



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

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| STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION<br>Case Investigation: 2024-AHP-39118 | Date Completed:<br>11/20/2024 |
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| Name of Facility: Fremont Manor<br>Administrator: Katrina Richartz<br>Level IV – Residential Care Facility. Total Capacity: 8<br>License Number: RCD38735 | Address:<br>5 Fremonts Corner<br>Sullivan, ME 04664-3628 |
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| <b>Summary Statement of Deficiencies</b> | <b>Plan of Correction</b> | <b>Completion Date</b> |
|------------------------------------------|---------------------------|------------------------|

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| <p>Fremont Manor, a Level IV Residential Care Facility, is in substantial compliance with the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV 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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