STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205020	A. BUILDING: _____ B. WING _____	R-C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANGOR NURSING & REHABILITATION CENTI	**103 TEXAS AVE 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
T 001	Initial Comments On 12/13/24, an on-site visit was conducted at Bangor Nursing and Rehabilitation Center for the purpose of following up on complaints #ME00049116, #ME00049036 and #ME00049032. It is determined that Bangor Nursing and Rehabilitation Center was in compliance with 10-144 CMR 110 State of Maine Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities.	T 001		