STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205095	A. BUILDING 01 RECEIVED B. WING FEB 06 2025	01/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENNEBUNK CENTER FOR HEALTH & REHABILITATION, LLC	158 ROSS RD BY: KENNEBUNK, ME 04043

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments Federal Recertification Survey Survey Date: 01.13.2025 Kennebunk Center for Health & Rehab, 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 for Emergency Preparedness.	E 000		
E 037 SS=F	EP Training Program CFR(s): 483.73(d)(1) §403.748(d)(1), §416.54(d)(1), §418.113(d)(1), §441.184(d)(1), §460.84(d)(1), §482.15(d)(1), §483.73(d)(1), §483.475(d)(1), §484.102(d)(1), §485.68(d)(1), §485.542(d)(1), §485.625(d)(1), §485.727(d)(1), §485.920(d)(1), §486.360(d)(1), §491.12(d)(1). *[For RNCHIs at §403.748, ASCs at §416.54, Hospitals at §482.15, ICF/IIDs at §483.475, HHAs at §484.102, REHs at §485.542, "Organizations" under §485.727, OPOs at §486.360, RHC/FQHCs at §491.12:] (1) Training program. The [facility] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and	E 037	- Center-based Emergency Preparedness Training will be provided to incoming Nursing Agency staff member(s). - A house audit was conducted to ensure Nursing Agency staff have received center-based Emergency Preparedness training. Training will be disseminated to Nursing Agency staff and the Maintenance Director (Safety Officer) or Staff Development Coordinator, or designee, will control compliance maintaining log of completed training. - The Maintenance Director (Safety Officer) or Staff Development Coordinator, or designee, will report out at monthly QAPI meeting to members for 3 months minimum, or until excused from Members, the Emergency Preparedness Compliance Log detailing completion of programming by Nursing Agency staff. - Maintenance Director (Safety Officer) or Staff Development Coordinator, or designee, will conduct random weekly audit x 4 weeks and monthly x 2 months of agency staff to ensure they have completed building specific fire safety training. Results will be presented to the QAPI team monthly. - Fire Safety training will be intergraed into Emergency Preparedness Training for Nursing Agency staff.	2/6/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	2/6/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205095	A. BUILDING 01 B. WING	01/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENNEBUNK CENTER FOR HEALTH & REHABILITATION, LLC	158 ROSS RD KENNEBUNK, ME 04043

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E 037	Continued From page 1 procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures. *[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles. (ii) Demonstrate staff knowledge of emergency procedures. (iii) Provide emergency preparedness training at least every 2 years. (iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others. (v) Maintain documentation of all emergency preparedness training. (vi) If the emergency preparedness policies and procedures are significantly updated, the hospice must conduct training on the updated policies and procedures. *[For PRTFs at §441.184(d):] (1) Training program. The PRTF must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) After initial training, provide emergency preparedness training every 2 years. (iii) Demonstrate staff knowledge of emergency	E 037		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205095	A. BUILDING 01 _____ B. WING _____	01/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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E 037	Continued From page 2	E 037		

procedures.
(iv) Maintain documentation of all emergency preparedness training.
(v) If the emergency preparedness policies and procedures are significantly updated, the PRTF must conduct training on the updated policies and procedures.

*[For PACE at §460.84(d):] (1) The PACE organization must do all of the following:
(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants, and volunteers, consistent with their expected roles.
(ii) Provide emergency preparedness training at least every 2 years.
(iii) Demonstrate staff knowledge of emergency procedures, including informing participants of what to do, where to go, and whom to contact in case of an emergency.
(iv) Maintain documentation of all training.
(v) If the emergency preparedness policies and procedures are significantly updated, the PACE must conduct training on the updated policies and procedures.

*[For LTC Facilities at §483.73(d):] (1) Training Program. The LTC facility must do all of the following:
(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role.
(ii) Provide emergency preparedness training at least annually.
(iii) Maintain documentation of all emergency

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	205095	A. BUILDING 01 B. WING	01/13/2025

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E 037	Continued From page 3 preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. *[For CORFs at §485.68(d):](1) Training. The CORF must do all of the following: (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency plan within 2 weeks of their first workday. The training program must include instruction in the location and use of alarm systems and signals and firefighting equipment. (v) If the emergency preparedness policies and procedures are significantly updated, the CORF must conduct training on the updated policies and procedures. *[For CAHs at §485.625(d):] (1) Training program. The CAH must do all of the following: (i) Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected	E 037		

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FEB 06 2025
BY:

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E 037	Continued From page 4 roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and procedures are significantly updated, the CAH must conduct training on the updated policies and procedures. *[For CMHCs at §485.920(d):] (1) Training. The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least every 2 years. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long-term care facility failed to provide Emergency Preparedness training annually in accordance with 42 CFR 483.73 Finding: Based on interview and documentation review on 01.13.2025, between the hours of 9:30 AM and 12:15 PM, this surveyor, accompanied with the Maintenance Director observed the following: 1. No documentation of initial training in emergency preparedness policies and procedures to all individuals providing services	E 037		

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E037	Continued From page 5 under arrangement consistent with their expected roles. The Maintenance Director stated the agency provided training for staff but not site specific. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	E037		
K000	INITIAL COMMENTS Federal Recertification Survey: Survey Date: 01.13.2025 Kennebunk Center for Health & Rehabilation, a Long Term Care Facility, was surveyed to the National Fire Protection Association 101 Life Safety Code 2012 Edition as reference on 42 CFR 483.90 (a-d) physical environment and is not in substantial compliance.	K000	K211 -Center hired licensed architect to conduct plan review on decommissioning of existing emergency exit door on Windy Wing, and converting it to a convenience exit. Attached is a written/signed contract including permit to decommission emergency exit door. - Upon re-designation, all Center walk ways will be in compliance with standard.	2/17/25
K211 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 observations, the long-term care facility failed to maintain all exterior exit discharge paths to the public way clear of obstructions and an adequate walking surface in 1 of the 4 smoke compartments per NFPA 101, Life Safety Code, 2012 Edition, Sections 7.1.6 and 7.1.10.1	K211	B Eagle Unit, Room 30, non-fire rated plastic curtain hung in doorway. - Non-fire rated plastic curtain has been removed from Eagle Unit Room 30 doorway. - Non-fire rated plastic curtain(s) will not be utilized in the Center. - Center will cease use of all non-fire rated plastic curtains in the Center. - Maintenance director will perform random weekly audits x 4 weeks and x 2 months to ensure there are no plastic curtains being utilized.	

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K 211	Continued From page 6 Findings: Based on interview and documentation review on 01.13.2025, between the hours of 9:30 AM and 12:15 PM, this surveyor, accompanied with the Maintenance Director observed the following: 1. The Windy Lounge exterior exit discharge paths did not terminate at the public way. The path from the wooden platform to the public way is grass. 2. The Windy Lounge exterior exit discharge was not shoveled. 3. Eagle Wing patient room 30 has non fire rated plastic shower curtain in egress door. Nursing staff states regulators told them to install it as the patient has COVID and anxiety and refuses to have her door closed. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 211		
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to comply with NFPA 99,	K 919	- Windemere Lounge will be used after hours to charge battery-powered wheelchairs for our designated Wheelchair Charging oom - Secured contractor to install ceiling ventilation system exhausted to exterior to satisfy manufacturer instruction regarding ventilation. - All battery-powered wheelchairs will remain in the Windemere Lounge while charging and will be made available to resident(s) upon request. - Windemere Lounge will be designated as the sole battery powered wheelchair Charging Station promoted by Center announcements and signage. - Maintenance Director, or designee, will conduct random weekly audits for 4 weeks and then monthly for 2 months to ensure battery powered wheelchairs are being charged in the proper area. Audits will be submitted monthly to QAPI Committee Members. -Windemere Lounge will be fitted with a locked door as the designated battery-powered wheelchair charging station.	2/17/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 919	Continued From page 7 Healthcare Facilities Code, 2012 sections 10.5.2.7, 10.5.3.1, & NFPA 101, Life Safety Code, 2012 Edition in 1 of 4 smoke compartments. Finding: Based on interview and documentation review on 01.13.2025, between the hours of 9:30 AM and 12:15 PM, this surveyor, accompanied with the Maintenance Director observed the following: 1. Wheelchair being charged in the Windy Lounge, the facility could not provide an manufactures instructions to provide if charging of the battery is a safety issue. The risk is the release of combustible and/or toxic gases. Batteries should also be charged with the guidelines set forth by the manufacturer's recommendations. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 919		
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	K 920	- The power cord has been removed from the Business Office. - A house audit throughout the building has been conducted to ensure no other power/extension cords are used for refrigerators and/or microwaves. - Monthly Safety Inspection scope will be modified to include "Review For Extension Cords Powering Refrigerators and/or Microwaves." Maintenance Director will discuss "no exception" standard for utilizing power cords with refrigerators and/or microwaves at monthly QAPI meetings during Safety Inspection address. - Maintenance Director, or designee, will conduct random weekly audits for 4 weeks and then monthly for 2 months to any power cords in use are appropriate and meet standards. Audits will be submitted monthly to QAPI Committee Members.	2/6/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 920	Continued From page 8 PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to ensure that power strips are not used for non-PCREE (Patient-care-related electrical equipment) and that power strips are not used as a substitute for fixed wiring in accordance with NFPA 99 Chapter 10, NFPA 70 chapter 4 {400.8(1)} On 1/13/2024, between 10:00 AM and 12:3 PM, surveyor, with the Maintenance director present observed the following: 1. In the business office, a mini fridge and microwave found plugged into a power strip as a permanent power source. The surveyor confirmed this finding with the Maintenance director at the time of the observation.	K 920		

Seekins, Brett

From:	noreply@maine.gov
Sent:	Wednesday, February 5, 2025 2:02 PM
To:	Seekins, Brett
Subject:	OFFICIAL CONSTRUCTION PERMIT FOR KENNEBUNK CENTER FOR HEALTH & REHABILITATION - EXIT SIGN REMOVAL IS ATTACHED
Attachments:	Permit.pdf

IMPORTANT PERMIT INFORMATION

The attached **CONSTRUCTION PERMIT** has been issued to **KENNEBUNK CENTER FOR HEALTH & REHABILITATION - EXIT SIGN REMOVAL** by the State of Maine **FIRE MARSHAL'S OFFICE**. This attachment is the official record and may be printed for your records (you will not be mailed a printed copy). **It is your responsibility as the building owner, owners' representative, or contractor to ensure all pertinent parties receive a copy of this permit. Each permit issued shall be displayed at the site of construction. Any changes to the project from what was permitted shall require updated drawings and may be subject to further review or permitting. Please update this office with any proposed changes prior to facilitating the change.**

The requirements of NFPA 241 2019 edition, for safeguarding of demolition, construction and renovations apply. Please be certain to review NFPA 241 and coordinate with Owner, design professional, contractors, and local officials as required.

Please make a note of the date your permit expires. The expiration date applies only if the construction has not begun by that date and no permission has been granted to extend the date. Once installation begins, the permit is valid as long as work is continuous.

You can verify the status of your permit at any time by visiting:
https://www.pfr.maine.gov/ALMSOnline/ALMSQuery.

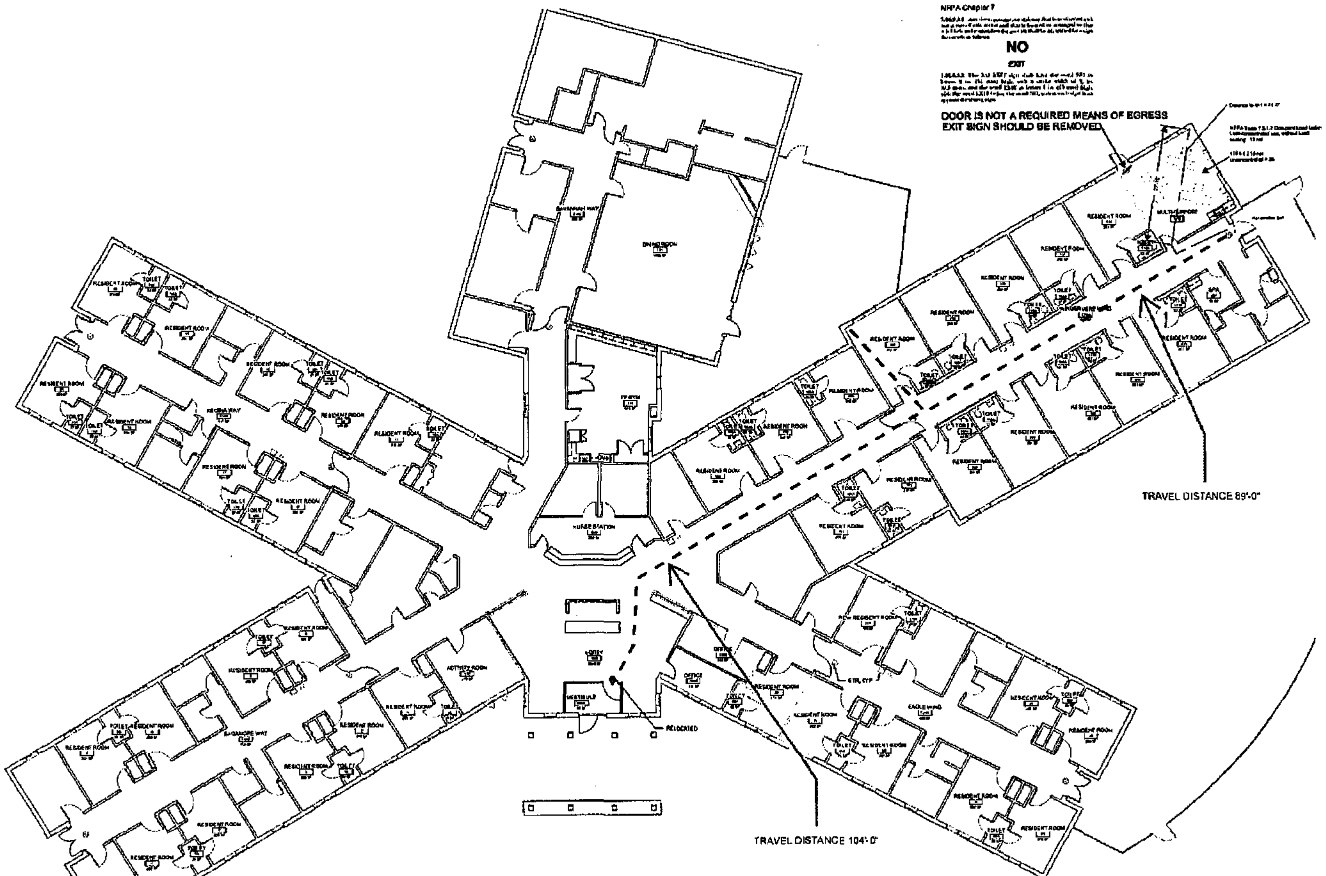
If you have questions, please call (207) 626-3880.

NFPA Chapter 7

NO

EXIT

DOOR IS NOT A REQUIRED MEANS OF EGRESS
EXIT SIGN SHOULD BE REMOVED



1 FIRST FLOOR CODE PLAN

CODE REVIEW - IBC	
Code Description IBC	Code Data IBC 2015
OCCUPANT LOAD	[illegible] SF PER SLEEPING, 240 SF PER INPATIENT TREATMENT AREAS
USE GROUP CLASSIFICATION - FIRST FLOOR	[illegible]
TYPE OF CONSTRUCTION - FIRST FLOOR	TYPE V-A
ACTUAL BUILDING AREA	[illegible] SF
RENOVATED BUILDING AREA	[illegible] SF
AUTOMATIC SPRINKLER SYSTEM	
BUILDING HEIGHT	[illegible]
FIRE SUPPRESSION	
BEARING WALLS EXTERIOR	1 HOUR
BEARING WALLS INTERIOR	1 HOUR
NON BEARING WALLS AND PARTITIONS	0 HOUR
FLOOR CONSTRUCTION	1 HOUR
ROOF/CEILING CONSTRUCTION	1 HOUR
COLUMNS	1 HOUR
STRUCTURAL MEMBER	1 HOUR
FIRE EXTINGUISHERS	1. LOCATION TO BE FIELD VERIFIED BY FIRE CHIEF PRIOR TO INSTALLATION
FLAME SPREAD RATINGS	
INTERIOR FINISH REQUIREMENTS	SPRINKLERED BUILDINGS
REQUIRED VERTICAL EXITS & PASSAGEWAYS	CLASS B
CORRIDORS PROVIDING EXIT ACCESS	CLASS B
ROOMS OR ENCLOSED SPACES	CLASS B
INTERIOR FLOOR FINISH REQUIREMENTS	
CORRIDORS PROVIDING EXIT ACCESS	CLASS B
GENERAL NOTES	1. ALL PENETRATIONS OF SMOKE BARRIERS, PARTITIONS, FIRE RATED WALLS AND FLOORS SHALL BE SEALED WITH PROPER APPROVED MATERIALS
	2. ALL WORK SHALL CONFORM TO LOCAL AND STATE CODES, ORDINANCES, AND REQUIREMENTS, ACCESSIBILITY PER A.D.A.A.G.

CODE REVIEW - NFPA	
CODE DESCRIPTION NFPA	CODE DATA NFPA 2018
OCCUPANT LOAD	[illegible] SF PER SLEEPING, 240 SF PER INPATIENT TREATMENT AREAS
USE GROUP CLASSIFICATION	CHAPTER 18 & CHAPTER 19 NEW & EXISTING HEALTHCARE OCCUPANCIES
ACTUAL BUILDING AREA	[illegible] SF
BUILDING HEIGHT	[illegible]
FIRE SUPPRESSION	YES
EXTERIOR BEARING WALLS	1 HOUR
INTERIOR BEARING WALLS	1 HOUR
COLUMNS	1 HOUR
EXTERIOR NON BEARING WALLS	1 HOUR
STRUCTURAL MEMBER	1 HOUR
FLOOR/CEILING ASSEMBLY	
ROOF/CEILING CONSTRUCTION	
FIRE EXTINGUISHERS	LOCATIONS TO BE FIELD VERIFIED BY FIRE CHIEF PRIOR TO INSTALLATION
DEAD END CORRIDORS	30 FT MAX
COMMON PATH OF TRAVEL	100 FEET
TRAVEL DISTANCE	200 FEET WITHIN SMOKE COMPARTMENT
	150 FEET NOT WITHIN SMOKE COMPARTMENT
FLAME SPREAD RATINGS	
INTERIOR FINISH REQUIREMENTS	SPRINKLERED BUILDING
EXIT ENCLOSURES	CLASS A OR B
LOBBIES AND CORRIDORS	CLASS A OR B
OTHER SPACES	CLASS A OR B
INTERIOR FLOOR FINISH REQUIREMENTS	
EXITS	CLASS I OR II
CORRIDORS	CLASS I OR II
GENERAL NOTES	1. ALL PENETRATIONS OF SMOKE BARRIERS, PARTITIONS, FIRE RATED WALLS AND FLOORS SHALL BE SEALED WITH PROPER APPROVED MATERIALS
	2. ALL WORK SHALL CONFORM TO LOCAL AND STATE CODES, ORDINANCES, AND REQUIREMENTS, ACCESSIBILITY PER A.D.A.A.G.
	3. ALL WOOD BLOCKING SHALL BE FIRE RETARDANT.

RECEIVED
FEB 06 2025
BY:

GAWRON TURGEON ARCHITECTS, P.C.

KENNEBUNK REHAB & LIVING CENTER
NATIONAL HEALTHCARE
KENNEBUNK, MAINE

REVISIONS

SHEET TITLE
CODE REVIEW

G102

VK Kennebunk, LLC
To: TREASURER STATE OF MAINE TREAS10

Check Number: 003024
Date: 01/30/2025

Invoice Number	Date	Description	Amount	Discount	Paid Amount
CONSTRUCTION PERMIT	01/30/2025		$150.23	$0.00	$150.23
TOTALS:			$150.23	$0.00	$150.23

VK Kennebunk, LLC
150 Ross Road
VK Kennebunk, LLC
Kennebunk, ME 04043

Webster Bank
003024
46-1905647

Pay: One Hundred Fifty Dollars And 23 Cents

DATE	AMOUNT
Jan 30, 2025	$150.23

to the Order of:

TREASURER STATE OF MAINE
51 Commerce Drive

Augusta, ME 04330

⑈003024⑈ ⑆011100704⑆ 002416053⑈

STATE OF MAINE - DEPARTMENT OF PUBLIC SAFETY
OFFICE OF STATE FIRE MARSHAL
45 COMMERCE DR STE 1
AUGUSTA, ME 04333-0001

Construction Permit

No. 30957

In accordance with the provisions of M.R.S.A. Title 25, Chapter 317, Sec.317 and Title 5, Section 4594-F, permission is hereby granted to construct or alter the following referenced building according to the plans hitherto filed with the Commissioner and now approved. No departure from application form/plans shall be made without prior approval in writing. Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.

Each permit issued shall be displayed at the site of construction.

RECEIVED
FEB 06 2025
BY:

Building: KENNEBUNK CENTER FOR HEALTH & REHABILITATION - EXIT SIGN REMOVAL
Location: 158 ROSS RD, KENNEBUNK, ME 04043-6532
Owner: VK HEALTH FACILITIES, LLC C/O NATIONAL
Owner Address: VK HEALTH FACILITIES, LLC C/O NATIONAL
20 E SUNRISE HWY
VALLEY STREAM, NY 11581-1260

Occupancy Type: Health Care
Secondary Use:
Use Layout: Single Use
Sprinkler System
Fire Alarm System
Construction Mode: Renovation
Protected Wood Frame: Type V (111)
Final Number of Stories: 1

Permit Date: 02/05/2025 **Expiration Date:** 08/04/2025

Notes and additional requirements:

*Any changes to the project from what was permitted shall require updated drawings and may be subject to further review or permitting. Please update this office with any proposed changes prior to facilitating the change. The requirements of NFPA 241 2019 edition, for safeguarding of demolition, construction and renovations apply. Please be certain to review NFPA 241 and coordinate with Owner, design professional, contractors, and local officials as required.

COMMISSIONER OF PUBLIC SAFETY

CONSTRUCTION PERMIT APPLICATION

Department of Public Safety
Office of State Fire Marshal
45 Commerce Dr, Suite 1
Augusta, Maine 04333-0052

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BY:

Project Information

Project Name: Kennebunk Center for Health & Rehabilitation - Exit sign removal

Street Location: 158 Ross Road Town: Kennebunk

County: York Zip Code: 04043

Project Type:
- New Building/Addition ☐
- Renovation ☑
- Occupancy Change ☐

Building Occupancy Use Layout:
- Single use ☑
- Separated Use ☐
- Mixed Use ☐

Sprinkler System:
No ☐ Yes ☑ Supervised ☐

Fire Alarm:
No ☐ Yes ☑ Monitored ☐

Project Information:
Projected Start Date: _____
Projected End Date: _____
Total Project Cost: $ 150.00

Number of Stories:
Original # of Stories: _____
Affected # of Stories: _____
Total # of Stories: 1

Square Footage:
Renovated s.f. _____
New Construction s.f.: _____
Total s.f.: 29,511

Adjusted Project Cost* for Fee Calculation: $ 150.00 X 0.0015 = **Construction Permit Fee:** $ 0.23
**see attached fee schedule for more information*

Occupancy Classification:
- ☐ Apartments
- ☐ Business
- ☑ Health Care
- ☐ Other
- ☐ Ambulatory Health Care
- ☐ Detention/Correctional
- ☐ Hotel/Dormitory
- ☐ Rooming & Lodging
- ☐ Educational
- ☐ Industrial
- ☐ Storage
- ☐ Assembly ☐ <300 ☐ >300 <1000 ☐ >1000
- ☐ Daycare ☐ >12 ☐ <12
- ☐ Residential Board & Care ☐ Large ☐ Small
- ☐ Mercantile ☐ Class A ☐ Class B ☐ Class C

Construction Type

Fire Resistive: Type I	(442) ☐	(332) ☐	Unprotected Ordinary: Type III	(200) ☐	
Protected Non-Combustible: Type II	(222) ☐	(111) ☐	Heavy Timber: Type IV	(2HH) ☐	
Unprotected Non-Combustible: Type II	(000) ☐		Protected Wood Frame: Type V	(111) ☑	
Protected Ordinary: Type III	(211) ☐		Unprotected Wood Frame: Type V	(000) ☐	

Brief description of work to be performed: Electrician to remove the exit sign/light for the exterior door in the 1st Floor lounge

Contact Information

Owner's Name: VK Health Facilities, LLC C/O National Phone: 516-705-4814 Fax: _____

Mailing Address: 20 E. Sunrise Hwy

Town: Valley Stream State: NY Zip Code: 11581 E-mail: bseekins@nathealthcare.com

Design Professional: Gawron Turgeon Dillon Architects PC Phone: 207-883-6307 Fax: _____

Mailing Address: 29 Black Point Road

Town: Scarborough State: ME Zip Code: 04074

Maine Registration #: _____ E-mail: dpio@gtdarchitects.com

Signature of Applicant: [signature]

DEPARTMENT OF PUBLIC SAFETY USE ONLY

☐ Permit Approved By: _____

Check #	Plan Reviewer	Date Permit Issued	Permit #

Last Revised 01/10/2025

Janet T. Mills
Governor

Michael Sauschuck
Commissioner

STATE OF MAINE
Department of Public Safety
State Fire Marshal's Office
Building Codes and Standards Unit
45 Commerce Drive, Suite 1
Augusta, Maine
04333-0052
207-624-7007

Shawn Esler
State Fire Marshal

RECEIVED
FEB 06 2025
BY:

BUILDING CODE SURCHARGE

Project Information

Project Name: Kennebunk Center for Health & Rehabilitation - Exit Sign Removal

Street Location: 158 Ross Rd Town: Kennebunk

Project Total Square Footage*: 1 **Building Code Surcharge:** _____

Sec. 13.25 MRSA §2450-A is enacted to read:

§2450-A. Surcharge on plan review fee for the Uniform Building Codes and Standards Fund

In addition to the fees established in section 2450, a surcharge of 4¢ per *square foot of *occupied space* must be levied on the existing fee schedule for new construction, reconstruction, repairs, renovations or new use for the sole purpose of funding the activities of the Technical Building codes and Standards Board with respect to the Maine Uniform Building and Energy Code, established pursuant to the Title 10, chapter 1103, the activities of the Bureau of Building Codes and Standards under chapter 314 and the activities of the Executive Department, State Planning Office under Title 30-A, section 4451, subsection 3-A,

The fee for review of a plan for the renovation of a public school, including the fee established under section 2450, may not exceed $450.

Revenue collected from this surcharge must be deposited into the Uniform Building codes and Standards Fund established by section 2374. **Please mail your Surcharge in the amount shown above to the address at the top of this letter.** Thank you in advance for your attention to this matter.

Date Fee received: _____

Paid by: _____

Check #: _____

Payment** for all fees, Construction Fee, Building Code Surcharge & Barrier-Free Fee, may be submitted on one check, payable to **Treasurer, State of Maine.