

Department of Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205124	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER BREAKWATER COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 100 COMMONS DRIVE ROCKLAND, ME 04841		
(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 051	3.C. Renewal of License At least twenty (20) days prior to the expiration of a license to operate a facility, an application and the required fee for a renewal thereof shall be submitted to the Department on a form approved by the Department, and accompanied by such additional information as may be required. Upon receipt and review of applications and determination of compliance with the requirements of the State Statutes and any rules and regulations adopted pursuant thereto, the Department shall renew such license for a period of one year, unless it finds that there are specific and sufficient grounds either for the denial of the application for renewal or for renewing the license on a temporary or conditional basis. This Regulation is not met as evidenced by: On April 22, 2024, the Division of Licensing and Certification sent out a notice advising licensed Long Term Care Facilities of the changes to the documents required for license renewal applications, and the requirement for facilities to submit license renewal applications at least 20 days prior to the expiration of the facility's existing license. On June 30, 2024, the facility's existing license expired. A renewal application was not received until July 12, 2024, and the complete renewal application was not received until July 26, 2024. You will need to send in a written plan of correction to the Division of Licensing and Certification that advises the Division how your facility will submit the required application and documents timely going forward.	T 051		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE