



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

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Case Investigations #2025-AHP-42750, 42783, & 42786		Date Completed: 11.3.2025
Name of Facility: The Enclave of Scarborough Administrator: Samantha Beaton Level IV Residential Care Facility: Census: License Number: RCD38667	Address: 18 Black Point Rd Scarborough ME	
<b>Summary Statement of Deficiencies</b>	<b>Plan of Correction</b>	<b>Completion Date</b>

<p>The Enclave of Scarborough, an Residential Care Facility, is in substantial compliance with the “Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Residential Care Facilities, Chapter 113”.</p>		
--	--	--