

Department of Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1971	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/15/2025
NAME OF PROVIDER OR SUPPLIER MAINE VETERANS HOME - BANGOR		STREET ADDRESS, CITY, STATE, ZIP CODE 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 On 10/15/25, an unannounced, on-site visit was conducted at Maine Veterans Home - Bangor, Residential Care Unit, for the purpose of investigating complaint: #ME00052707. It was determined that Maine Veterans Home, Bangor - Residential Care is in substantial compliance with 10-144, Chapter 113- the Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV-Private Non-Medical Institutions.	P 000		

Department of Health and Human Services

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

TITLE

(X6) DATE