



MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES LICENSING AND CERTIFICATION ASSISTED HOUSING

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 4/11/2024
Summary Statement of Deficiencies	Plan of Correction	Completion Date
Name of Facility: SYLVIA ROSS HOME-ASSISTED LIVING Administrator: AMY SAWYER ASSISTED LIVING PROGRAM Census: 39 Total Capacity: 40 License Number: ALP2047	Address: 758 BROADWAY BANGOR, ME 04785	
Sylvia Ross Home-Assisted Living, a Type II Assisted Living Program, is in substantial compliance with the "Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Assisted Living Programs, Part of 10-144, Chapter 113".	Click or tap here to enter text.	Click or tap here to enter text.