

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

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Compliant Investigation # 2024-AHP- 39043		Date Completed: 12/26/2024
Name of Facility: SPRING STREET Administrator: ALLISON VERCOE LEVEL III RESIDENTIAL CARE FACILITY Census: Total Capacity: 5 License Number: RCC2097		Address: 28 SPRING ST BRUNSWICK, ME 04011-2313
Summary Statement of Deficiencies	Plan of Correction	Completion Date

SPRING STREET, a LEVEL III RESIDENTIAL CARE FACILITY, is in substantial compliance with Part of 10-144, Chapter 113, Regulations Governing the Licensing and Functioning of Assisted Housing Programs: LEVEL III RESIDENTIAL CARE FACILITY.