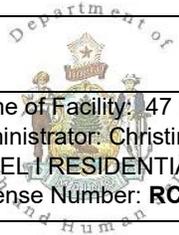


MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES LICENSING AND CERTIFICATION ASSISTED HOUSING

| | | |
|--|---------------------------|---|
|  <p align="center">STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey</p> | | Date Completed: 11/8/2024 |
| Name of Facility: 47 Lubear Way Administrator: Christina Managle LEVEL I RESIDENTIAL CARE FACILITY Census: 4 Total Capacity: 4 License Number: RCC38944 | | Address: 47 Lubear Way Auburn, ME 04210 |
| Summary Statement of Deficiencies | Plan of Correction | Completion Date |

47 Lubear Way, a LEVEL III RESIDENTIAL CARE FACILITY, is in substantial compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities, Part of 10-144, Chapter 113.

Signature of Administrator:
(Signature binding on all 1 page(s))

Date: _____