this finding the District Manager at the time of the observation.	K 345	I. Smoke detection sensitivity testing was conducted 12/31/24. Report included. II. All residents have the potential to be impacted by this practice. III. Staff will be educated on K 345 Fire Alarm System Testing and Maintenance. IV. Maintenance will create calendar with future scheduled smoke detection testing. Calendar will be brought to QAPI.	12/31/24
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	K 363	I. Doors for rooms 14, 15, and 20 will be replaced. II. All residents have potential to be impacted by this practice. III. Staff will be educated on K363 and Corridor - Door requirements. IV. Maintenance door preventative maintenance program will include measureing door gaps. PM documentation will be brought to QAPI.	1/30/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205020	A. BUILDING 01 B. WING	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANGOR NURSING & REHABILITATION CENTER	103 TEXAS AVE BANGOR, ME 04401

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K 363	Continued From page 13	K 363		

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 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 patient room the corridor doors from resisting the passage of smoke in accordance with NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.6.3, 19.3.6.3.1

Findings:

On 12-17-2024 between the hours of 10 am and 4 pm surveyor 50034 and accompanied by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205020	A. BUILDING 01 B. WING	12/17/2024

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JAN 0 3 2025
BY:

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANGOR NURSING & REHABILITATION CENTER	103 TEXAS AVE BANGOR, ME 04401

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K 363	Continued From page 14 Plant Operations Director and District Manager observed the following: 1. Patient room doors 14, 15 and 20 had gaps large enough to allow smoke into the room. Gaps were found on the corridor side of the door at the top left hand side of each door measuring over 1/2" at the time of the survey. The surveyor 50034 confirmed these findings with the Plant Operations Director and District Manager	K 363	RECEIVED JAN 03 2025 BY:	
K 712 SS=F	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 and interview, the long-term care facility failed to ensure that fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.1.4 through 19.7.1.7 Findings:	K 712	I. Fire Drills for quarter 4 2024 are in compliance. Maintenance will complete a 2025 calendar for fire drills. II. All residents could be impacted by this practice. III. Staff will be educated on K712 and required fire drills. IV. Schedule for 2025 unannounced fire drills will be submitted to administrator at QAPI.	1/30/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205020	A. BUILDING 01 B. WING	12/17/2024

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BANGOR NURSING & REHABILITATION CENTER	103 TEXAS AVE BANGOR, ME 04401

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K 712	Continued From page 15 On 12-17-2024 between 10:00 AM and 4 PM, surveyor 50034, with the District Manage present, observed the following: 1. The facility failed to conduct the proper number of fire drills during the previous 12 months. The following fire drills for the facility were not completed or missing this could effect all visitors, staff and residents of the facility. A. Documenntation could not be provided to show that drills were conducted as required for the fourth quarter of 2023, which include the months of October, November and December. B. Second quarter of 2024, April Third Shift C. Third Quarter of 2024 July Second Shift The surveyor 50034 confirmed this finding with the Maintenance Director at the time of the record review.	K 712	RECEIVED JAN 0 6 2025 BY:	
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the long-term care facility failed to provide access and working space in front of electrical equipment per NFPA 70, National Electrical Code, 2011 edition, 110.26.	K 911		

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	205020	A. BUILDING 01 B. WING BY:	12/17/2024

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K 911	Continued From page 16 Finding: Based on observations on 12/17/24, between 10:00 AM and 4:00 PM, surveyors with the Plant Operations Director and District Manager present, observed the following: 1. The electric panels located in the Steam Room are obstructed with items stored in the front and sides, not allowing access to the electrical equipment. Access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance of such equipment. The surveyor confirmed this finding with the Plant Operations Director and District Manager present at the time of the observation.	K 911	I. Floor in front of electric panels in the Steam Room is cleared, with no items stored. Tape placed on the floor indicating an area to keep free of storage. II. All residents have potential to be impacted by this practice. III. Staff will be educated on K 911 and access and working space for electrical equipment. IV. Maintenance will audit electric panels and access. Audits will be brought to QAPI.	12/24/24
K 918 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual	K 918	I. June 2024 Generator load testing was completed and documentation has been placed in the preventative maintenance book. Plant Operations Director/BNRC will conduct the following: Generator monthly load test, weekly and monthly battery testing and annual fuel testing. II. All residents have potential to be impacted by this practice. III. Staff will be educated on K 918 to include load testing, battery testing and annual fuel testing. IV. Maintenance will bring validation of testing to QAPI.	1/30/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205020	A. BUILDING 01 B. WING	12/17/2024

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K 918	Continued From page 17 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 observations and interview, the facility failed to ensure that the generator had proper maintenance records and was being exercised in accordance on the auxiliary generator power per 2012 edition NFPA 99 Chapter 6 section 6.4.1.1.17, 6.4.4, 6.5.4, 6.6.4, 2012 edition NFPA 110 chapter 8 sections 8.3.8, 8.3.7 and 8.3.7.1 2010 edition NFPA 111, and 2010 edition NFPA 70 700.10 Findings: Based on interview and observation on 12-17-2024 between hours of 10:00 am and 4:00 pm. this surveyor accompanied with District Manager did observe the following: 1. Generator records for the months of June, July and August were not on file showing the generator was exercised under load for 30	K 918		

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	205020	A. BUILDING 01 B. WING	12/17/2024

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JAN 03 2025
BY:

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANGOR NURSING & REHABILITATION CENTER	103 TEXAS AVE BANGOR, ME 04401

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K 918	Continued From page 18 minutes for the above mentioned months. 2. No documenation provided showing weekly and monthly battery testing being completed. 3. No documentation provided on annual fuel testing. The surveyor confirmed these observations with the maintenance director at the time of the observation.	K 918	RECEIVED JAN 03 2025 BY:	
K 920 SS=D	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) assembles 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	K 920	I. Power strip removed. Electrician installed approved outlets for use. II. All residents have the potential to be impacted by this practice. III. Staff will be educated on K 920. IV. Maintenance will audit for use of power strips, remove power strips that are noncompliant and educate staff at the time of the finding. Audits will be brought to QAPI.	12/31/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205020	A. BUILDING 01 B. WING	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 920	Continued From page 19 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 Chapter 10, NFPA 70 chapter 4 {400.8(1)} On 12/17/24, between 10:00 AM and 4:00 PM, surveyor 39983, with the Plant Operations Director and District Manager, observed the following: 1. In the Medication Room located across from the nurses station, 2 refrigerators and medical dispensing cabinet were found plugged into a power strip as a permanent power source. The surveyor 39983 confirmed this finding with the Plant Operations Director and District Manager at the time of the observation.	K 920		

Estimate

S.F. Eastman, LLC
P.O. Box 1935
Rucksport ME

DATE	ESTIMATE #
12/30/2024	1259

BILL TO
Bangor Nursing And Rehab Center 103 Texas Avenue Bangor Maine

RECEIVED
JAN 09 2025
BY: _____

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
12/30/24	New Sidewalk: Remove Existing Asphalt Remove/ Replace Gravel Sub Base As Needed 4' wide, 18" Deep Form And Pour New Concrete Sidewalk 3' Wide 4000PSI With Fiber Broom Finish Expansion Joints Compaction 2 Rows Of Rebar Around the Perimeter Light Topsoil To Blend Grass To Sidewalk	1	3,760.00	3,760.00
12/30/24	Pad Extension Near Back Off Building Pin Into Existing Gravel/ Compaction Finsihed Grade At Top Of Existing Curb Light Topsoil To Blend Grass To Concrete	1	1,125.00	1,125.00
12/30/24	Terms: Price Has Been Discounted 8% For Payment At Completion	1		0 00

Work must be complete Before 6/1/25

Approved Janet Hope 1/9/25

Subtotal	4,885.00
0% Tax	
Total	4,885.00

See pages 15, 16 and 17 for smoke sensitivity testing.

MAINE FIRE

PO Box 1050, Bangor, Maine 04402 Tel: (207) 942-6809 Fax: (207) 941-1910 service@mefirepro.com 24/7 EMERGENCY SERVICE

- Sprinkler and Suppression Design, Sales, Inspection and Service
- Backflow Preventor Inspections and Replacements
- Fire Alarm Tests, Inspections and Service
- Fire Alarm Distributor
- Nurse Call and Patient Wandering Systems
- CCTV
- Intrusion Systems
- Clean Agent Systems by Fike
- Access Control
- Telephone Entry Systems
- Intercom Systems
- Central Monitoring Station Dealer

Fire Alarm and Life Safety System Inspection Certificate

For

Bangor Nursing & Rehab
103 Texas Avenue
Bangor, Maine 04401

Tested to NFPA 72 Standards, 2019 Edition

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date
Dec 31, 2024

Building: Bangor Nursing & Rehab
Contact: Corina Glidden
Title: Maintenance Director

Company: Maine Fire Protection Systems
Contact: Scott Armstead
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

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JAN
BY:

Building Information		
Building: Bangor Nursing & Rehab	**Contact:** Corina Glidden	
Address: 103 Texas Avenue	**Phone:** 207-947-4557	
Address:	**Fax:**	
City/State/ZIP Code: Bangor, Maine 04401	**Mobile:** 207-659-0771	
Country: United States of America	**Email:** cfitzgerald@covh.org	
Inspection Performed By		
Company: Maine Fire Protection Systems	**Inspector:** Scott Armstead	
Address: 6 Dowd Road	**Phone:** 207-356-1719	
Address:	**Fax:**	
City/State/ZIP Code: Bangor, Maine 04401	**Mobile:**	
Country: United States of America	**Email:** scotta@mefirepro.com	
System Control Unit		
Manufacturer: Faraday	**Inspection Date:** 11/21/2024	**IDC Style:** B
Model Number: MPC-6000	**Install Date:** 11/11/2010	**SLC Style:** 1
Software Version: 7.6.6	**Version Date:** 11/11/2010	**NAC Style:** Z
Location: 1st Inside Electrical Room	**Current Protection:** Breaker	
Company: Centralarm	**Phone:** 8445455858	**Account #:** 82403157

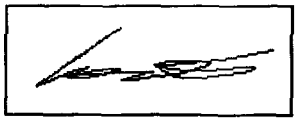
Inspection Summary

Category:	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Auxiliary	2	1.82%	0	0.00%	0	0.00%	0	0.00%
Control	5	4.55%	1	20.00%	1	100.00%	0	0.00%
Indicating	8	7.27%	2	25.00%	2	100.00%	0	0.00%
Initiating	95	86.36%	85	89.47%	84	98.82%	1	1.18%
Totals	**110**	**100%**	**88**	**80.00%**	**87**	**98.86%**	**1**	**1.14%**

Certification

Company: Maine Fire Protection Systems

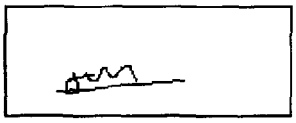
Inspector: Scott Armstead



Signed: Nov 21, 2024

Building: Bangor Nursing & Rehab

Contact: Corina Glidden



Signed: Dec 31, 2024

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JAN 09 2025
BY:

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JAN
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MAINE FIRE

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Discrepancy Report

Generated by: BuildingReports.com

BY:_____

The Discrepancy Report consolidates each discrepancy listed within the various Testing sections of your Inspection. Discrepancies are listed by Category, and grouped by device type. The description of the problem is provided and where appropriate, code references are listed for your convenience. Any item that was inspected that is subject to a recall or part of a manufacturer's replacement/upgrade program is included.

Items listed for Recall or Replacement/Upgrade

No items found during this inspection.

Initiating

Pull Station

1	15463219	1st Across Unit Office	Failed Operation	1	NFPA72 14.2.2.2.2

RECEIVED

BY:_____

RECEIVED
JAN [illegible]
BY:_____

Proposed Solutions Report

Generated by: BuildingReports.com

The Proposed Solution Report provides a solution for each discrepancy listed on the Discrepancy Report. Provide a check mark where indicated to approve repairs listed within the report. Items listed as T/M are available for repair on a Time and Materials basis.

Initiating					
Pull Station					
15463219	1st Across Unit Office	Replace	4050	T/M	☐
			PO #: (none)	T/M	

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JAN 08 202[illegible]
BY:_____

MAINE FIRE

Tel: (207) 942-8809 Fax: (207) 941-1910 · *service@mefirepro.com* · **24/7 EMERGENCY SERVICE**

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BY:

Notes & Recommendations

Generated by: BuildingReports.com

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by Category.

General Note

Customer would like a quote to replace failed pull station with a new dual action pull station.

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Inspection & Testing

Generated by: BuildingReports.com

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BY:

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Passed

Control				
Control Panel	1st Inside Electrical Room	Tested	12:27:18 PM	11/21/2024
Indicating				
Horn/Strobe	1st therapy hall nearest exit door	Tested	12:54:07 PM	11/21/2024
Horn/Strobe	1st Therapy Hall	Tested	12:55:38 PM	11/21/2024
Initiating				
Duct Detector	1st Outside Bedroom 22	Tested	12:35:21 PM	11/21/2024
Duct Detector	1st Outside Bedroom 8	Tested	12:43:21 PM	11/21/2024
Heat Detector	1st Generator Room	Tested	1:45:00 PM	08/21/2024
Pull Station	1st Inside Electrical Room	Tested	1:45:38 PM	08/21/2024
Pull Station	1st Inside Hallway Loading	Tested	1:48:16 PM	08/21/2024
Pull Station	1st Inside Lobby Entrance WIC Assistance	Tested	1:59:11 PM	08/21/2024
Pull Station	1st Outside Therapy Office	Tested	12:53:37 PM	11/21/2024
Pull Station	1st West Employee Entrance Womans Place	Tested	2:20:46 PM	08/21/2024
Pull Station	1st West Main Entrance Womans Place	Tested	2:15:28 PM	08/21/2024
Smoke Detector	1st hall by room 171	Tested/Cleaned	11:45:31 AM	12/31/2024
Smoke Detector	1st Old x-ray room across from Rm 704	Sensitivity Tested	12:57:50 PM	12/31/2024
Smoke Detector	1st In Room #900 Woman's Place	Sensitivity Tested	12:55:40 PM	12/31/2024
Smoke Detector	1st Business office Hall intersection	Sensitivity Tested	11:47:06 AM	12/31/2024
Smoke Detector	1st Corridor By Room #191 Woman's Place	Sensitivity Tested	12:28:02 PM	12/31/2024
Smoke Detector	1st Corridor By Room #705 Woman's Place	Tested/Cleaned	12:40:00 PM	12/31/2024
Smoke Detector	1st Corridor By Room #705 Woman's Place	Tested/Cleaned	12:40:23 PM	12/31/2024
Smoke Detector	1st Corridor By Room #801 Womans Place	Tested/Cleaned	12:39:38 PM	12/31/2024
Smoke Detector	1st Corridor By Room #803 Woman's Place	Tested/Cleaned	12:39:16 PM	12/31/2024
Smoke Detector	1st Corridor By Room #900 Woman's Place	Tested/Cleaned	12:28:57 PM	12/31/2024

Smoke Detector	1st Corridor By Room #902 Woman's Place	Tested/Cleaned	12:28:24 PM	12/31/2024
Smoke Detector	1st Corridor in kitchenette Womans Place	Sensitivity Tested	12:59:12 PM	12/31/2024
Smoke Detector	1st Dining Room	Sensitivity Tested	12:09:45 PM	12/31/2024
Smoke Detector	1st Dining Room	Sensitivity Tested	12:14:51 PM	12/31/2024
Smoke Detector	1st Dining Rm Entrance	Sensitivity Tested	12:09:09 PM	12/31/2024
Smoke Detector	1st Hall outside dining Rm	Sensitivity Tested	11:51:01 AM	12/31/2024
Smoke Detector	1st Kitchen Hallway	Sensitivity Tested	11:44:25 AM	12/31/2024
Smoke Detector	1st Kitchen Hallway	Tested/Cleaned	11:44:58 AM	12/31/2024
Smoke Detector	1st Maintenance Office	Tested	1:40:47 PM	09/20/2024
Smoke Detector	1st Maintenance Paint Storage	Tested	1:51:02 PM	09/20/2024
Smoke Detector	1st Maintenance Storeroom	Sensitivity Tested	12:16:30 PM	12/31/2024
Smoke Detector	1st Outside Admissions office	Sensitivity Tested	11:51:29 AM	12/31/2024
Smoke Detector	1st Room Across From Room #6	Sensitivity Tested	12:54:47 PM	12/31/2024
Smoke Detector	1st Short hall off main ent.	Sensitivity Tested	11:48:52 AM	12/31/2024
Smoke Detector	1st Storage Hall By Beauty Parlor	Tested/Cleaned	11:53:17 AM	12/31/2024
Smoke Detector	1st Storage Hall By Beauty Parlor	Sensitivity Tested	11:53:49 AM	12/31/2024
Smoke Detector	1st Therapy Hall	Tested/Cleaned	11:51:57 AM	12/31/2024
Smoke Detector	1st Therapy Hall	Sensitivity Tested	11:52:52 AM	12/31/2024
Smoke Detector	1st Inside across from room 803, and 804	Sensitivity Tested	12:58:34 PM	12/31/2024
Smoke Detector	1st Inside Room #801 Woman's Place	Sensitivity Tested	12:55:27 PM	12/31/2024
Smoke Detector	1st Inside medical records room	Sensitivity Tested	12:55:18 PM	12/31/2024
Smoke Detector	1st Inside Baby Room By Room #104 BHCS	Tested	12:48:14 PM	09/20/2024
Smoke Detector	1st Inside Business Office	Tested	1:20:23 PM	09/20/2024
Smoke Detector	1st Inside Conference Room Woman's Place	Sensitivity Tested	12:26:58 PM	12/31/2024
Smoke Detector	1st Inside Corridor BHCS	Tested/Cleaned	12:20:57 PM	12/31/2024

Passed				
Smoke Detector	1st Inside Corridor BHCS	Replaced	12:21:16 PM	12/31/2024
Smoke Detector	1st Inside Corridor BHCS	Tested/Cleaned	12:22:01 PM	12/31/2024
Smoke Detector	1st Inside Corridor O\S 401 BHCS	Replaced	12:42:03 PM	12/31/2024
Smoke Detector	1st Inside Corridor O\S 601 BHCS	Tested/Cleaned	12:22:31 PM	12/31/2024
Smoke Detector	1st Inside Corridor O\S 700 BHCS STD	Replaced	12:25:48 PM	12/31/2024
Smoke Detector	1st Inside Corridor O\S 700 BHCS STD	Tested/Cleaned	12:40:40 PM	12/31/2024
Smoke Detector	1st Inside Corridor O\S604 BHCS	Tested/Cleaned	12:24:23 PM	12/31/2024
Smoke Detector	1st Inside Corridor O\S604 BHCS	Replaced	12:25:12 PM	12/31/2024
Smoke Detector	1st Inside Corridor WIC BHCS	Sensitivity Tested	12:19:18 PM	12/31/2024
Smoke Detector	1st Inside Corridor WIC BHCS	Tested	12:19:41 PM	12/31/2024
Smoke Detector	1st Inside Kitchen Woman's Place	Sensitivity Tested	12:55:07 PM	12/31/2024
Smoke Detector	1st Inside Old Central Supply Room	Sensitivity Tested	12:57:32 PM	12/31/2024
Smoke Detector	1st Inside Room 190L Rehab corridor	Sensitivity Tested	12:59:51 PM	12/31/2024
Smoke Detector	1st Inside WIC Lobby BHCS	Tested/Cleaned	12:18:02 PM	12/31/2024
Smoke Detector	1st Inside spiritual center By Room #14 BHCS	Sensitivity Tested	11:56:52 AM	12/31/2024
Smoke Detector	1st Inside training Room	Sensitivity Tested	11:59:41 AM	12/31/2024
Smoke Detector	1st Inside hall off WIC Lobby BHCS	Replaced	12:17:35 PM	12/31/2024
Smoke Detector	1st Outside Director of Nursing	Sensitivity Tested	12:08:28 PM	12/31/2024
Smoke Detector	1st Outside Chapel	Sensitivity Tested	11:48:39 AM	12/31/2024
Smoke Detector	1st Outside Room #12	Tested/Cleaned	11:57:15 AM	12/31/2024
Smoke Detector	1st Outside Room 11	Tested/Cleaned	12:01:04 PM	12/31/2024
Smoke Detector	1st Outside Room 17	Tested/Cleaned	12:08:08 PM	12/31/2024
Smoke Detector	1st Outside Room 19	Tested/Cleaned	12:07:40 PM	12/31/2024
Smoke Detector	1st Outside Room 2	Tested/Cleaned	12:04:16 PM	12/31/2024
Smoke Detector	1st Outside Room 21	Tested/Cleaned	12:07:14 PM	12/31/2024
Smoke Detector	1st Outside Room 23	Tested/Cleaned	12:06:53 PM	12/31/2024
Smoke Detector	1st Outside Room 25	Tested/Cleaned	12:06:33 PM	12/31/2024
Smoke Detector	1st Outside Room 6	Tested/Cleaned	12:02:17 PM	12/31/2024
Smoke Detector	1st Outside Room 9	Tested/Cleaned	12:01:55 PM	12/31/2024
Smoke Detector	1st Outside T.V. Area	Tested/Cleaned	12:04:45 PM	12/31/2024

Passed				
Smoke Detector	1st Outside T.V. Area	Tested	12:05:39 PM	12/31/2024
Smoke Detector	1st Outside Therapy Office	Tested/Cleaned	11:52:24 AM	12/31/2024
Smoke Detector	1st Outside main hall by dining entrance	Sensitivity Tested	12:08:51 PM	12/31/2024
Smoke Detector	1st Outside Business Office	Tested/Cleaned	11:45:54 AM	12/31/2024
Smoke Detector	1st Outside Hopper Room	Tested/Cleaned	11:55:13 AM	12/31/2024
Smoke Detector	1st Outside Maintenance Office	Sensitivity Tested	11:48:11 AM	12/31/2024
Smoke Detector	1st Outside Maintenance Office	Sensitivity Tested	11:48:18 AM	12/31/2024
Smoke Detector	1st Outside Reception Office	Tested/Cleaned	12:03:18 PM	12/31/2024
Smoke Detector	1st Outside Vending Area	Sensitivity Tested	11:50:10 AM	12/31/2024
Smoke Detector	1st inside Room #902 Woman's Place	Sensitivity Tested	12:54:57 PM	12/31/2024
Failed/Other				
Initiating				
1 Pull Station	1st Across Unit Office	Tested	11:54:35 AM	12/31/2024
Untested				
Auxiliary				
Locking Device	1st All door locking devices			
Releasing Device	1st All door holders			
Control				
Annunciator	1st Laundry Hallway			
Annunciator	1st Nurses Station			
Battery	1st FACP			
Battery	1st FACP			
Indicating				
Horn/Strobe	1st Outside business office			
Horn/Strobe	1st Outside Room 2			
Horn/Strobe	1st Outside Hopper Room			
Horn/Strobe	1st Outside Maintenance Office			
Horn/Strobe	1st Outside Memory Care entrance			
Initiating				
Heat Detector	1st Room 804			

	Untested	
Pull Station	1st Across Patient Living Room	
Pull Station	1st Across Social Service	RECEIVED
Pull Station	1st East Exit WIC Assistance	
Pull Station	1st Inside Dining Room	
Pull Station	1st Inside Laundry Loading	BY:
Pull Station	1st Inside Lobby	
Pull Station	1st Outside Employee Breakroom	RECEIVED
Pull Station	1st West Employee Entrance WIC Assistance	
Pull Station	1st inside Main Hallway Outside Director of Nurses Office	BY:

Service Summary

Generated by: BuildingReports.com

The Service Summary section provides an overview of the services performed in this report.

Failed/Other		
Pull Station	Tested	1
Total		**1**
Passed		
Control Panel	Tested	1
Duct Detector	Tested	2
Heat Detector	Tested	1
Horn/Strobe	Tested	2
Pull Station	Tested	6
Smoke Detector	Replaced	5
Smoke Detector	Sensitivity Tested	33
Smoke Detector	Tested	6
Smoke Detector	Tested/Cleaned	31
Total		**87**
Untested		
Annunciator		2
Battery		2
Heat Detector		1
Horn/Strobe		5
Locking Device		1
Pull Station		9
Releasing Device		1
Total		**21**
Grand Total		**109**

Auxiliary Functions Testing

Generated by: BuildingReports.com

The Auxiliary Functions Testing section lists each of the ancillary items, systems, and emergency equipment that are controlled by the system control unit. Items are grouped by Passed or Failed/Other. The items are listed by device type, and a check box is provided to indicate if the test conducted was simulated.

Untested

Locking Device			
Magnetic Lock	1st All door locking devices	92838153	☐
Releasing Device			
Door Holder	1st All door holders	92838159	☐

RECEIVED
BY:

RECEIVED

Sound and Visual Testing

Generated by: BuildingReports.com

BY:_____

The Sound and Visual Testing section lists various points throughout your building where audible and visual alarm notification devices were tested. Any bar-coded audible and visual devices will appear in the Inspection and Testing section of this report. Items in this section are grouped by Passed or Failed/Other. Where specific decibel readings were recorded, they will appear under the ambient and alarm columns. The Voice column indicates whether the Sound Test Point passed the Voice Intelligibility requirements. The STI or Sound Transmission Index is shown if recorded.

Untested

Sound Test Points		
The whole building	☐	0001

RECEIVED

BY:_____

RECEIVED

BY:_____

RECEIVED

BY:_____

Sensitivity Testing

Generated by: BuildingReports.com

The Sensitivity Testing section details the sensitivity test ranges and acceptable readings for each type of device. Items are grouped by Passed or Failed/Other. Normally, Devices that perform outside the acceptable range of sensitivity are listed in Failed/Other.

Passed

Smoke Detector					
1st hall by room 171	1-7	2W-B	1.0 - 4.0	2.4	61723609
1st Old x-ray room across from Rm 704	1	2W-B	1.0 - 4.0	2.8	92837330
1st In Room #900 Woman's Place	1	2W-B	1.0 - 4.0	2.6	31893366
1st Business office Hall intersection	1-7	2 WB		2.6	53088375
1st Corridor By Room #191 Woman's Place	1	2W-B	1.0 - 4.0	2.6	16895759
1st Corridor By Room #705 Woman's Place	1	2W-B	1.0 - 4.0	2.6	16895754
1st Corridor By Room #705 Woman's Place	1	2W-B	1.0 - 4.0	2.6	16895753
1st Corridor By Room #801 Womans Place	1	2W-B	1.0 - 4.0	3.4	16895755
1st Corridor By Room #803 Woman's Place	1	2W-B	1.0 - 4.0	2.6	16895756
1st Corridor By Room #900 Woman's Place	1	2W-B	1.0 - 4.0	2.6	16895757
1st Corridor By Room #902 Woman's Place	1	2W-B	1.0 - 4.0	2.6	86428175
1st Corridor in kitchenette Womans Place	1	2W-b	1.0 - 4.0	3.4	92838163
1st Dining Room	1-.	2wb		2.4	16895737
1st Dining Room	1-.	2w-b	1.0 - 4.0	2.6	16895734
1st Dining Rm Entrance	1-4	2W-B	1.0 - 4.0	2.6	53088380
1st Hall outside dining Rm	1-7	2 WB		2.6	53088377
1st Kitchen Hallway	1-7	2W-b	1.0 - 4.0	2.6	15464919
1st Kitchen Hallway	1-7	2W-b	1.0 - 4.0	2.6	15464920
1st Maintenance Storeroom	1-9	2w-b	1.0 - 4.0	2.6	16706066
1st Outside Admissions office	1-4	2W-B	1.0 - 4.0	2.4	53085005
1st Room Across From Room #6	1-4	2W-B	1.0 - 4.0	3.2	33943723
1st Short hall off main ent.	1-7	2 WB		2.4	53088376
1st Storage Hall By Beauty Parlor	1-4	2w-b	1.0 - 4.0	2.6	53085012
1st Therapy Hall	1-7	2 wb		2.4	53088379
1st Therapy Hall	1-4	2w-b	1.0 - 4.0	2.6	16706061
1st Inside across from room 803, and 804	1	2W-B	1.0 - 4.0	3.2	92838160
1st Inside Room #801 Woman's Place	1	2W-B	1.0 - 4.0	3.4	31893364
1st Inside medical records room	1-4	2w-b	1.0 - 4.0	2.8	21677457
1st Inside Conference Room Woman's Place	1	2W-B	1.0 - 4.0	2.6	16895760

1st Inside Corridor BHCS	1	2W-B	1.0 - 4.0	3.4	16895743
1st Inside Corridor BHCS	1	2W-B	1.0 - 4.0	3.6	96983291
1st Inside Corridor BHCS	1	2W-B	1.0 - 4.0	2.5	51878973
1st Inside Corridor O\S 401 BHCS	1	2W-B	1.0 - 4.0	3.4	96983292
1st Inside Corridor O\S 601 BHCS	1	2W-B	1.0 - 4.0	3.4	16895746
1st Inside Corridor O\S 700 BHCS STD	1	2W-B	1.0 - 4.0	3.6	96983294
1st Inside Corridor O\S 700 BHCS STD	1	2W-B	1.0 - 4.0	2.6	16895752
1st Inside Corridor O\S604 BHCS	1	2W-B	1.0 - 4.0	2.4	16895749
1st Inside Corridor O\S604 BHCS	1	2W-B	1.0 - 4.0	3.4	96983293
1st Inside Corridor WIC BHCS	1	2W-B	1.0 - 4.0	2.6	16895741
1st Inside Corridor WIC BHCS	1	2W-B	1.0 - 4.0	3.4	96983296
1st Inside Kitchen Woman's Place	1	2W-B	1.0 - 4.0	2.8	16895761
1st Inside Old Central Supply Room	1-4	2w-b	1.0 - 4.0	3.2	69988045
1st Inside Room 190L Rehab corridor	1	2W-B	1.0 - 4.0	2.8	92838166
1st Inside WIC Lobby BHCS	1	2W-B	1.0 - 4.0	3.4	16895740
1st Inside spiritual center By Room #14 BHCS	1	2W-B	1.0 - 4.0	3.4	92838165
1st Inside training Room	1-6	2w-b	1.0 - 4.0	2.6	33943724
1st Inside hall off WIC Lobby BHCS	1	2W-B	1.0 - 4.0	3.4	96983290
1st Outside Director of Nursing	1-3	2W-B	1.0 - 4.0	3.4	15464927
1st Outside Chapel	1-9	2w-b	1.0 - 4.0	2.4	16706069
1st Outside Room #12	1-4	2W-B	1.0 - 4.0	2.6	53088382
1st Outside Room 11	1-4	2w-b	1.0 - 4.0	3.0	92838167
1st Outside Room 17	1-3	2W-B	1.0 - 4.0	3.4	15464928
1st Outside Room 19	1-3	2W-B	1.0 - 4.0	3.4	92837333
1st Outside Room 2	1-4	2W-B	1.0 - 4.0	3.4	15464935
1st Outside Room 21	1-3	2W-B	1.0 - 4.0	3.6	15464930
1st Outside Room 23	1-3	2W-B	1.0 - 4.0	3.4	15464931
1st Outside Room 25	1-3	2W-B	1.0 - 4.0	3.4	15464933
1st Outside Room 6	1-4	2W-B	1.0 - 4.0	2.6	53088383
1st Outside Room 9	1-4	2W-B	1.0 - 4.0	3.4	92837331
1st Outside T.V. Area	1-3	2W-B	1.0 - 4.0	3.6	15464938
1st Outside T.V. Area	1-3	2W-B	1.0 - 4.0	3.4	92837332
1st Outside Therapy Office	1-4	2w-b	1.0 - 4.0	2.4	16706063
1st Outside main hall by dining entrance	1-4	2W-B	1.0 - 4.0	3.4	15464926
1st Outside Business Office	1-7	2W-B	1.0 - 4.0	2.4	15464922
1st Outside Hopper Room	1-4	2W-B	1.0 - 4.0	2.4	53088381
1st Outside Maintenance Office	1-9	2W-B	1.0 - 4.0	2.4	16706064
1st Outside Maintenance Office	1-9	2W-B	1.0 - 4.0	2.4	53085011
1st Outside Reception Office	1-4	2W-B	1.0 - 4.0	3.4	15464936

1st Outside Vending Area	1-9	2w-b		2.4	16706070
1st inside Room #902 Woman's Place	1	2W-B	1.0 - 4.0	2.6	31893367
Device Total: 70					

RECEIVED

BY:

RECEIVED

BY:

Smoke Management Testing

Generated by: BuildingReports.com

The Smoke Management Testing section details the test and inspection of device items that are involved in controlling the spread of smoke in a building. Items are grouped by Passed or Failed/ Other.

Untested

Releasing Device

1st All door holders	Door Holder	92838159	☐

RECEIVED

BY:_____

RECEIVED

BY:_____

Battery & Power Supply Testing

Generated by: BuildingReports.com

The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.

Battery

Untested

Sealed Lead Acid	1st FACP	7	12
Sealed Lead Acid	1st FACP	7	12

RECEIVED

BY:_____

RECEIVED

BY:_____

RECEIVED
BY:

Inventory & Warranty Report

Generated by: BuildingReports.com

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Annunciator	Control	1.82%	2
Battery	Control	1.82%	2
Control Panel	Control	0.91%	1
Duct Detector	Initiating	1.82%	2
Heat Detector	Initiating	1.82%	2
Horn/Strobe	Indicating	6.36%	7
Locking Device	Auxiliary	0.91%	1
Pull Station	Initiating	14.55%	16
Releasing Device	Auxiliary	0.91%	1
Smoke Detector	Initiating	68.18%	75
Sound Test	Indicating	0.91%	1

In Service - 90 Days - 1 Year

System Sensor				
Smoke Detector	16	2W-B	Photoelectric	09/23/2024
Smoke Detector	2	2W-b	Photoelectric	09/23/2024
Smoke Detector	1	2W-B		09/20/2024
Smoke Detector	7	2W-B	Photoelectric	09/20/2024
Smoke Detector	1	2W-B		07/25/2024
Smoke Detector	5	2W-B	Photoelectric	07/25/2024

In Service - 1 Year to 2 Years

Casil				
Battery	2	CA-1272	Sealed Lead Acid	05/09/2023

In Service - 3 Years to 5 Years

System Sensor				
Smoke Detector	1	2W-B	Photoelectric	09/23/2020
Smoke Detector	1	2W-b		09/23/2020
Smoke Detector	3	2W-B	Photoelectric	02/11/2020

In Service - 5 Years to 10 Years

System Sensor				
Smoke Detector	1	2 wb		05/01/2019

Smoke Detector	1	2W-B	Photoelectric	11/12/2018
Smoke Detector	1	2w-b	Photoelectric	08/04/2017
Gentex				
Horn/Strobe	2			06/04/2017
Power-Sonic				
Smoke Detector	2	2w-b	Photoelectric	06/04/2017
System Sensor				
Smoke Detector	8	2w-b	Photoelectric	06/04/2017
Smoke Detector	1	2w-b	Photoelectric	10/14/2016
Smoke Detector	1	2W-B	Photoelectric	01/16/2016
Smoke Detector	9	2W-B	Photoelectric	08/02/2015
In Service - 10 Years to 15 Years				
System Sensor				
Smoke Detector	4	2W-B	Photoelectric	08/06/2013
Smoke Detector	3	2 WB	Photoelectric	01/01/2012
Faraday				
Annunciator	2	RDC-2	LCD Display	11/11/2010
Control Panel	1	MPC-6000		11/11/2010
In Service - 15 Years to 25 Years				
Locking Device	1		Magnetic Lock	10/14/2007
System Sensor				
Releasing Device	1		Door Holder	10/14/2007
In Service - 25 Years or Older				
Fenwal Inc.				
Horn/Strobe	3	MA-001		05/01/1994
System Sensor				
Smoke Detector	1	2W-B	Photoelectric	05/01/1994
Chemetron				
Heat Detector	2		Fixed Temperature	01/01/1994
Fenwal Inc.				
Duct Detector	2			01/01/1994
Horn/Strobe	2	PSO 7125		01/01/1994
System Sensor				
Smoke Detector	5	2W-B	Photoelectric	01/01/1994
Smoke Detector	1	2wb	Photoelectric	01/01/1994
Autocall				
Pull Station	16	4050	Single Action	01/01/1985

Zone Address Report

Generated by: BuildingReports.com

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location, and description are included for your reference.

Zone/Circuit: 1				
	Heat Detector	1st Room 804	Fixed Temperature	92838162
	Heat Detector	1st Generator Room	Fixed Temperature	16706071
Zone/Circuit: 3				
	Smoke Detector	1st Outside Director of Nursing	Photoelectric	15464927
	Smoke Detector	1st Outside Room 17	Photoelectric	15464928
	Smoke Detector	1st Outside Room 19	Photoelectric	92837333
	Smoke Detector	1st Outside Room 21	Photoelectric	15464930
	Smoke Detector	1st Outside Room 23	Photoelectric	15464931
	Smoke Detector	1st Outside Room 25	Photoelectric	15464933
	Smoke Detector	1st Outside T.V. Area	Photoelectric	15464938
	Smoke Detector	1st Outside T.V. Area	Photoelectric	92837332
	Duct Detector	1st Outside Bedroom 22		16895738
	Duct Detector	1st Outside Bedroom 8		92838161
Zone/Circuit: 4				
	Releasing Device	1st All door holders	Door Holder	92838159
	Locking Device	1st All door locking devices	Magnetic Lock	92838153
	Smoke Detector	1st Dining Rm Entrance	Photoelectric	53088380
	Smoke Detector	1st Outside Admissions office	Photoelectric	53085005
	Smoke Detector	1st Room Across From Room #6	Photoelectric	33943723
	Smoke Detector	1st Storage Hall By Beauty Parlor	Photoelectric	53085012
	Smoke Detector	1st Storage Hall By Beauty Parlor	Photoelectric	69988044
	Smoke Detector	1st Therapy Hall	Photoelectric	16706061
	Smoke Detector	1st Inside medical records room	Photoelectric	21677457
	Smoke Detector	1st Inside Old Central Supply Room	Photoelectric	69988045
	Smoke Detector	1st Outside Room #12	Photoelectric	53088382
	Smoke Detector	1st Outside Room 11	Photoelectric	92838167
	Horn/Strobe	1st Outside Room 2		21677468
	Smoke Detector	1st Outside Room 2	Photoelectric	15464935
	Smoke Detector	1st Outside Room 6	Photoelectric	53088383
	Smoke Detector	1st Outside Room 9	Photoelectric	92837331
	Smoke Detector	1st Outside Therapy Office	Photoelectric	16706063
	Smoke Detector	1st Outside main hall by dining entrance	Photoelectric	15464926
	Horn/Strobe	1st Outside Hopper Room		21677465

Smoke Detector	1st Outside Hopper Room	Photoelectric	53088381
Smoke Detector	1st Outside Reception Office	Photoelectric	15464936
Zone/Circuit: 6			
Smoke Detector	1st Inside training Room	Photoelectric	33943724
Zone/Circuit: 7			
Smoke Detector	1st hall by room 171	Photoelectric	61723609
Horn/Strobe	1st therapy hall nearest exit door		21677464
Smoke Detector	1st Business office Hall intersection	Photoelectric	53088375
Smoke Detector	1st Hall outside dining Rm	Photoelectric	53088377
Smoke Detector	1st Kitchen Hallway	Photoelectric	15464919
Smoke Detector	1st Kitchen Hallway	Photoelectric	15464920
Horn/Strobe	1st Outside business office		21677461
Smoke Detector	1st Short hall off main ent.	Photoelectric	53088376
Horn/Strobe	1st Therapy Hall		53088378
Smoke Detector	1st Therapy Hall		53088379
Smoke Detector	1st Inside Business Office	Photoelectric	96983297
Smoke Detector	1st Outside Business Office	Photoelectric	15464922
Zone/Circuit: 9			
Smoke Detector	1st Maintenance Office		96983298
Smoke Detector	1st Maintenance Paint Storage	Photoelectric	96983299
Smoke Detector	1st Maintenance Storeroom	Photoelectric	16706066
Smoke Detector	1st Outside Chapel	Photoelectric	16706069
Horn/Strobe	1st Outside Maintenance Office		21677462
Smoke Detector	1st Outside Maintenance Office	Photoelectric	16706064
Smoke Detector	1st Outside Maintenance Office	Photoelectric	53085011
Horn/Strobe	1st Outside Memory Care entrance		21677470
Smoke Detector	1st Outside Vending Area	Photoelectric	16706070
Zone/Circuit: .			
Smoke Detector	1st Dining Room	Photoelectric	16895734
Smoke Detector	1st Dining Room	Photoelectric	16895737

The parties have executed this agreement the day and year set forth below.

RECEIVED

Name of Owner/Representative: Main Street Real Estate LLC

By: Luke Parent

BY:_____

Name of signer: [illegible]

RECEIVED

Title of signer: Owner

Date: 1-6-25

BY:_____

Billing information:

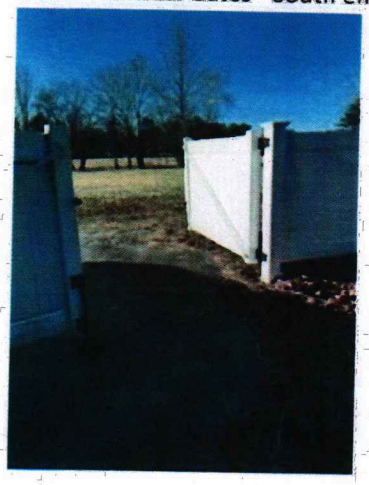
Name	Main Street Real Estate
Address	80 Mill St Lewiston Me 04240
Phone Number	207-577-3184
Email address	Luke@Clearocare.com

Onsite Contact Information:

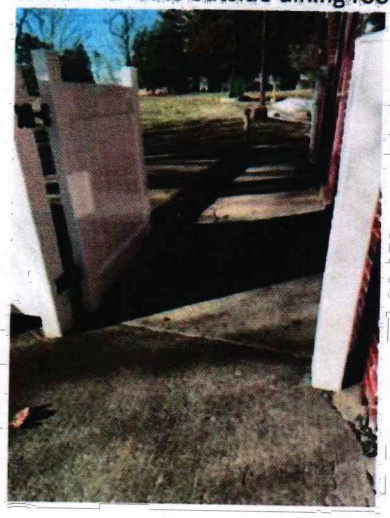
Name	Luke Parent
Phone Number	207-577-3184
Email address	Luke@Clearocare.com

BNRC Photos for documentation for POC.

K 222 - #2 Dual Gates - South end secured in open position (Fence company visited 1/6/25)



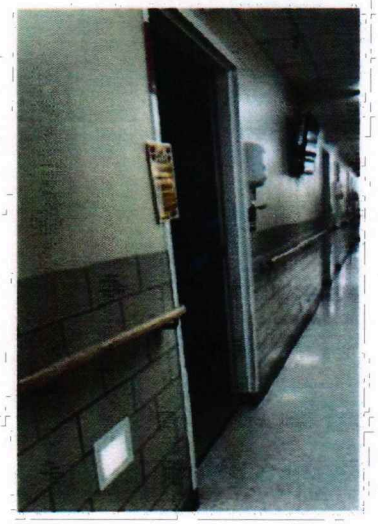
K 222 - #3 Gate outside dining room (East) secured in open position.



K223 - Self-Closing functionality in place. Door Self -Closes with closer fixed.

K232

Drink cart no longer in hallway



Outside Room 35 -Vital Sign machines moved.

Defibrillator Removed from wall

K 298 #1

New Exit sign to second means of egress SNF unit - living room end of building.

New Exit sign to second means of egress LTC unit - living room end of building.

K 920

New Electric outlet in Medication storage room. Power strip removed.