

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

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION <b>Biennial Survey</b>		Date Completed: 7/10/2024
Name of Facility: EAST POND HOME Administrator: KIM R. MCMAHON LEVEL III RESIDENTIAL CARE FACILITY Census: 2 Total Capacity: 3 License Number: RCC38674		Address: 1239 E POND RD SMITHFIELD, ME 04978-3214
<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>

East Pond Home, a Level III Residential Care Facility, is in substantial compliance with 10-144, Chapter 113, Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities and Infection Prevention and Control.