

 <b>STATEMENT OF DEFICIENCIES &amp; PLAN OF CORRECTION</b> <b>Biennial Survey</b>		Date Completed: 7/31/2023
Name of Facility: INDEPENDENCE HOUSE 1 Administrator: AMY L DAVIS PNMI LEVEL III RESIDENTIAL CARE FACILITY Census: 6 Total Capacity: 6 License Number: PNC1785		Address: 31 SCHOOL ST FREEPORT, ME 04032-1326
<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>

Independence House 1, a PNMI Level III Residential Care Facility, is in substantial compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: PNMI Level III Residential Care Facilities, Part of 10-144, Chapter 113.