| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 1971 | A. BUILDING: _____ B. WING _____ | C 04/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MAINE VETERANS HOME - BANGOR** | **44 HOGAN RD BANGOR, ME 04401** |

| (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<br><br>On 4/2/24, an on-site visit was conducted at Maine Veterans Home-Bangor Residential Care for the purpose of investigating a facility reported incident #ME00046091 and a complaint #ME00044888. It was determined that Maine Veterans Home-Bangor Residential Care was in substantial compliance with 10-144, Chapter 113- the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV-Residential Care Facilities. | P 000 | | |