

Department of Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/19/2023
NAME OF PROVIDER OR SUPPLIER MAINE VETERANS HOME - SOUTH PARIS		STREET ADDRESS, CITY, STATE, ZIP CODE 477 HIGH STREET SOUTH PARIS, ME 04281		
(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
P 000	Initial Comments On 7/18/23 and 7/19/23 an on-site visit was made to conduct a recertification survey and it was determined Maine Veterans Home South Paris is in compliance with 10-144, Chapter 113-Regulations Governing the Licensing and Functioning of Assisted Housing Programs.	P 000		

Department of Health and Human Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE