



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey	Date Completed: 8/6/2024
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Name of Facility: Mamie Powell Waiver Home Administrator: Michelle Raymond Level III – Residential Care Facility. Census: 4 Total Capacity: 4 License Number: RCC646	Address: 38A Carter St Eagle Lake, ME 04739
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Summary Statement of Deficiencies	Plan of Correction	Completion Date
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<p>Mamie Powell Waiver Home, a Level III Residential Care Facility, is in substantial compliance with the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities and Infection Prevention and Control, Part of 10-144, Chapter 113.</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
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