

 <p>STATEMENT OF DEFICIENCIES &amp; PLAN OF CORRECTION  <b>Complaint Investigation # 2023-AHP-32657</b></p>		Date Completed: 5/8/2023
Name of Facility: TOTAL CARE SOLUTIONS Administrator: MARLENE WALKER LEVEL II RESIDENTIAL CARE FACILITY Census: 3 Total Capacity: 3 License Number: RCB38890		Address: 625 SOUTH RD HOLDEN, ME 04429-7532
<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>

Total Care Solutions, a Level II Residential Care Facility, is in substantial compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level II Residential Care Facilities, Part of 10-144, Chapter 113. No deficiencies were found during this investigation.