



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 8/7/2024
Name of Facility: S & S Foster Home Administrator: Sheryl Parent Level II – Residential Care Facility. Census: 3 Total Capacity: 4 License Number: RCB932	Address: 344 Main St Van Buren, ME 04785	
Summary Statement of Deficiencies	Plan of Correction	Completion Date

<p>S & S Foster Home, a Level II Residential Care Facility, is in substantial compliance with the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level II 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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