



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION  
License Renewal Survey

Date Completed:  
11/1/23

Name of Facility: FARE HOUSE  
Administrator: **Megan Goodine**  
Residential Care Facility. Census: 4 Total Capacity: 4  
License Number: RCC2096

Address:  
659 lower st  
Turner ME

**Summary Statement of Deficiencies**

**Plan of Correction**

**Completion Date**

FARE HOUSE, 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".