

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

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Complaints # 2024-AHP-39931, # 2024-AHP-39028		Date Completed: 12/18/2024
Name of Facility: HIDDEN LAKE HOME Administrator: KATIE CORLISS LEVEL III RESIDENTIAL CARE FACILITY Census: 2 Total Capacity: 4 License Number: RCC38820		Address: 151 HIDDEN LAKE RD OTISFIELD, ME 04270-6021
Summary Statement of Deficiencies	Plan of Correction	Completion Date

HIDDEN LAKE HOME, 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.