STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205166	A. BUILDING: _____ B. WING _____	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GORHAM HOUSE	50 NEW PORTLAND RD GORHAM, ME 04038

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 024	2.F.1. Specifications of License For nursing facilities, each license issued by the Department shall specify: a. The name of the facility; b. The location of the facility; c. The name of the administrator; d. The maximum number of licensed beds, whether Skilled Nursing, Nursing or Dual; e. The effective dates of the license. This Regulation is not met as evidenced by: On November 27, 2024, the Division of Licensing and Certification (DLC) received an email notice advising that the facility's current administrator had resigned and a temporary administrator would be assuming the role effective December 1, 2024. This email also advised that a 10 dollar processing fee "will be mailed Friday November 30, 2024." As of February 12, 2025, the DLC has not received the 10 dollar processing fee, as such the facility license does not specify as required the name of the current administrator. You will need to submit the required 10 dollar process fee, and send in a written plan of correction to the DLCthat advises the Division how your facility will submit the required fee timely going forward.	T 024		