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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION **Complaint Investigation 2024-AHP-36485**		Date Completed: 3/19/2024
Name of Facility: COUNTRY VILLAGE ESTATES Administrator: LOUIS G. DUGAL PNMI LEVEL IV RESIDENTIAL CARE FACILITY Total Capacity: 27 License Number: PND1962	Address: 260 DUGAL DR MADAWASKA, ME 04756-1517	
Summary Statement of Deficiencies	**Plan of Correction**	**Completion Date**

COUNTRY VILLAGE ESTATES, a PNMI LEVEL IV RESIDENTIAL CARE FACILITY, is in substantial compliance with Part of 10-144, Chapter 113, Regulations Governing the Licensing and Functioning of Assisted Housing Programs: PNMI LEVEL IV RESIDENTIAL CARE FACILITY.

Signature of Administrator: _____ Date: _____

(Signature binding on all 1 Complaint Investigation page(s))