



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

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| STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey | Date Completed: 8/22/24 |
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| Name of Facility: Freese's Assisted Living Program Administrator: Christine Rice Assisted Living Program. Census: 30 Total Capacity: 39 License Number: ALP377 | Address: 10 Water St. Bangor, ME 04401 |
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| Summary Statement of Deficiencies | Plan of Correction | Completion Date |
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| <p>Freese's 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 and Infection Prevention and Control, Part of 10-144, Chapter 113.</p> | <p>Click or tap here to enter text.</p> | <p>Click or tap here to enter text.</p> |
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