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|  STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey | | Date Completed: 9/12/2023 |
| Name of Facility: ATRIA KENNEBUNK Administrator: KELLI MORRISON ASSISTED LIVING PROGRAM Census: 53 Total Capacity: 74 License Number: ALP40 | | Address: 1 PENNY LN KENNEBUNK, ME 04043-6635 |
| Summary Statement of Deficiencies | Plan of Correction | Completion Date |

Atria Kennebunk, an Assisted Living Facility, is in substantial compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Assisted Living Facilities, Part of 10-144, Chapter 113.