



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION BIENNIAL SURVEY		Date Completed: 2/8/2023
Name of Facility: WESTGATE ESTATE PHA Administrator: ROBIN E BOGGS Level III Residential Care Facility. Census: 3 Total Capacity: 4 License Number: RCC1771		Address: 1259 AUGUSTA ROAD BOWDOIN, ME 04287-7721
Summary Statement of Deficiencies	Plan of Correction	Completion Date

On 2/8/2023, an on-site visit was made to conduct the Biennial Survey. No deficiencies were found during the survey.