



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Complaint: 2024-AHP-39451		Date Completed: 1/17/24
Name of Facility: Holyoke Street Administrator: Antoine Bikamba Level I – Residential Care Facility. Census: 2 Total Capacity: 2 License Number: RCA39695	Address: 44 Holyoke St, Brewer, ME 04412	
Summary Statement of Deficiencies	Plan of Correction	Completion Date

<p>Holyoke 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 and Infection Prevention and Control, Part of 10-144, Chapter 113.</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
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