



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION License Renewal Survey		Date Completed: 12/31/2024
Name of Facility: Godin House Administrator: Misty Marston Residential Care Facility. Census: 3 Total Capacity: 3 License Number: RCC38748	Address: 445 main street Ste A Biddeford Maine	
Summary Statement of Deficiencies	Plan of Correction	Completion Date

<p>Godin House, a Level III Residential Care Facility is not compliance with the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities, Part of 10-144, Chapter 113 and Infection Prevention and Control.</p> <p>The following requirements were not met:</p> <p>5.31 Right to a service plan. The provider shall assist residents to implement any reasonable plan of service developed with community or state agencies. [Class IV]</p> <p>Based on a review of three resident records and an interview with staff, The facility failed to provide evidence that the current service plan/ Person-centered plans were being implemented.</p> <p>Finding: On 12/31/24 the record was reviewed for Resident #1, #2 and #3. No evidence of the full current Person-Centered Plan was found in the resident records. On 12/31/24 at approximately 11am Employee # 1 was interviewed and was not able to locate the current copy of the complete Person-centered plan.</p> <p>All findings were reviewed during the exit conference. Exit conference form was signed by surveyor and representative facility staff member.</p>	
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