



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION BIENNIAL SURVEY		Date Completed: 11/28/23
Name of Facility: PHILLIP BLANCHETTE RESIDENTIAL Administrator: MICHELLE RAYMOND Level III Residential Care Facility. Census: 6 Total Capacity: 6 License Number: RCC2071	Address: 3601 AROOSTOOK RD EAGLE LAKE, ME 04739	
Summary Statement of Deficiencies	Plan of Correction	Completion Date
PHILIP BLANCHETTE, a Level III Residential Care Facility, is in substantial compliance with the "Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities, Part of 10-144, Chapter 113". Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.