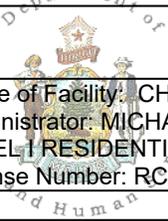


MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES LICENSING AND CERTIFICATION ASSISTED HOUSING

 <p align="center">STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey</p>		Date Completed: 7/9/2024
Name of Facility: CHANDLER HOUSE Administrator: MICHAELA YORK LEVEL I RESIDENTIAL CARE FACILITY Census: 2 Total Capacity: 2 License Number: RCA39171		Address: 21 ACADEMY HL NEWCASTLE, ME 04553-3482
Summary Statement of Deficiencies	Plan of Correction	Completion Date

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