

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

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 7/1/2025
Name of Facility: HOLMES HOUSE Administrator: MICHAELA YORK LEVEL III RESIDENTIAL CARE FACILITY Census: 3 Total Capacity: 4 License Number: RCC490		Address: 55 TIMBER LN NEWCASTLE, ME 04553-3320
Summary Statement of Deficiencies	Plan of Correction	Completion Date

HOLMES HOUSE, a LEVEL III RESIDENTIAL CARE FACILITY, is in compliance with Part of 10-144, Chapter 113, Regulations Governing the Licensing and Functioning of Assisted Housing Programs: LEVEL III RESIDENTIAL CARE FACILITY and Infection Prevention and Control.