STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205082	A. BUILDING 01 B. WING	11/16/2023

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BY

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINNACLE HEALTH & REHAB AT SANFORD	1142 MAIN ST SANFORD, ME 04073

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments Federal Recertification Survey Survey Dates: 11-16-23 Pinnacle Health & Rehab at Sanford, a long term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 11-16-23 Pinnacle Health & Rehab at Sanford, a long-term care facility, is not in substantial compliance with the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment	K 000		
K 211 SS=D	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 observation and interview, the long term care facility failed to maintain the exit corridors free of obstructions per NFPA 101, Life Safety Code, 2012 Edition, Section 19.2.3.4. Findings:	K 211		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Anne Ambler-Cote RN BSN MHA	Administrator	12/5/23

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

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K 211	Continued From page 1 On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. Wing 2 couch found stored in the corridor and not attached to the wall or the floor. Staff confirmed that it had been moved to the opposite side of the hall, where the wall hooks were mounted. 2. Wing 2 Storage Cabinet stored in the corridor. This cabinet does not positively latch and it is not attached to the wall or the floor. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 211	**K211** **Means of Egress – General** On 11/16/23 The couch on Wing 2 was moved across the hall by maintenance and secured to the hook during the walk through with Brittany White, Fire Inspector. The cabinet stored in the corridor on Wing 2 was removed from the unit on 11/21/23. The Director of Environmental Services checked all hallway furniture to ensure it was secured properly to the hooks that are on the wall. The Director of Environmental Services will complete the attached environmental walk through to ensure hallway furniture is secured as required monthly. Results of the audit will be reviewed quarterly at the facility QA meeting. **Completion Date: 11/21/23**	
K 321 SS=E	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 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	K 321		

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K 321	Continued From page 2 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to maintain the corridor doors free of non-rated materials per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.2.1. Findings: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. 1st Floor Biohazard room has non-rated carpeting installed on the lower portion. 2. 2nd Floor Biohazard room has non-rated carpeting installed on the lower portion. 3. 1st Floor Biohazard room has non-rated plastic handle protector installed. 4. 2nd Floor Biohazard room has non-rated plastic handle protector installed. The surveyor confirmed these findings with the Maintenance Director at the time of the	K 321	**K321** **Hazardous Areas – Enclosure** On 12/1/23 Exactitude doors came to the facility to provide a quote to replace the doors for the biohazard rooms on 1st and 2nd floor. These doors will be replaced on or before 12/31/23. **Completion Date: 12/31/23**	

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K 321	Continued From page 3 observation.	K 321		
K 331 SS=F	Interior Wall and Ceiling Finish CFR(s): NFPA 101 Interior Wall and Ceiling Finish 2012 EXISTING Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s). This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to provide documentation that the carpet material attached to the corridor walls and doors met the requirements for Class A or B interior finish per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.3.1. Findings: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. Corridor walls on both patient floors have carpeting installed on the lower portion. Documentation could not be provided to indicate that it met Class A or B interior finish rating. 2. Corridor doors throughout the 2 patient floors have carpeting installed on the lower portion.	K 331	**K331** **Interior Wall and Ceiling Finish** On 11/30/23 Sanford flooring was contacted again and after speaking with the owner he was able to provide the attached invoices along with more specific information on the wall carpeting. This new information states that the carpet on the walls does have a class A rating.	

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K 331	Continued From page 4 Documentation could not be provided to indicate that it met Class A or B interior finish rating. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 331	After attempting to remove the carpeting on a few of the fire doors we have noted that in some cases this will cause significant damage to the doors due to the age of the doors and the length of time that the carpet has been adhered to the door (in most cases >10 years). Therefore, we have no choice but to remove the tags from the doors. Tags will be removed from the corridor doors on or before 12/31/23. **Completion Date: 12/31/23**	
K 351 SS=D	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 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, the long term care facility failed to maintain the required ceiling assembly for a sprinkler protected facility per NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition, Section 8.6.4.1.1 and NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.5.1.	K 351		

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K 351	Continued From page 5 Findings: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. Wing 1 Oxygen Storage room has a hole in the center ceiling tile. This ceiling assembly is in in place so that the appropriate temperature of the stairwell will activate the required sprinkler heads when reached. 2. Wing 2 Housekeeping Closet has a ceiling tile that does not resist the passage of smoke. This ceiling assembly is in place so that the appropriate temperature of the stairwell will activate the required sprinkler heads when reached. 3. The sprinkler head in the basement IT closet in the Central Supply room is a upright sprinkler head in the ceiling that is the wrong head for the pendant attchement. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 351		
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	K 353		

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K 353	Continued From page 6 maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to maintain the sprinkler heads free of obstructions per NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.1.1.1 and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.5.1 and 9.7.5. Finding: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. 2nd Floor Biohazard room sprinkler head found obstructed with a piece of a plastic bag. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 353	**K351** **Sprinkler System - Installation** On 11/21/23 The Dir. of Environmental Services replaced the ceiling tile in the1st floor medication room (noted to be the oxygen storage room on the SOD) and the housekeeping closet on 1st floor. The sprinkler head in the IT closet was replaced with the correct sprinkler head on 11/28/23. All other sprinkler heads were inspected and noted to be correct. Ceiling tiles are monitored regularly for any staining/damage (see attached maintenance unit compliance walk through) and are replaced as needed. **Completion date: 11/28/23**	
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101	K 363		

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K 363	Continued From page 7 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 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:	K 363	**K353** **Sprinkler System – Maintenance and Testing** On 11/16/23 the piece of plastic noted to be obstructing the sprinkler head in the 2nd floor biohazard room was removed. A cage will be purchased and installed to protect the sprinkler heads in both the 1st and 2nd floor biohazard rooms on or before 12/15/23. **Completion Date: 12/15/23**	

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K 363	Continued From page 8 Based on observation and interview, the long term care facility failed to maintain the panic hardware of the cross corridor doors at the Wing 1 Nurses Station per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.6.3.5. Finding: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. The panic hardware on the both cross corridor doors at the Wing 1 Nurses Station is loose and detached from the door. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 363	**K363** **Corridor – Doors** On 11/27/23 The Dir. of Environmental Services tightened the crash bar (noted to be the panic hardware on the SOD) at the 1st floor wing 1 nurse's station. All crash bars were inspected an no other crash bars were noted to be loose. Crash bars are inspected regularly (see attached maintenance unit compliance walk through) and repaired as needed. **Completion Date: 11/27/23**	
K 751 SS=D	Draperies, Curtains, and Loosely Hanging Fabr CFR(s): NFPA 101 Draperies, Curtains, and Loosely Hanging Fabrics Draperies, curtains including cubicle curtains and loosely hanging fabric or films shall be in accordance with 10.3.1. Excluding curtains and draperies: at showers and baths; on windows in patient sleeping room located in sprinklered compartments; and in non-patient sleeping rooms in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20 percent of the wall. 18.7.5.1, 18.3.5.11, 19.7.5.1, 19.3.5.11, 10.3.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to provide documentation	K 751		

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K 751	Continued From page 9 to indicate that the activities closet curtain had been treated with NFPA 701 compliant product after laundering per NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.5.1. Finding: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. Documentation could not be provided to indicate that the activities closet curtain had been treated with an NFPA 701 compliant product. Maintenance Director confirmed that this curtain had just been laundered. The surveyor confirmed this finding with the Maintenance Director at the time of the observation and interview.	K 751	**K751** **Draperies, Curtains, and loosely hanging fabric** The Director of Environmental Services will spray the activities closet curtain with BanFire fire retardant which is noted to be an NFPA 701 compliant product. (see attached information regarding product) **Completion Date: 12/15/23**	
K 761 SS=E	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80)	K 761		

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K 761	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the long term care facility failed to have an individual who can demonstrate knowledge and understanding of the operating components of fire doors conduct the annual fire door inspections per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.7.6, 19.2.2.1, and 7.2.1.15.5. Finding: On November 16, 2023, between 8:30 am and 10:15 am, a surveyor, with the Maintenance Director present, observed the following: 1. Documentation could not be provided to indicate that the Maintenance Director had been educated by a certified door inspector or become certified himself with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 761	**K761** **Maintenance, Inspection & Testing – Doors** On 11/22/23 The Director of Environmental Services spoke with Greg Day, Assistant State Fire Marshal who indicated Marc Dupuis the DOES does not need to complete the NFPA 80 standard online education to be certified to inspect doors. Marc has 5 years of experience in facilities management at Assisted Living facilities and hotels. Marc has reviewed the NFPA code for door inspections. See attached form Marc uses when inspecting the doors annually. **Completion Date: 11/22/23**	
K 911 SS=F	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)	K 911		

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K 911	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to equip the generator with an emergency stop device outside the generator enclosure per NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, section 5.6.5.6, and NFPA 99, Health Care Facilities Code, 2012 edition, Section 6.4.1.1. Finding: Based on observation and interview on November 16, 2023, between 08:30 AM and 11:30 AM, a surveyor, with the Director of Maintenance present, observed the following: 1. The only generator remote emergency stop station/device is inside the generator enclosure/housing. There is no labeled remote emergency stop station/device elsewhere. The surveyor confirmed this finding with the Director of Maintenance at the time of the observation.	K 911	**K911** **Electrical Systems – Other** On 11/20/23 The Director of Environmental Services contacted Power Products regarding the need for an emergency stop station for the generator. This work will be completed on or before 12/15/23. **Completion Date: 12/15/23**	

Maintenance Unit Compliance Walk Through

Instructions: Place a √ in the space provided after each question. Please provide comments/recommendations in the space provided. To be completed monthly and as needed.

CRITERIA	YES	NO	COMMENTS
Hallways/Common Areas (including basement and dining rooms)			
Items stored in basement hallway not blocking access to any other area			
Lock out tag out device in the dish room for the garbage disposal intact			
Electrical panels in the kitchen and on the units not obstructed			
Eyewash stations not obstructed (laundry room and dirty utility rooms)			
Fire extinguishers not obstructed			
All sprinkler heads have escutcheon cap as required, and are not obstructed in any way			
Hallways clear of obstacles			
Ceiling tiles in place and free of stains, holes, cracks etc..			
Equipment in good repair, no broken parts, missing labels or ground pins			
Power strips secured and properly in use			
PPE equipment available in designated areas			
All lights are covered to prevent damage due to accidental contact			
Walls not in need of patching/painting			
Wet floor signs are in appropriate position			
Wheelchairs are clean, over the bed tables clean and no peeling or cracking noted			
Housekeeping carts are locked			
Handrails are in good repair			
Doors/Door jams are in good repair			
Furniture is not damaged/in need of stain, and is secured to the wall in all corridors			
Picture frames are free from dust			
Carpet on walls/doors clean and in good repair			
Radiators at end of hallways and in dining rooms in good repair			
Sharps containers in the dirty utility room and shower room <3/4 full			
Floors in good repair, no separation or cracked/damaged tiles noted, no dirt build up noted			
Crash bars on doors not loose			

Comments/Recommendations

_____

_____

_____

_____

_____

_____

_____

Unit _____

Completed By: _____ Date: _____

Monthly Room Inspection

Room # _____ **Date:** _____

1. Ceiling, Check for damaged or stained tiles & replace. Sprinkler heads, check for escutcheon cap & replace if missing

   Date Completed _____

2. Walls, check for damage, patch/paint

   Date Completed _____

3. Sink area, check sink for leaks, caps missing, stopper missing, cracks

   Date Completed _____

4. Wardrobe, check for damage, drawer operation, door operation, over stuffing Repair, stain, report overstuffing to Social Services

   Date Completed _____

5. Doors, check hall door and bathroom door for damage, repair/stain

   Date Completed _____

6. Flooring, check floor tiles for damage, wear or lifting/separating, Repair or replace as needed.

   Date Completed _____

7. Bed, check for proper operation, repair as needed

   Date Completed _____

8. Cubicle Curtains, check to make sure it is operational (on track) and clean, repair/wash as needed.

   Date Completed _____

9. Window Curtains, check to make sure all hooks are intact, traverse rod is in good repair, and curtains are clean and in good repair.

   Date Completed _____

10. Radiator, check to make sure radiator is in good repair no gouges or scratches, repair/paint as needed

    Date Completed _____

EXACTITUDE
HARDWARE CONSULTANTS
A DIVISION OF THE COOK & BOARDMAN GROUP, LLC

12 Sky View Drive
Cumberland Foreside, ME 04110
Tel: 207-829-8631 Fax: 207-781-2059

Quote

Quote # : **4472382**
Quote Date : **Dec 1, 2023**
Expiration Date : **Jan 30, 2024**

Customer:
Pinnacle Group of Hudson Valley II, LLC
Pinnacle Sanford, 1142 Main Street
Sanford, ME 04073

Ship To:
Pinnacle Group of Hudson Valley II, LLC
Pinnacle Sanford
1142 Main Street
Sanford, ME 04073
Tel: 207-324-2273

RECEIVED
DEC 05 2023
BY:

Account Code : 116110
Terms : Net 30
Customer Job # :
Salesperson : Ryan Gaudreau
Order Name : Pinnacle - Soiled Linen

Purchase Order # :
Shipped Via :

rgaudreau@exactitudeinc.com

Qty	Product Description
6	Hinges MPB79 4 1/2 x 4 1/2 26D
2	Passage Set 28 10U15 LL 26D
2	3070 HMD PS18 PAF 134 A40P F 20 LH (161TB; 45S; CL16; CUR)
2	Smoke Seal S88 D 20'

Description
install new doors

Price

Pre-Tax Total	:	4,920.84
10091 - ME-MAINE STATE TAX	:	270.65
Quote Total	:	**5,191.49**

* Biohazard room doors *

Alondo Clerk CHHA 12/4/23

Printed Dec 1, 2023 11:25 AM

Specs.

BN227 Quiet Wall

Construction: ..... Needlebond

Pattern: ..... 3.5 M.M. Rib Wallcovering

Pattern Repeat: ..... L-None, W-1/8"

Fiber: ..... 50% Olefin/50% PET Polyester

Backing: ..... 4.0 oz. Fire Retardant Unitary Latex

Total Weight: ..... 21 oz. / SY

Roll Size: ..... 54" x 72'

Packaging: ..... "Crush-Proof" Box

Applications: ..... Commercial Wallcovering

Special Features: ..... Meets Class A Tunnel Test When Tested on RC Board, Meets Corner Burn Test, VEELOK Construction - No Edge Ravel, No Delamination

Flammability

NFPA-265; UBC 8-2: ..... Passes (Cornerburn)

ASTM E-84, Sec. X 1.10.1: ..... Class A (Tested over GRC Board)

Pill Test (CPSC FF 1-70) ..... Pass

Radiant Panel (ASTM E-648 Direct Glue) ..... N/A

NBS Smoke Density (ASTM E-662) ..... N/A

Tunnel Test (ASTM E-84) ..... Class A (When Tested On RC Board)

Automotive Flammability (FMVSS 302) ..... N/A

Acoustical

ASTM C-423-84A

Gypsum Board: ..... NCR .20

Acoustic Board: ..... NCR .60

UV Warranty:

Shawmark 1 Year Fade

Except as noted as a minimum or maximum, the above specifications are nominal and, therefore, are subject to change and to normal manufacturing variance.

Sanford Flooring

1209 Main Street
Sanford, ME 04073
Phone 207-324-3643

Invoice

Date	Invoice #
7/9/2014	16461
Terms	Due Date
Due on receipt	7/9/2014

Bill To
Greenwood Center 1142 Main St. Sanford, Maine 04073

Ship To
RECEIVED DEC 11 2014 BY:_____

Rep	Customer Phone	P.O. No.	Project
Scott	207-324-2273		**Carpet on doors**

Size	Qty	Description
12 x 14	18.67	Shaw - BN227 Quiet Wall - Camel Installed in 2nd floor just outside elevator. Area that has VCT down now. Install cove base 1st the install carpet on wall with cap top and bottom.
9 pc	9	Johnsonite Cove Cap (CCC-49-A) beige
11 pc	11	Johnsonite cove base 4 x 4 x 1/8 - 49 beige
1 bag	1	Ardex feather finish
1 box	1	Armstrong VCT 51938 Willow Green
1 bucket	1	Chapco 154 Adhesive
	1	Labor to install carpet with Cove Cap and cove base
	1	Labor to repair VCT in front of doorway. This work will need to be done after 7pm at night.
	1	Freight

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Finance charge of 1 1/2% per month will be accessed after the date of the invoice. Customer to pay all collection cost incurred on any past due amounts.
Warranties are voided if balance is not paid within 5 days of invoice.
No furniture/appliance moving is included in this estimate unless specifically stated.

Sanford Flooring can not disconnect any water/gas connections or toilets.

Subtotal	$1,079.53
Sales Tax (5.5%)	$25.00
Total	$1,104.53
Payments/Credits	-$1,104.53
Balance Due	$0.00

Sanford Flooring

1209 Main Street
Sanford, ME 04073
Phone 207-324-3643

Invoice

Date	Invoice #
3/23/2016	18946
Terms	Due Date
Due on receipt	3/23/2016

Bill To
Pinnacle Health 1142 Main St. Sanford, Maine 04073

Ship To
RECEIVED BY:

Rep	Customer Phone	P.O. No.	Project
Scott	603-348-3394 Marc cel		

Size	Qty	Description
12 x 45	60	Shaw - BN227 Quiet Wall - Camel Installed in hallway #1 were new LVP was just installed.
26 pc	26	Johnsonite Cove Cap (CCC-49-A) beige
40 pc	40	Johnsonite cove base 4 x 4 x 1/8 - 49 beige
1 bucket	1	Chapco Top Gun Adhesive
	1	Labor to install carpet with Cove Cap and cove base
	1	Freight

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Finance charge of 1 1/2% per month will be accessed after the date of the invoice. Customer to pay all collection cost incurred on any past due amounts.
Warranties are voided if balance is not paid within 5 days of invoice.
No furniture/appliance moving is included in this estimate unless specifically stated.

Sanford Flooring can not disconnect any water/gas connections or toilets.

Subtotal	$1,737.58
Sales Tax (5.5%)	$65.32
Total	$1,802.90
Payments/Credits	-$1,802.90
Balance Due	$0.00

Sanford Flooring

1209 Main Street
Sanford, ME 04073
Phone 207-324-3643

Invoice

Date	Invoice #
5/11/2016	19149
Terms	Due Date
Due on receipt	5/11/2016

Bill To
Pinnacle Health 1142 Main St. Sanford, Maine 04073

Ship To
RECEIVED BY:

Rep	Customer Phone	P.O. No.	Project
Scott	603-348-3394 Marc cel		

Size	Qty	Description
12 x 45	60	Shaw - BN227 Quiet Wall - Camel Installed in hallway #2
26 pc	26	Johnsonite Cove Cap (CCC-49-A) beige
40 pc	40	Johnsonite cove base 4 x 4 x 1/8 - 49 beige
1 bucket	1	Chapco Top Gun Adhesive
	1	Labor to install carpet with Cove Cap and cove base
	1	Freight

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Finance charge of 1 1/2% per month will be accessed after the date of the invoice. Customer to pay all collection cost incurred on any past due amounts.
Warranties are voided if balance is not paid within 5 days of invoice.
No furniture/appliance moving is included in this estimate unless specifically stated.

Sanford Flooring can not disconnect any water/gas connections or toilets.

Subtotal	$1,737.58
Sales Tax (5.5%)	$65.32
Total	$1,802.90
Payments/Credits	-$1,802.90
Balance Due	$0.00

Sanford Flooring

1209 Main Street
Sanford, ME 04073
Phone 207-324-3643

Invoice

Date	Invoice #
11/29/2016	20017
Terms	Due Date
Due on receipt	11/29/2016

Bill To
Pinnacle Health 1142 Main St. Sanford, Maine 04073

Ship To
RECEIVED BY:

Rep	Customer Phone	P.O. No.	Project
Scott	603-348-3394 Marc cel		

Size	Qty	Description
12 x 40	53.33333	Shaw - BN227 Quiet Wall - Camel. Installed in hallway #1 2nd floor were new LVP was just installed. The section that has VCT does not need to be done. It was recently done
26 pc	26	Johnsonite Cove Cap (CCC-49-A) beige
40 pc	40	2JCB494418 Johnsonite cove base 4 x 4 x 1/8 - 49 beige
1	1	Chapco Top Gun - Carpet Adhesive - 1 Gal
	1	Labor to install carpet with Cove Cap and cove base
	1	Freight

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Finance charge of 1 1/2% per month will be accessed after the date of the invoice. Customer to pay all collection cost incurred on any past due amounts.
Warranties are voided if balance is not paid within 5 days of invoice.
No furniture/appliance moving is included in this estimate unless specifically stated.

Sanford Flooring can not disconnect any water/gas connections or toilets.

Subtotal	$1,645.26
Sales Tax (5.5%)	$60.24
Total	$1,705.50
Payments/Credits	-$1,705.50
Balance Due	$0.00

Sanford Flooring

1209 Main Street
Sanford, ME 04073
Phone 207-324-3643

Invoice

Date	Invoice #
12/12/2017	21600
Terms	Due Date
Due on receipt	12/12/2017

Bill To
Pinnacle Health 1142 Main St. Sanford, Maine 04073

Ship To RECEIVED

BY:

Rep	Customer Phone	P.O. No.	Project
Scott	603-348-3394 Marc cel		

Size	Qty	Description
12 x 45	60	Shaw - BN227 Quiet Wall - Camel Installed in hallway #3
26 pc	26	Johnsonite Cove Cap (CCC-49-A) beige
40 pc	40	Johnsonite cove base 4 x 4 x 1/8 - 49 beige
1 bucket	1	Chapco Top Gun Adhesive
	1	Labor to install carpet with Cove Cap and cove base
	1	Freight

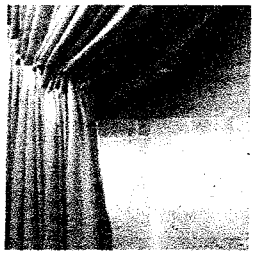
All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Finance charge of 1 1/2% per month will be accessed after the date of the invoice. Customer to pay all collection cost incurred on any past due amounts.
Warranties are voided if balance is not paid within 5 days of invoice.
No furniture/appliance moving is included in this estimate unless specifically stated.

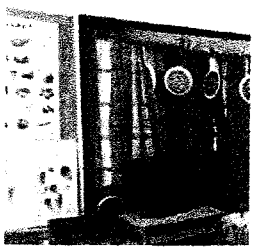
Sanford Flooring can not disconnect any water/gas connections or toilets.

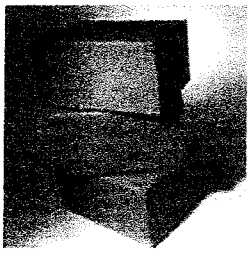
Subtotal	$1,737.58
Sales Tax (5.5%)	$65.32
Total	$1,802.90
Payments/Credits	-$1,802.90
Balance Due	$0.00

BanFire

THE 'GREEN' FIRE RETARDANT







REGISTERED FLAME RETARDANT C-26701

Keeps flames from spreading on Drapes, Uniforms, Clothing, Upholstery, Paper and most absorbent material.

BanFire is an environmentally friendly product which is used to retard fire in most absorbent fabrics, including polyesters. It forms a thermal insulation barrier that prevents dangerous flames from spreading. Completely clear and odorless, BanFire also inhibits the development of toxic smoke.

BanFire is used by schools, daycares, nursing homes, restaurants and other public facilities in order to meet NFPA 701 requirements for fire safety in Life Code 101 situations. Approved by CalFire for use in California public spaces.

Applications: Use to treat materials and surfaces such as drapes, curtains, posters, boxes, uniforms, clothing, carpeting, packing materials, motor home interiors, and holiday decorations for added safety against fire. Average coverage is 400 sq ft per gallon, with two coats. NOTE: always check with your fire marshal to be sure he will accept BanFire for your application.

Directions: BanFire is easy to use. Just spray BanFire on the item or surface being treated, let dry, then repeat. In all applications, allow BanFire to completely penetrate the item or surface. Allow material to air-dry completely. If you are using BanFire to fire-retard clothing, carpeting and other fabrics, it is recommended that BanFire be reapplied after washing. Re-treatment every 3-5 years may be needed depending on exposure to sunlight and dust/dirt. Once treated, the product is effective until washed out. Test on small sample to ensure against adverse reaction. Do no use on jute burlap. Avoid over-spray onto flat latex paint, since it may spot.

- **NFPA 701 tested by Nationally Recognized Lab TexTest Fabric Testing.**
- **Approved for use in California, CalFire Title 19 Section 1237.1, registration #C-26701**
- **ASTM E-84 Class B for Wood**
- **Inhibits Toxic Smoke Development**
- **Helps Prevent Spread of Dangerous Flames**
- **Non-Corrosive & Non-Staining**
- **Easy to Apply & Safe to Store**
- **Non-Toxic, Eco-Friendly - NO PBDE's or Toxins**
- **Curtains, Paper, Hay & other Absorbent Materials**

Technical Information:
BanFire fire retardant was tested and passed NFPA 701 Test 1 by TexTest Fabric Testing. This makes it acceptable for most Life Code 101 applications for hanging fabrics in public spaces.

> 10.3.1* Where required by the applicable provisions of this *Code*, draperies, curtains, and other similar loosely hanging furnishings and decorations shall meet the flame propagation performance criteria contained in NFPA 701, *Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.*

BanFire also passed CA Title 19 Section 1237.1 for California, (C-26701) and is also rated as a Class B retardant for ASTM E84 for construction materials, tested by QAI/SGS Labs in Tulsa, with a 45 flame spread and 115 smoke development.

Availability:
BanFire is available in a convenient 32 ounce pump spray, or in 1, 5, 55 or 275 gallon containers for bulk applications. No mixing or dilution is required. BanFire is considered non-toxic. Toxicity information and MSDS information are available at www.banfire.net.

RDR Technologies
Oklahoma City, OK
405-702-0055
www.rdrtechnologies.com

RDR TECHNOLOGIES

MATERIAL SAFETY DATA SHEET

BanFire
THE 'GREEN' FIRE RETARDANT

BanFire is a water-based fire retardant designed to reduce fire propagation in fabrics. It has passed the NFPA 701 Test 1 standard, with testing done by TexTest Testing Services. As such, it meets most Life Code 101 requirements for hanging fabrics in public spaces. It has passed CA Title 19 Section 1237.1 test and is registered with CalFire (C-26701). It is also considered a Class B retardant for wood, according to ASTM E84 standard for construction materials (testing by QAI Labs, 45 Flame Spread and 115 Smoke Development). One gallon of BanFire will treat 400 square feet with two applications for all three standards.

IDENTIFICATION

BY:

Product Name: BanFire
Manufacturer: RDR Technologies
Address: 835 SE 30th St., Suite C
Oklahoma City, OK 73129
Phone: 405-702-0055

CAS#: Not issued
Chemical Family: Amino Salt in Water Solution
TSCA Inventory: All components of flame retardant composition appear on the Inventory of Chemical Substance published by the EPA.
DOT Hazard Class: Not Applicable
DOT Label Requirements: Not Applicable

Physical Hazard Rating:
National Fire Protection Association
Health 0
Flammability 0
Reactivity 0

HAZARDOUS INGREDIENTS / IDENTITY INFORMATION

If handled in accordance with good industrial hygiene and safety practices, is not a health hazard nor does it present unusual physical or health hazards.

OSHA and AGGIH have not established specific exposure limits for this material. It should be treated as a nuisance when dried to form a powder with exposure Emits as follows:

OSHA PEL: 8-hours
TWA: Total 15 mg/m 3; Respirable 5 mg/m3
AGGIH TLV: 8-hours
TWA: Total I 0 mg/m3-, Respirable 5 mg/m3

PHYSICAL/CHEMICAL CHARACTERISTICS

Appearance: Clear aqueous solution, odorless.
Boiling Point: Not Applicable.
Vapor Pressure: Not Applicable.
Vapor Density: Not Applicable.
Solubility in Water: Soluble in water
Melting. Point: Decomposes at a temperature range beginning at 160°C.

FIRE & EXPLOSION HAZARD DATA

Flash Point: Not Applicable.
Flammable Limits: Not Applicable.
Fire Extinguishing Media: Use that which is appropriate for surrounding fire.
Special Fire Fighting Procedures: Firefighters should use full protective clothing and a self-contained breathing apparatus.
Unusual Fire/Explosion Hazards: Thermal decomposition can yield ammonia, cyanic acid, carbon dioxide, carbon monoxide, oxides of nitrogen and phosphorus oxide. Fumes can be toxic in a confined space.

REACTIVITY DATA

Stability: Stable
Conditions to Avoid: Not Applicable.
Incompatibility with other Materials: Avoid contact with strong oxidizing agents.
Hazardous decomposition Products: Thermal decomposition in the presence of air may yield ammonia, carbon monoxide, carbon dioxide, cyanic acid, phosphorus oxides and oxides of nitrogen.
Hazardous Polymerization: Will not occur.

HEALTH HAZARD DATA

Eye Effects: Contact with the aqueous solution may be irritating to the eyes and may cause burning, tearing, and redness.
Skin Effects: Prolonged or repeated contact may cause skin irritation. Avoid skin exposure to water solutions or slurries.
Inhalation: Not Applicable
Ingestion: Ingestion of excessive quantities may cause irritations of the digestive tract, give a large glass of milk. Do not induce vomiting. Call a physician immediately.
Medical Condition Aggravated by Exposure: Skin conditions may be aggravated by aqueous solutions.
Chronic Hazard: No known chronic hazards. Not listed by OSHA, NTP or IARC as a carcinogen.
Medical Conditions Generally Aggravated by Exposure: None known. Possibly skin diseases

SHIPPING GUIDELINES

Non-HAZMAT, Non-Hazardous
Shipping Class: 60
Harmonized Code: 38.09.91.90
Packing Group: N/A

FIRST AID PROCEDURES

Eyes: For direct contact, flush the affected eye(s) with clean water. If irritation or redness develops, seek medical attention.
Skin: Remove contaminated clothing. Wash affected area with mild soap and water. If irritation or redness develops and/or persists, seek medical attention. Inhalation: If irritation to nose, throat, and/or lungs occurs, move victim away from exposure, and into flesh air. If irritation persist, seek medical attention.

PRECAUTIONS FOR SAFE HANDLING AND USE

Spills: Isolate spill and restrict entry. Sweep up and package appropriately for disposal. Contact state, local and federal authorities as required.
Waste Disposal Method: Dispose of product in accordance with local, county, state and federal regulations.
Storage and Handling: Store tightly closed containers in a cool, dry, well ventilated area. Use good personal hygiene practices. Avoid product contact.

PERSONAL PROTECTION MEASURES

Respiratory: Use NIOSH approved filter-type respirator as needed.
Gloves: The use of gloves impermeable to the material is advised to prevent possible skin irritation.
Eyes: Approved eyes protection to safeguard against potential eye contact, irritation or injury is recommended.

DISCLAIMER

The information in this document is believed to be correct as of the date issued. HOWEVER, NO WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY USE, OR ANY OTHER WARRANTY IS EXPRESSED OR IS TO BE IMPLIED REGARDING THE ACCURACY OR COMPLETENESS OF THIS INFORMATION, THE RESULTS TO BE OBTAINED FROM USE OF THIS INFORMATION OR THE PRODUCT, THE SAFETY OF THIS PRODUCT, OR THE HAZARDS RELATED TO ITS USE. This information and the product are furnished on the condition that the person receiving them shall make his own determination as to the suitability of the product for his particular purpose and on the condition that he assume the risk of his use thereof.

Fire Door Inspection

Facility_____ **Tester Name**_____

Date_____ **Fire Rating** _____ **Location** _____

The 2012 edition of the Life Safety Code requires nursing facilities to complete an annual inspection and testing of fire doors assemblies in accordance section 8.3.3.1. The annual inspection will be inspected and tested in accordance with the 2010 NFPA 80. The Inspection and testing of fire door assemblies shall be performed by individuals with knowledge and understanding of the operating components of the type of door being subject to testing. Doors selected for inspection include:

1. Fire rated labeled doors located in fire resistance rated wall assemblies
2. Fire rated labeled Doors in exit enclosures - typically stairwells
3. Fire rated labeled Doors in other fire resistance rated walls such as hazardous areas and fire pump enclosures

In health care occupancies, non-rated doors assemblies including corridor doors to patient care rooms and smoke barrier doors are not subject to the annual inspection and testing requirements of either NFPA 80 or NFPA 105. CMS, however, strongly suggests that non-rated doors should be routinely inspected as part of the facility maintenance program. It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections.

Operation
- ☐ Swings freely
- ☐ Closes properly
- ☐ Latches properly
- ☐ Other _____

Frame
- ☐ Label present and legible
- ☐ Is secure
- ☐ No open holes/breaks
- ☐ Frame not rusted through
- ☐ Gaskets intact
- ☐ Other _____

Door
- ☐ Label present and legible
- ☐ Correct Clearance (do not exceed clearances listed in 4.8.4 and 6.3.1)
- ☐ No open holes/ breaks
- ☐ Glazing/vision light frames intact
- ☐ Not Damaged / delaminated door
- ☐ Door not rusted-through
- ☐ No non-compliant field modification which would invalidate the door label according to 5.1.5.2.1
- ☐ No visible signs of damage
- ☐ Other

Door Closer
- ☐ Operates Properly
- ☐ All hardware installed
- ☐ Coordinator, if present, operates properly
- ☐ Securely installed
- ☐ Other _____

Hinges
- ☐ Correct
- ☐ Securely installed
- ☐ Other _____

Flush Bolts
- ☐ Correct
- ☐ Securely installed
- ☐ Other _____

Lockset / Hardware
- ☐ All hardware installed
- ☐ Strike in good shape
- ☐ Securely installed
- ☐ Coordinator working properly
- ☐ Other _____

Fire Exit Hardware
- ☐ All hardware installed
- ☐ Strike in good shape
- ☐ Securely installed
- ☐ Other _____

Other
- ☐ Auxiliary hardware does not interfere with operation
- ☐ No decoration attached to door
- ☐ Signage meets requirements listed in 4.4.1
- ☐ Other _____

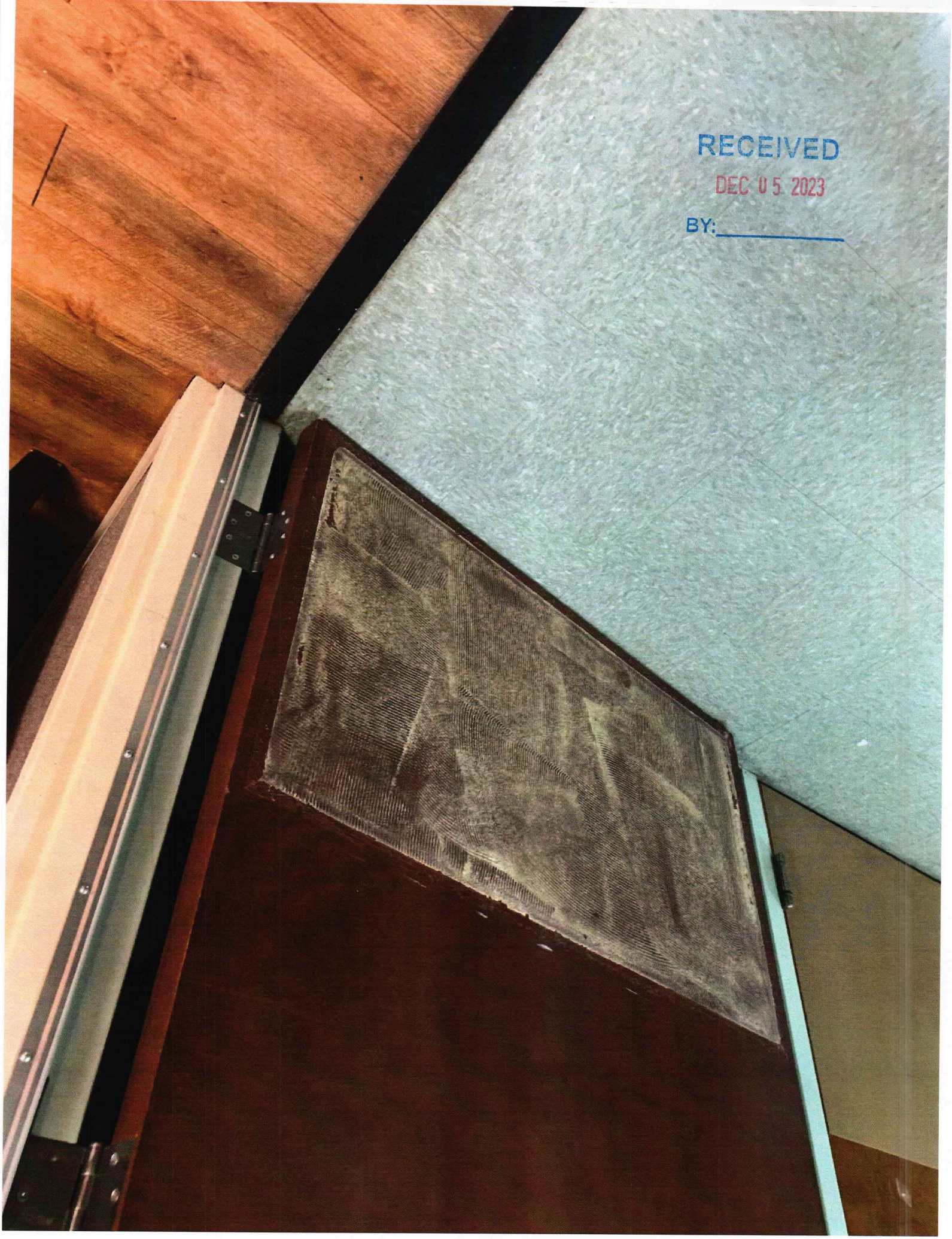
Comments/Corrections_____

_____

Tester Signature_____

Use one form for each door inspected. Maintain record for 3 years.

Revised 09/18/17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