STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. BUILDING _____ B. WING _____	R-C 12/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNOX CENTER FOR LONG TERM CARE	**6 WHITE STREET 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) COMPLETION DATE
{F 000}	INITIAL COMMENTS On 12/7/23 an unannounced on-site revisit was conducted at Breakwater Commons for the purpose to follow-up to the complaint survey dated 9/26/23 to investigate #ME00044710, #ME00044711, #ME00044789, #ME00044955 and #ME00044979 and to determine if the facility was in compliance with the Medicare and Medicaid Federal Conditions of Participation requirements for nursing homes. The Federal regulatory violations indentified during the 9/26/23 complaint survey were found corrected during the 12/7/23 survey. However, a revisit survey also conducted on 12/7/23 found that the facility remained out of compliance with 42 CFR Part 483, Subpart B - Requirements For Long Term Care Facilities. (See Form CMS 2567 associated with Event ID: 9KP912).	{F 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.