

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION		Date Completed: 12/26/2024
Name of Facility: KEEP HOUSE I Administrator: JESSICA HINES LEVEL III RESIDENTIAL CARE FACILITY Census: 1 Total Capacity: 3 License Number: RCC38883		Address: 669 HANCOCK ST RUMFORD, ME 04276-1504
Summary Statement of Deficiencies	Plan of Correction	Completion Date

KEEP HOUSE I, 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.