RECEIVED
JUN 13 2024
BY:

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

PRINTED: 05/31/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205077	A. BUILDING 01 B. WING	05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUGUSTA CENTER FOR HEALTH & REHABILITATION, LLC	188 EASTERN AVE AUGUSTA, ME 04330

(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: 05-29-24 Augusta Center for Health & Rehab, 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 Date:05/29/2024 Augusta Center for Health and Rehabilitation, a long-term care facility, was surveyed pursuant to the National Fire Protection Association, 101 Life Safety Code, 2012 Edition as referenced in Part 483.90(a-d) - Physical Environment is not in substantial compliance.	K 000	Please see attached documentation	
K 211 SS=E	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 ensure that the exterior means of egress are maintained free of obstructions per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.1, and 7.1.10.1.	K 211		

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

Administrator 06/12/2024

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 Finding: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. The exterior walkway to the public way from Kennebec Wing shows heaving in the center of the walking path with a drop-off on the sides making it uneven and a trip hazard. The elevation difference in the center of the walkway to the edges is between 1-2 inches of difference. The life safety code only allows a half inch of deviation in grade change. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 211		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour 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.	K 321		

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K 321	Continued From page 2 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure that the hazard areas are free of unprotected penetrations of the rated enclosure per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.2.1 Finding: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. A copper pipe penetration in the boiler room did not have firestopping present above the #3 water heater. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 321		
K 325 SS=D	Alcohol Based Hand Rub Dispenser (ABHR)	K 325		

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K 325	Continued From page 3 CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure that the Alcohol Based Hand Rub Dispenser (ABHR)were installed per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.2.6 Finding: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director	K 325		

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K 325	Continued From page 4 and Administrator present, observed the following: 1. A alcohol based hand rub dispenser located in the passport wing dayroom was installed above a heating source. The dispenser was relocated away from the heat source by maintenance staff during the survey. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 325		
K 331 SS=D	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 ensure that the interior finishes meet the ratings prescribed in NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.3, and 10.2. Findings: On May 29, 2024, between 9:00 AM and 12:15	K 331		

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K 331	Continued From page 5 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. The plywood in the files storage area is not a rated board. There was no documentation provided that the sheet of plywood has been treated to be flame retardant from the manufacturer. 2. The decorations on resident room doors could not be verified to meet the interior finish rating and no documentation was provided showing they were treated with an approved flame retardant spray product. The surveyor confirmed these findings with the Maintenance Director and Administrator at the time of the observation.	K 331		
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure that the Fire Alarm Control Panel was free of troubles per NFPA 72, National Fire Alarm and Signaling	K 345		

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K 345	Continued From page 6 Code, 2010 Edition, Section 10.16 and NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.4.1. and 9.6.1.5. Finding: On May 29, 2024, between 9:00 am and 12:15 pm, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. Fire Alarm Control Panel indicated a silenced trouble in Room 20 - Z002 - M33:P073. Documentation could not be provided to show when this was scheduled to be repaired. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 345		
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Sprinkler 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	K 351		

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K 351	Continued From page 7 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 ensure that the exterior projections have adequate sprinkler protection per NFPA 101, Life Safety Code, 2012 Edition, Sections 9.7, and 19.3.5 as well as NFPA 13 Standard for the Installation of Sprinkler Systems, 2010 edition, section 8.15.7. Finding: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. The combustible two part overhang covering the kitchen exit has only one horizontal sprinkler head. Please provide documentation from the sprinkler inspection company that the one sprinkler head provides adequate coverage. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 351		
K 754 SS=F	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space	K 754		

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K 754	Continued From page 8 shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long term care facility failed to ensure that the receptacles containing combustible material greater than 32 gallons are in a protected room and not exposed to the corridor. NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.5.7. and 19.7.5.7.2 (4) Findings: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. A paper recycling container (approximately 55-65 gallons) was being stored in a alcove open to the corridor located across from the administrators office and no documentation was provided to indicate that the container was listed as meeting the requirements of FM Approval Standard 6921, Containers for Combustible Waste.	K 754		

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K 754	Continued From page 9 The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation. Based on observation and interview, the long term care facility failed to ensure that the soiled linen and trash receptacles greater than 32 gallons are in a protected room and not exposed to the corridor. NFPA 101, Life Safety Code, 2012 Edition, Section 19.7.5.7. Finding: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. Soiled Linen and trash receptacles are being stored in an alcove exposed to the exit corridor in all three resident care wings.. The surveyor confirmed this finding with the Maintenance Director and Administrator at the time of the observation.	K 754		

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

AH
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 205077	MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	RECEIVED JUN 13 2024 BY:	DATE SURVEY COMPLETE: 5/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 363	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor 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 and interview, the long term care facility failed to ensure that the corridor doors resist the passage of smoke and are serviceable per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.6.3 Findings: On May 29, 2024, between 9:00 AM and 12:15 PM, a surveyor, with the Maintenance Director and Administrator present, observed the following: 1. The door to resident room 37 on the Kennebec Wing has a gap of 9/16 of an inch on the top latch side measured from the inside of the door in the closed position. 2. The door to resident room 6 on the Saco wing (S-CD-12) is delaminating. Documentation was provided at the time of inspection showing that a request for funding has been submitted for replacement but no documentation showing a door has been ordered was provided at the time of inspection. 3. The employee breakroom (A-CD-04) door is delaminating and is unserviceable. Documentation was provided at the time of inspection showing that a request for funding has been submitted for replacement but no documentation showing a door has been ordered was provided at the time of inspection. The surveyor confirmed these findings with the Maintenance Director and Administrator at the time of the observation.

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The above isolated deficiencies pose no actual harm to the residents

K 211 Means of Egress

A signed work order to repair the identified area of the walkway will be obtained by June 12, 2024. *See attached documentation from contractor inclusive of signed work order and e-mail correspondence indicating a time frame for completion of project.

Other walkways were reviewed during the inspection and found to be in compliance.

Exterior walkways being free of obstruction/uneven surfaces will be added to the facility environmental rounds and reviewed by the maintenance director.

The facility administrator will randomly audit exterior walkways to ensure they remain free of obstruction. Audit results will be reviewed through the center's Quality Assurance and Performance Improvement process for six months.

Completion Date: June 24, 2024

K 321 Hazardous Areas

The identified penetration was sealed with appropriate caulking at the time of discovery.

Other potential hazard areas were reviewed during the inspection and found to have appropriately sealed penetrations.

The maintenance director will routinely review hazard areas for penetrations as part of environmental rounds.

The facility administrator will randomly audit hazard areas to ensure penetrations are sealed and review audit results through the center's Quality Assurance and Performance Improvement process for six months.

Completion Date: June 24, 2024

K 325 Alcohol Based Hand Sanitizer

The identified alcohol-based hand sanitizer dispenser was removed at time of discovery.

Other alcohol-based hand sanitizer dispensers were reviewed during inspection and found to be in compliance.

The maintenance director will review the appropriateness of location before new alcohol-based hand sanitizer dispensers are installed.

The facility administrator, or designee will randomly audit for proper placement of alcohol-based hand sanitizer dispensers. A review of audit results through the center's Quality Assurance and Performance Improvement process for six months.

Completion Date: June 24, 2024

K 331 Interior Wall

The identified plywood located in the storage area will be removed. The identified decorations have been treated with fire rated spray and documented.

No other untreated pieces of plywood were identified in the center. The Maintenance Director will conduct a house-wide audit of decorations to ensure they are treated with fire-rated spray and documented as appropriate.

The Maintenance Director will ensure that future installations of wood products and wall hung decorations in the center will have a fire rating or be treated as appropriate and documentation will be retained.

The facility administrator, or designee, will randomly audit for fire rated treated items. Audit results will be reviewed through the center's Quality Assurance and Performance Improvement process for six months.

Completion Date: June 24, 2024

K 345 Fire Alarm System

The identified fire alarm code on the panel was addressed and serviced by Maine Fire Protection on May 29,2024.

The code alerted on fire alarm panel was for a detector in room 20. Maine Fire entered center of May 29, 2024, replaced faulty detector in room 20. Refer to document attached from Maine Fire indicating work conducted in relation to error code.

Education will be conducted to staff related to fire panel protocols.

The director of Maintenance is responsible to ensure fire alarm codes are addressed in a timely manner.

The administrator will conduct routine audits to ensure the fire alarm panel indicates the system is free of trouble alarms and will report audit results through the center's Quality Assurance and Performance Improvement process for a period of six months.

Completion Date: June 24, 2024

K 351 Sprinkler

The identified overhang by the basement egress was removed.

All other overhangs inspected during the inspection were found to be compliant.

The Maintenance Director is responsible to ensure that sprinkler coverage remains appropriate with any alterations to exterior overhangs.

The administrator will conduct routine audits of the buildings overhangs to ensure existing sprinklers have adequate coverage.

Completion Date: June 24, 2024

K754

The size of the six mobile soiled linen and waste bins on the three units identified will be reduced to 32 gallons.

No other mobile soiled linen and waste bins have been identified in the center.

The soiled linen and waste bins will be placed in the shower rooms as appropriate when not in use and in the event of an emergency or drill scenario.

Education will be provided to C.N.A's and Licensed staff related to soiled linen and trash bin handling and storage.

The identified paper recycling bin was removed from the alcove and relocated behind a smoke barrier. No other paper recycling bin is on the premises.

The facility administrator, or designee will randomly audit soiled linen and waste bins for compliance. A review of audit results will be reported through the center's Quality Assurance and Performance Improvement process for six months.

Completion Date: June 24, 2024

PD Industries, Inc.
MAINE FIRE PROTECTION SYSTEMS
P.O. Box 1050
Bangor, ME 04402
(207) 942-8809 TEL
(207) 941-1910 FAX
service@mefirepro.com

WORK ORDER

DW _____

DATE 05/29/2024

RECEIVED
JUN 13 2024
BY: _____

CUSTOMER NAME Augusta Center for Health & Rehab. TELEPHONE _____

JOB LOCATION 188 Eastern Ave., Augusta, ME, 04330 CONTACT _____

BILL TO ADDRESS _____

WORK REQUESTED replace faulty detector

WORK PERFORMED replaced & tested faulty detector

COMMENTS _____

LABOR: Straight Time 2.5hr Over Time _____

TIME: From _____ am pm To _____ am pm

ALL EMERGENCY SERVICE CALLS ARE A MINIMUM OF $1300.00

MATERIALS

DESCRIPTION	QTY.	PRICE	EXT. PRICE
Honey well SD505-Photo	1		

☐ Electrical Day Work

☐ Suppression Day Work

OFFICE USE ONLY Materials $ _____

Labor $ _____

Invoice No. _____ TOTAL $ _____

Customer Signature Date

Technician Signature

CONTRACT

COMMERCIAL PAVING
"4 GENERATIONS -- SINCE 1948"
Augusta Maine

RECEIVED
JUN 13 2024
BY:_____

PROPOSAL SUBMITTED TO Augusta Center for Health and Rehab	HOME# WORK #	DATE 6/12/24
STREET 188 Eastern Avenue	START DATE	FINISH DATE
CITY, STATE, ZIP Augusta, ME 04330		P.O.#

We hereby submit specifications and estimates for:

- ☐ reclaim to the depth of _____ inches
- ☐ mill to the depth of _____ inches
- ☐ regrade using existing base
- ☐ excavate existing base to the depth of _____ in/ft
- ☐ add process stone as follows: ☐0"-2" ☐2"-4" ☐4"-6" ☐6"-8" ☐OTHER
- ☐ pave using of class _____ commercial grade asphalt prior to compaction of _____ inches of asphalt
- ☐ resurface using class _____ commercial grade prior to compaction of _____ inches of asphalt
- ☐ 1/3 _____ 1/2 down payment required

DIAGRAM

Agree to excavate walkway down 6-8" put in 6" of gravel and 2 1/2" of asphalt and power roll for the sum of $7,500.00.

We Propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of:

_____ dollars ($ 7,500.00)

Payment to be made as follows:
Cash or check upon completion of job
Checks payable to: LL Stanley

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specification involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. No warranty on chemical spills, sharp objects, tire marks and hot weather or abuse, cracked or broken edges from driving off of them. No warranty on vegetation growth. Customer responsible for increase in asphalt prices due to unstable market.

Authorized Signature _____

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Propose - The above prices, specificationsand conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outline above.

Date of Acceptance: 6/12/24

Signature _____

Signature _____

Stevenson, Megan

From: Newcombe, Frederick
Sent: Wednesday, June 12, 2024 4:40 PM
To: Stevenson, Megan
Subject: FW: Send data from MFP15646451 06/12/2024 12:58

Frederick S. Newcombe, Maintenance Director
Augusta Center for Health & Rehabilitation
188 Eastern Avenue
Augusta, ME 04330
207-622-3121
207-623-7666 –fax

Augusta
Center for Health & Rehabilitation, LLC

From: Lushie Stanley <info@commercialpaving.biz>
Sent: Wednesday, June 12, 2024 4:23 PM
To: Newcombe, Frederick <FNewcombe@nathealthcare.com>
Subject: Re: Send data from MFP15646451 06/12/2024 12:58

Fred let everyone know the job will be done within the next 2-3 weeks. Lushie
207-625-2391

Sent from Commercial Paving Inc.

> On Jun 12, 2024, at 2:31 PM, Lushie Stanley <info@commercialpaving.biz> wrote:
>
> Hi Fred,
>
> It will be done within the next two weeks.
>
> Thank you,
>
> Margaret
>
> On Wed, Jun 12, 2024 at 2:23 PM Newcombe, Frederick <FNewcombe@nathealthcare.com> wrote:

Thanks Lushie. Here is the signed work agreement. Do you have a potential start date so I can work on making sure your check is here in advance?

Frederick S. Newcombe, Maintenance Director
Augusta Center for Health & Rehabilitation
188 Eastern Avenue
Augusta, ME 04330
207-622-3121
207-623-7666 -fax

-----Original Message-----
From: NHCA Scan <nhca-scan@nathealthcare.com>
Sent: Wednesday, June 12, 2024 12:59 PM
To: Newcombe, Frederick <FNewcombe@nathealthcare.com>
Subject: Send data from MFP15646451 06/12/2024 12:58

Scanned from MFP15646451
Date:06/12/2024 12:58
Pages:1
Resolution:200x200 DPI
