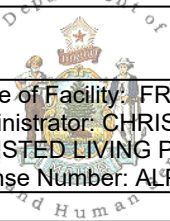


MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES LICENSING AND CERTIFICATION ASSISTED HOUSING

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Case Investigation 2025-AHP-41309		Date Completed: 6/26/2025
Name of Facility: FREESE'S ASSISTED LIVING PROGRAM Administrator: CHRISTINE RICE ASSISTED LIVING PROGRAM Census: 32 Total Capacity: 39 License Number: ALP377		Address: 10 WATER ST STE 1 BANGOR, ME 04401-6394
Summary Statement of Deficiencies	Plan of Correction	Completion Date

FREESE'S ASSISTED LIVING PROGRAM, 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 and Infection Prevention and Control, Part of 10-144, Chapter 113.