

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

 <p align="center">STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey</p>		Date Completed: 1/23/2024
Name of Facility: WOODWARD Administrator: SAMANTHA D RICHARD LEVEL I RESIDENTIAL CARE FACILITY Census: 2 Total Capacity: 2 License Number: RCA39150		Address: 11 WOODWARD LN FALMOUTH, ME 04105-1202
Summary Statement of Deficiencies	Plan of Correction	Completion Date

Woodward, a Level I Residential Care Facility, is in substantial compliance with Part of 10-144, Chapter 113, Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level I Residential Care Facility.