STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2555	A. BUILDING: _____ B. WING _____	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFIELD REHAB & LIVING CENTER	**95 MAIN STREET HARTLAND, ME 04943**

(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 9/18/24, an onsite visit was made at Sanfield Living and Rehabilitation Center, Residential Care, for the purpose of completing the state re-licensure survey. It was determined that Sanfield Living and Rehabilitation, Residential Care, is in substantial compliance with 10/144, Chapter 113-Regulations Governing the Licensing and Functioning of Assisted Housing Programs-Level IV, Private Non-Medical Institutions.	P 000		