STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1170	A. BUILDING: _____ B. WING _____	C 05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERVILLE CENTER FOR HEALTH AND REH	**7 HIGHWOOD ST WATERVILLE, ME 04901**

(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 5/27/26 thru 5/28/26, an offsite desk review was completed for Waterville Center for Heath And Rehab - Fontbonne for the purpose of investigating complaint #ME00053264. It was determined that Waterville Center for Heath And Rehab - Fontbonne was 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		