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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION **End of Provisional Survey**	Date Completed: 5/23/23
Name of Facility: South Street Administrator: FERNAND NTAGAHORAHO Level I Residential Care Facility. Census: 2 Total Capacity: 2 License Number: RCA39508	Address: 166 South st Gorham ME 04038

Summary Statement of Deficiencies	Plan of Correction	Completion Date
South Street, a Level I Residential Care Facility, is in substantial compliance with the "Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level I Residential Care Facilities, Part of 10-144, Chapter 113".	Click or tap here to enter text.	Click or tap here to enter text.

Signature of Administrator: _____ Date: _____
(Signature binding on all 2 page(s))

Summary Statement of Deficiencies	Plan of Correction	Completion Date

Date Completed: