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.

Signature of Administrator: _____ Date: _____
(Signature binding on all 1 page(s))