STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1755	A. BUILDING: _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORWAY CENTER FOR HEALTH & REHABILIT	**29 MARION AVE NORWAY, ME 04268**

(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 5/8/24, an unannounced on-site visit was conducted at Norway Center for Health and Rehabilitation, Residential Care for the purpose of investigating complaint #ME00044856 and #ME00044865. It was determined that Norway Center for Health and Rehabilitation, Residential Care was in compliance with Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV Private Non-Medical Institutions.	P 000		