STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1760	A. BUILDING: _____ B. WING _____	11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUMFORD COMMUNITY HOME I I	**11 JOHN F KENNEDY LANE RUMFORD, ME 04276**

(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 11/4/25, an unannounced onsite visit was made at Rumford Community Home II - Residential Care for the purpose of conducting a re-licensure survey. It was determined that Rumford Community Center II - Residential Care is in substantial compliance with 10/144, Chapter 113 - Regulations Governing the Licensing and Functioning of Assistive Housing Programs- Level IV, Private Non-Medical Institutions.	P 000		