

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 7/22/2024
Name of Facility: HOUSE IN SHAWMUT Administrator: PAMELA JEAN ERSKINE PNMI LEVEL III RESIDENTIAL CARE FACILITY Census: 5 Total Capacity: 5 License Number: PNC502		Address: 81 BRAY AVENUE SHAWMUT, ME 04975
Summary Statement of Deficiencies	Plan of Correction	Completion Date

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