STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205079	A. BUILDING 01 B. WING	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD CENTER FOR HEALTH & REHABILITATION, LLC	370 PORTLAND ST YARMOUTH, ME 04096

(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
E 000	Initial Comments Federal Recertification Survey Survey Date: 12.03.2024 Brentwood Center for Health and Rehab, a long term care facility, is not in substantial compliance with 42 Code of Federal Regulations Part 483.73-Emergency Preparedness Requirement for Long Term Care Facilities.	E 000		
E 035 SS=F	LTC and ICF/IID Sharing Plan with Patients CFR(s): 483.73(c)(8) §483.73(c)(8); §483.475(c)(8) *[For LTC Facilities at §483.73(c):] [(c) The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:] *[For ICF/IIDs at §483.475(c):] [(c) The ICF/IID must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years. The communication plan must include all of the following:] (8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long term care facility failed to	E 035		

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

Charlene Powers Administrata (revised) 12/19/24

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	205079	A. BUILDING 01 _____ B. WING _____ BY:	12/03/2024

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Charlene Powers	Administrator	December 17 2024

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.

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E 035	Continued From page 1 maintain a means to share the emergency preparedness plan with residents and their families for Emergency Preparedness Plan in accordance with 42 CFR 483.73 Finding: On December 3, 2024, between 9:00 AM and 12:30 PM, a surveyor, with the Maintenance Director present, observed the following: 1. The was no evidence in the emergency preparedness plan of a method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents and their families or representatives. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	E 035	E035 LTC and ICF/IID Sharing Plan with Patients CFR(s): 483.73 (c) (8) The Communication method for sharing information will be added to the Emergency Preparedness Plan. The Emergency Preparedness Plan will be reviewed and updated to ensure the information is current. The communication method will be shared with residents and their families or representatives and staff. The Emergency Preparedness Plan will be reviewed and updated annually. The Maintenance director and Administrator are responsible for compliance. Correction date: January 15, 2025 E035-Please see attached documentation for method of sharing information with others.	
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 12.03.2024 Brentwood Center for Health & Rehabilation, a Long Term Care Facility, was surveyed to the National Fire Protection Association 101 Life Safety Code 2012 Edition as reference on 42 CFR 483.90 (a-d) physical environment and is not in substantial compliance.	K 000		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is	K 211		

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K 211	Continued From page 2 continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview during the facility tour, the long-term care facility failed to maintain the exit discharges to continuously maintained free of all obstacles or impediments. No furnishings, decorations, or other objects shall obstruct exits or their access thereto, egress therefrom, or visibility thereof in 1 of 4 wings. Ref: NFPA 101, Life Safety Code, 2012 Edition, Sections 7.1.10.1-2, 7.1.6.4, and 19.2.1. Finding: On December 3, 2024, between 9:00 AM and 12:30 PM, a surveyor, with the Maintenance Director present, observed the following: 1. Storage in an egress corridor (mock lemonade stand, other items) Long-term Wing. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 211	.K211 Means of Egress-General CFR (s): NFPA 101 Mock lemonade stand was removed from the hallway near egress on 12/3/2024 An audit of hallways was conducted to ensure all egress are free of obstruction. Halls will be continuously maintained free of all obstructions to full use in case of emergency. Staff will be educated to maintain halls to be free from obstacles. The Director of Maintenance and or designee will audit areas of egress weekly x 4 weeks and monthly x 2 months to ensure compliance. Egress and hallway Audits will be reviewed through our Center's Quality Assurance and Performance Process. Correction date: Education to be provided by January 15, 2025. The Maintenance director and Administrator are responsible for compliance.	
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT	K 222		

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K 222	Continued From page 3 LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies	K 222	K222 Egress Doors The required signage for delayed egress door between Eagle wing and Skilled wing was missing the readily visible durable sign in letters (PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS). Appropriate signage has been ordered on 12 /3/24. An audit of egress doors was completed and found to be compliant. The Director of Maintenance and or designee will audit doors to ensure they have the required signage monthly x 3 months and will review audit results through the Centers Quality Assurance and Improvement process. Correction date. Will be corrected by January 15, 2025 The Maintenance director and Administrator are responsible for compliance.	

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K 222	Continued From page 4	K 222		

installed in accordance with 7.2.1.6.2 shall be permitted.
18.2.2.2.4, 19.2.2.2.4
ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS
Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.
18.2.2.2.4, 19.2.2.2.4
This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the long term care facility failed to provide required signage for delayed egress doors in 2 of 4 wings per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.2.2.4 (2) and 7.2.1.6.1.

Finding:
On December 3, 2024, between 9:00 AM and 12:30 PM, a surveyor, with the Maintenance Director present, observed the following:

1. Delayed egress door between Eagle wing and Skilled Wing was missing the readily visible, durable sign in letters not less than 1" high and not less than 1/8" in stroke width on a contrasting background that reads as follows shall be located on the door leaf adjacent to the release device in the direction of egress:

PUSH UNTIL ALARM SOUNDS
DOOR CAN BE OPENED IN 15 SECONDS

The surveyor confirmed this finding with the Maintenance Director at the time of the observation.

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K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the sprinkler heads were prevented from being contaminated with paint when the surrounding walls and piping were painted in one of three resident care wings in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems, 2011 edition, Sections 5.2.1.1.1, and 5.2.1.1.2. as referenced in NFPA 101, Life Safety Code, 2012 Edition, Section 9.7.5. Findings: On December 3, 2024 between the hours of 09:00 AM and 12:30 PM this surveyor,	K 353	K353 Sprinkler System-Maintenance Testing Sprinkler heads that were painted in resident rooms 87, and 101 on the Eagle Lake unit as well as the sprinkler head in the closet between rooms 104 and 105 on the Eagle Lake unit, will be replaced. A house audit will be conducted of all other sprinkler heads to ensure they are free of paint. The Director of Maintenance and or designee will audit sprinkler heads to ensure that they are clear of paint monthly x 3 month. Audits be submitted to the Centers Quality Assurance and Performance Improvement Process. The Maintenance director and Administrator are responsible for compliance. Correction date: January 15, 2025 K 353-Please see the attached copy of the signed contract with estimated completion date from the sprinkler vendor.	

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K 353	Continued From page 6 accompanied by the Maintenance Director, observed the following: 1. Sprinkler heads were painted with white paint in resident rooms 87, and 101 in The Eagle Lake Unit. 2. The sprinkler head in the closet between rooms 104 and 105 is contaminated with paint in the Eagle Lake Unit corridor. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 353		
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the corrective actions regarding portable fire extinguishers were taken to ensure extinguishers are serviceable in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 edition, Section 7.2.2. (3). as referenced in NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.5.12 Finding: On December 3, 2024 between the hours of 09:00 AM and 12:30 PM this surveyor, accompanied by the Maintenance Director,	K 355	K355 Portable Fire Extinguishers The ABC portable fire extinguisher on the third floor had a pressure reading in the red zone below the green serviceable area showing that the extinguisher had partially discharged. The fire extinguisher has been replaced on 12/10/2024. An audit was conducted on all other fire extinguishers and were inspected to ensure they are charged and meeting compliance. The Director of Maintenance/Designee will audit the fire extinguishers monthly x 3 months to ensure compliance, as well as ongoing to ensure regulatory compliance. The Director of Maintenance and or Designee will report the findings to the Center's Quality Assurance and Performance Process. Correction date: December 13, 2024 The Maintenance director and Administrator are responsible for compliance.	

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K 355	Continued From page 7 observed the following: 1. The ABC portable fire extinguisher on the second floor has a pressure reading in the red zone below the green serviceable area showing that this extinguisher has been partially discharged. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 355		
K 363 SS=F	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames	K 363		

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K 363	Continued From page 8 shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the corridor doors resist the passage of smoke in two of the three resident care wings in accordance with NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.6.3. Findings: On December 3, 2024 between the hours of 09:00 AM and 12:30 PM this surveyor, accompanied by the Maintenance Director, observed the following: 1. The Skilled Unit smoke barrier door frame has a 7/8-inch hole in the top section. 2. Resident Room 114 in the Skilled Unit has a 1/2-inch gap on the latch side of the door that allows light through and does not resist the passage of smoke. 3. The closet door in the Eagle Lake Wing that is between Resident rooms 104 and 105 doesn't latch. 4. The Skilled Unit oxygen room door is missing a screw in the hinge.	K 363	K363 Corridor – Doors 1.The Skilled Unit smoke barrier door frame has a 7/8 – inch hole in the top section. The door has been repaired. Resident room 114 in the skilled unit has a ½ inch gap on the latch side of the door that allows light through and does not resist the passage of smoke. (Note-there is room 114 in the building). The closet door in the Eagle Lake wing that is between rooms 104 and 105 latch has been fixed. 4. The skilled Unit oxygen room door was missing a screw in the hinge. Screw has been replaced 5. A screw was missing in the closer device on the frame side in the second-floor office area stairwell door and has been replaced. A house audit of doors will be inspected to ensure compliance. All residents had the potential of being affected. The Director of Maintenance will audit doors monthly x 3 months and will be ongoing to ensure regulatory compliance and address any findings upon discovery. Monthly audits will be reviewed and presented to our Center's Quality Assurance and Performance Improvement meeting. Correction date: January 15, 2025 The Maintenance director and Administrator are responsible for compliance.	

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K 363	Continued From page 9 5. A screw is missing in the closer device on the frame side in the second-floor office area stairwell door. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 363		
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the long-term care facility failed to conduct fire door inspections program that ensure they are inspected, tested, and maintained in accordance with NFPA 80, Standard for Fire Door and Other Opening Protectives, 2010 edition, Section 5.2 as referenced in NFPA 101, Life Safety Code, 2012 Edition, Sections 8.3.3.1, and 19.7.6 Finding:	K 761	K 761 Maintenance, Inspection & Testing -Doors The fire door inspection sheet did not have documentation of the specific doors inspected on the 2024 inspection record, or the 2023 inspection record. The maintenance director was educated on the form and completing documentation including date and door number. A house audit was conducted documenting inspected doors by designated corresponding numbers to ensure all doors have been inspected and meet compliance. The Maintenance Director will conduct random door audits weekly x 4 weeks and monthly x 2 months fire door inspections to test doors to ensure compliance. Inspection of fire doors is part of the preventive maintenance schedule to test at least annually. The Administrator/ and or designee will review and audit the documentation of the inspections and results will be reviewed at our Quality Assurance and Performance Improvement process. Correction date: January 15, 2025 The Maintenance director and Administrator are responsible for compliance	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205079	A. BUILDING 01 BY: _____ B. WING _____	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD CENTER FOR HEALTH & REHABILITATION, LLC	370 PORTLAND ST YARMOUTH, ME 04096

(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
K 761	Continued From page 10 On December 3, 2024 between the hours of 09:00 AM and 12:30 PM this surveyor, accompanied by the Maintenance Director, observed the following: 1. The fire door inspection sheet doesn't designate the specific doors inspected on the 2024 inspection record, or the 2023 inspection record. The sections to annotate the specific doors are left blank. The last year that the specific doors were annotated was 2022. The surveyor confirmed this observation with the Maintenance Director at the time of the observation.	K 761	K761-Please see the attached documentation of recent door inspection with new form	
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or	K 914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205079	A. BUILDING 01 _____ B. WING _____	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD CENTER FOR HEALTH & REHABILITATION, LLC	370 PORTLAND ST YARMOUTH, ME 04096

(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
K 914	Continued From page 11 area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the long-term care facility failed to test non-hospital grade receptacles at patient bed locations at intervals not exceeding 12 months in all three resident care wings in accordance with NFPA 99, Health Care Facilities Code, 2012 edition, Section 6.3.4.1.3. Finding: On December 3, 2024, between the hours of 09:00 AM and 12:30 PM this surveyor, accompanied by the Maintenance Director, observed the following: 1. The most recent receptacle test was conducted from April to May of 2023. No documentation could be provided to show that the deficiencies noted on those reports were corrected. No documentation of any testing after the date of May of 2023 could be produced. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 914	K914 Electrical Systems-Maintenance and Testing A house audit of all receptacle outlets has been conducted. Receptacle tests audits have been completed and documented on 12/09/2024. The electrician will address any findings in need of repair. Random Audits will be conducted Monthly x 3 months documented by the Maintenance Director, audits will be reviewed and presented at our Center's Quality Assurance and Performance Improvement process. Receptacles will be inspected per National Healthcare Associates policy. Correction date: January 15, 2025 The Maintenance director and Administrator are responsible for compliance. K 914-Please see the attached documentation of the electrical testing performed on 12/9/2024.	
K 916 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is	K 916		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205079	A. BUILDING 01 BY: _____ B. WING _____	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD CENTER FOR HEALTH & REHABILITATION, LLC	370 PORTLAND ST YARMOUTH, ME 04096

(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
K 916	Continued From page 12 hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure that the generator had a remote annunciator at a location that could be monitored 24 hours a day while facility was on auxiliary generator power Per NFPA 99, (2012) 6.4.1.1.17. Finding: On December 3, 2024 between hours of 9:00 AM and 12:30 PM this surveyor accompanied by the Maintenance Director did observe the following: 1. There is no operational generator annunciator panel at a readily observed location by operating personnel at a regular workstation such as a nurse's station. The annunciator is not being inspected as part of the monthly or weekly inspection. The current annunciator panel is not connected to the rental generator. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 916	K916 There is no operational generator annunciator panel at a readily observed location by operating personnel at a regular workstation such as a nurse's station. The current annunciator panel is not connected to the rental generator. All residents had the potential of being affected. A new generator has been ordered. Once the new generator is installed, it will immediately be connected to the annunciator panel. The new generator with annunciator will be in service by January 15, 2025 A weekly inspection of the generator will be conducted to ensure generator is working properly. The Maintenance director and Administrator are responsible for compliance. Correction date: January 15, 2025	

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Communications Plan

Our communication plan supports rapid and accurate communication both internally and externally. This section describes the elements of a basic communication plan incorporated into this EOP.

Contact Rosters

Relative to internal communications, the facility maintains a contact list of all staff, including telephone numbers. This contact information may be used whenever it is necessary to notify staff of a threat or emergency that may impact or involve them.

Each department will maintain an emergency contact roster for their department. The Master Staff Roster will be located in the Human Resources Office, this list can also be accessed remotely through our electronic HR system. All essential personnel have access to the Human Resources Office and this Master Staff Roster in case of their absence.

Physicians contact information will readily available in the nursing suite. This information is also made readily available to nursing staff on a daily basis separate from the EOP.

Please see Section "Evacuation of Facility" for a summary of Transfer Agreement facilities.

State DOH Emergency Reporting

Call the hotline, 1866-348-1129
Go to the website:
https:/www.maine.gov/dhhs/index.shtml and click on the "how do I"
You will have five sections to choose from:
Services – General Information – Report child abuse, elder abuse and abuse of benefits (fraud) – Health - Miscellaneous

Information Sharing

Any information that is communicated with outside agencies should be reviewed and submitted by the Incident Commander.

The Incident command center is integral to the flow of internal and external communication.

During emergencies the IC should be present in the ICC at all times as the flow of information is constant. In the IC's absence he should delegate other competent staff to take the role of IC until their return.

All family contact information is entered into PCC and updated at least yearly. The family contact information in PCC can be accessed remotely in an emergency to share necessary information with them

Types of Communication

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident should immediately notify their supervisor or the senior manager on site.

Our internal communication equipment includes:

- Telephones
- Overhead Page
- Hand Held radios
- Cell phones with texting
- Messages on Timeclocks
- Messages over Point Click Care
- Employee notification boards
- Public Relations Liaison (also known as Public Information Officer)
- Runner
- Communications via Email/Carefeed

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It is also important to communicate with relevant external partners to:

1. Gather information relevant to the incident
2. Share information regarding the facility's status, activities and needs.

Our facility will report incidents as required to jurisdictional authorities, e.g., report a fire to the local fire department. We may also share relevant situational information with external partners consistent with local policies and procedures.

See Phone Directory for Contact Lists to Emergency Agencies and Vendors in this section.

Our external communication equipment includes:

- Land lines
- POTS Line
- Cell phones with texting
- Local Radio Stations
- Internet
- Email
- Carefeed

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Emergency Codes

The facility utilizes a standard set of emergency codes for announcing critical events to help minimize the alarm to non-staff present in the facility. If an event occurs that requires the announcement of a code, the announcement will be made over the emergency speaker system at the following locations:

- Announcements will be made at the **Reception Desk** from 8:00am to 8:00pm.
- Announcements will be made from the **Passport Nurses Station** from 8:00pm to 8am.

The following codes are utilized by the facility:

- Code Red – Fire
- Code Blue – Cardiac/Respiratory Failure
- Code Yellow – Elopement
- Code Green – Internal/External Disaster
- Active Shooter - Use normal language if announcing an active shooter, do not use a code.
- Code B – Bomb Threat
- Code Orange - Hazardous Material
- Code White – Violence/Hostage

RESIDENT AND FAMILY COMMUNICATION

It is the Policy of **Brentwood Center** to inform all staff, residents, visitors, family members and volunteers of our Emergency Operations Plan.

A copy of our EOP is located at the reception desk for all staff, residents, visitors and volunteers to access at all times. Residents and families are informed in writing during the admissions process that we utilize an EOP, where it can be located and who to contact for questions.

The Admission's Director discusses the EOP at the beginning of each resident council meeting. A letter is included in the admissions packet for every resident that explains and identifies our emergency operations plan. A copy of this letter is included in Other Pertinent Information section of this manual.

In the event of an emergency, family members may be notified and briefed on the status of the facility and the condition of their loved one as soon as it is feasible to do so. In case of an emergent situation, where time and conditions do not allow us to communicate with our resident's families in a timely manner, we may utilize the Ombudsman, the Department of Public Health staff, the American Red Cross, our website, and other methods as available to provide a phone number to families where they can call and obtain information on the status and location of their resident.

The Incident Commander is the person identified to release information to the public concerning the status of the facility.

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ADMISSIONS LETTER TO RESIDENTS

To Residents, Family Members and Visitors,

We at **Brentwood Center** strive to provide the best care possible for our residents. With each day we try to provide the safest possible environment for our staff, residents and visitors.

Using the **Brentwood Center** mission objective and state and federal guidelines we have developed a comprehensive Emergency Operations Plan specific to our facility. The Emergency Operations Plan was developed in collaboration with our community partners such as **Maine Medical Center,** the **Cumberland** County Office of Emergency Preparedness and the **Town of Yarmouth** Fire Department as well as other community resources.

Our Emergency Operations Plan contains a Hazard and Vulnerability Assessment. This assessment identifies situations that pose the greatest threat to our facility. Our disaster drills, exercises and staff training are focused on minimizing these threats while staying vigilant to other threats. This assessment is reviewed and updated annually. Staff are trained to respond to these disaster situations each year through classroom training, training exercises and drills.

In case of an actual emergent situation, where time and conditions do not allow us to communicate with our resident's families in a timely manner, we may utilize the Ombudsman, the Department of Public Health staff, the American Red Cross, our website, and other methods available to provide a phone number to families where they can call and obtain information on the status and location of their loved one.

Our Emergency Operations Plan is located at the reception desk in the lobby of the ground floor. It is accessible to staff, residents, family members and visitors at all times. If you would like any further information on our Emergency Operations Plan please feel free to contact any of the individuals listed below.

Administrator	Charlene Powers	207-400-6684
Director of Nursing	Larry Nault	207-504-7966
Safety Officer	Josh Muscadin	207-205-4205

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BY:_____

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DEC 17 2024
BY:

GEMINI ELECTRIC, INC.

A Design Build Firm

Dec., 10, 2024

Josh Muscadin (jmuscadin@nationalhealthcare.com)
Brentwood Center
370 Portland Street
Yarmouth, ME 04096

Re: Emergency Generator – Remote Annunciator

Hi Josh,
I am following up on the conversation we had yesterday concerning the existing Generator Remote Annunciator. It is our understanding that an inspection of the existing Remote Annunciator failed. As discussed, existing Annunciator went to the old 65KW Generator that is being replaced. The new Generator, will have a new Annunciator. Transition to new equipment has started and will be completed within the next 2-3 weeks (weather permitting).

Please review and call with any questions, or if additional info is needed.
Thanks,
Dave

Thank you for allowing us to be of service, please do not hesitate to contact us should you have any questions.

Sincerely,

David Wright
Sr. Project Manager

CC:

8 Priscilla Lane – Auburn, NH – 03032 Phone (603) 644-7170 – Fax (603) 645-4099
www.geminielectricinc.com

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

From Fish room To elevator

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Unit/Wing Receptacle Tests-General Care Areas

Date: 12/9/24

(8)

Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
		Hallways			
1 - A	24 - 24	24	✓	✓	
B	24 - 24	18	✓	✓	
2 - A	24 - 24	24	✓	✓	
B	24 - 24	18	✓	✓	
3 - A	24 - 24	24	✓	✓	
B	24 - 24	24	✓	✓	
4 - A	4 - 24	24	✓	✓	NEEDS TO BE REPLACED
B	24 - 24	24	✓	✓	
5 - A	24 - 24	24	✓	✓	
[redacted]					
B	4 - 24	24	✓	✓	NEEDS TO BE REPLACED
6 - A	24 - 24	4	✓	✓	
B	24 - 24	24	✓	✓	
7 - A	4 - 18	24	✓	✓	NEEDS TO BE REPLACED
B	16 - 24	24	✓	✓	
8 - A	24 - 24	24	✓	✓	
B	24 - 24	24	✓	✓	
9 - A	24 - 24	24	✓	✓	
[redacted]					
B	24 - 24	24	✓	✓	
10 - A	24 - 24	24	✓	✓	
B	24 - 24	24	✓	✓	
11 - A	4 - 24	12	✓	✓	NEEDS TO BE REPLACED
B	4 - 24	24	✓	✓	NEEDS TO BE REPLACED
[redacted]					
12 - A	4 - 24	24	✓	✓	NEEDS TO BE REPLACED
B	4 - 24	24	✓	✓	NEEDS TO BE REPLACED
13 - A	24 - 24	12	✓	✓	COVER BROKEN
B	24 - 24	12	✓	✓	
13A-1	24 - 18	10	✓	✓	
13B	24 - 12	8	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

From Fish room To Elevator

RECEIVED

Unit/Wing Receptacle Tests-General Care Areas

Date: 12-9-24

BY: [redacted] (10)

Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
Hallways					
14-A	24-4	16	✓	✓	REPLACE
B	24-4	23	✓	✓	REPLACE
15-A	—	14	✓	✓	Jam | REPLACE
B	—	18	✓	✓	
16-A	24-12	10	✓	✓	
B		4	✓	✓	REPLACE
17-A	4-24	6	✓	✓	REPLACE
B	4-24	12	✓	✓	REPLACE
18-A	5-24	10	✓	✓	REPLACE
[redacted]					
B	5-24	18	✓	✓	REPLACE
19-A	5-17	10	✓	✓	REPLACE
B	5-17	6	✓	✓	REPLACE
20-A	24-24	18	✓	✓	
B	24-24	18	✓	✓	
21-A	24-24	10	✓	✓	
B	24-24	12	✓	✓	
22-A	24-24	24	✓	✓	
[redacted]					
B	24-24	24	✓	✓	
23-A	24-24	24	✓	✓	GFI
B	24-24	[redacted]	✓	✓	
24-A	24-24	24	✓	✓	
B	24-24	24	✓	✓	
[redacted]					
25A	24-24	24	✓	✓	
B	24-24	24	✓	✓	

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Unit/Wing Passport - [redacted] Receptacle Tests-General Care Areas

Date: 12/9/24

BY: [redacted]

(4)

Plug #	Contact Tension Hot/Neutral	Ground	Visual	Polarity	Comments
Hallways					
1-A	24-24	0	✓	✓	REPLACE
B	24-24	16	✓	✓	
2-A	20-24	6	✓	✓	
B	24-24	0	✓	✓	REPLACE
3-A	24-24	12	✓	✓	
B	24-24	10	✓	✓	
4-A	24-24	13	✓	✓	
B	24-24	10	✓	✓	
5-A	24-24	18	✓	✓	
[redacted]					
B	24-24	16	✓	✓	
6-A	0-24	12	✓	✓	REPLACE
B	0-24	16	✓	✓	REPLACE
7-A	24-24	13	✓	✓	
B	24-24	13	✓	✓	
[redacted]					
[redacted]					

Section: Engineering Management

Subject: Receptacle Testing Log

sitting area of Eagle To courtyard

Unit/Wing

Receptacle Tests-General Care Areas

RECEIVED

Date: 12/9/24

(7)

Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
Hallways					
1-A	24-24	10	✓	✓	
B	10-24	14	✓	✓	
2-A	24-24	16	✓	✓	
B	24-24	24	✓	✓	
3-A	24-16	17	✓	✓	
B	24-24	24	✓	✓	
4-A	24-24	10	✓	✓	
B	24-24	8	✓	✓	REPLACE
5-A	4-0	4	✓	✓	REPLACE
[redacted]					
B	0-4	24	✓	✓	REPLACE
6-A	24-24	18	✓	✓	
B	24-24	18	✓	✓	
7-A	12-16	12	✓	✓	chip on cover
B	16-24	5	✓	✓	
8-A	0-10	0	✓	✓	REPLACE
B	0-18	18	✓	✓	
9-A	24-24	10	✓	✓	
[redacted]					
B	24-24	16	✓		
10-A	24-24	24	✓	✓	No power
B	24-24	24	✓	✓	
11-A	24-24	12	✓	✓	
B	4-24	0	✓	✓	REPLACE
[redacted]					
C	24-20	11	✓	✓	
D	24-20	22	✓	✓	

From kitchen to [redacted] short Hallway

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

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Unit/Wing Receptacle Tests-General Care Areas

Date: 12/9/24

(3)

Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
Hallways					
1-A	24-24	16	✓	✓	
B	24-24	18	✓	✓	
2-A	16-24	12	✓	✓	
B	24-24	10	✓	✓	
3-A	24-4	24	✓	✓	
B	24-24	24	✓	✓	
4-A	24-24	5	✓	✓	REPLACE
B	24-24	8	✓	✓	REPLACE
5-A	24-22	15	✓	✓	
[redacted]					
B	24-23	16	✓	✓	
6-A	24-24	13	✓	✓	
B	24-24	5	✓	✓	REPLACE
7-A	24-24	15	✓	✓	
B	24-24	13	✓	✓	
8-A	24-24	12	✓	✓	
B	24-24	16	✓	✓	
9-A	24-24	16	✓	✓	
[redacted]					
B	24-24	18	✓	✓	
10-A	24-24	13	✓	✓	
B	24-24	18	✓	✓	
11-A	24-24	16	✓	✓	
B	24-24	24	✓	✓	
[redacted]					

Section: Engineering Management

Subject: Receptacle Testing Log

[redacted] Sebago Hallway

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Unit/Wing Receptacle Tests-General Care Areas

Date: 12/9/24 BY: _____ (5)

Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
Hallways					
1-A	24-24	16	✓	✓	
B	8-5	16	✓	✓	REPLACE
2-A	24-24	16	✓	✓	Loose plate ✓
B	24-24	12	✓	✓	
3-A	24-16	18	✓	✓	
B	24-24	8	✓	✓	
4-A	26-4	18	✓	✓	REPLACE
B	4-4	5	✓	✓	REPLACE
5-A	24-24	10	✓	✓	
[redacted]					
B	24-24	8	✓	✓	REPLACE
6-A	24-24	16	✓	✓	
B	24-24	12	✓	✓	
7-A	24-24	5			REPLACE
B	24-24	10			
[redacted]					
[redacted]					

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
88	1-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	2-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	3-A	24-24	10	✓	✓	GFI
88	B	4-24	13	✓	✓	GFI
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	5-A	24-24	24	✓	✓	Bathroom
	B	24-24	16	✓	✓	Bathroom
88	6-A	24-24	16	✓	✓	
	B	24-24	24	✓	✓	
	7-A	24-24	16	✓	✓	
	B	24-24	10	✓	✓	
	8-A	24-24	24	✓	✓	
88	B	24-24	24	✓	✓	
	9-A	24-24	18	✓	✓	
	B	24-24	18	✓	✓	
	10-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

BY:

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
89	1-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	2-A	24-4	24	✓	✓	GFI
	B	18-24	24	✓	✓	GFI
	3-A	24-24	24	✓	✓	
89	B	24-24	24	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	5-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
89	6-A	5-24	16	✓	✓	Reverse
	B	5-24	16	✓	✓	Reverse
	C	24-24	16	✓	✓	
	D	12-24	16	✓	✓	
	7-A	24-24	24	✓	✓	crack
89	B	24-24	24	✓	✓	
	8-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	9-A		24	✓		outlet, need replace
	B		24	✓		Hot Reverse
	10-A	24-24	24	✓	✓	bathroom
	B	24-24	24	✓	✓	"

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

Room #	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
90	1a	24-24	24	✓	✓	
	1b	24-24	24	✓	✓	
	2-A	10-24	24	✓	✓	GFI
	B	16-24	24	✓	✓	GFI
	3-A	24-24	24	✓	✓	
90	B	24-24	24	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	22	✓	✓	
	5-A	24-24	22	✓	✓	
	B	24-24	16	✓	✓	
90	6-A	24-24	24	✓	✓	
	B	24-24	22	✓	✓	
	C	24-24	24	✓	✓	
	D	24-24	24	✓	✓	
	7-A	24-24	24	✓	✓	
90	B	20-24	24	✓	✓	
	C	20-24	24	✓	✓	
	D	20-24	22	✓	✓	
	8-A	10-16	24	✓	✓	
	B	10-24	24	✓	✓	
90	9-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	10-A	24-24	24	✓	✓	Bathroom
	B	24-24	24	✓	✓	"

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

(1)

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
91	1-A	24-24	16	✓	✓	
	B	24-24	24	✓	✓	
	2-A	24-24	⊘	✓	✓	GARAGE
	B	24-24	11	✓	✓	
	3-A	24-24	24	✓	✓	
91	B	24-24	24	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	5-A	24-24	24	✓	✓	
	B	24-24	20	✓	✓	
91	6-A	24-24	16	✓	✓	
	B	24-24	24	✓	✓	
	7-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	8-A	10-24	24	✓	✓	GFI
91	B	22-24	24	✓	✓	GFI
	9-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	10-A	24-24	18	✓	✓	BATHROOM
	B	24-24	24	✓	✓	BATHROOM

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

(1)

Room #	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
92	1-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	2-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	3-A	24-24	24	✓	✓	
92	B	24-24	24	✓	✓	
	4-A	24-24	10	✓	✓	
	B	24-24	16	✓	✓	
	5-A	24-24	18	✓	✓	
	[redacted]-B	24-24	18	✓	✓	
92	6-A	24-24	10	✓	✓	
	B	24-24	16	✓	✓	
	7-A	24-24	16	✓	✓	
	B	24-24	16	✓	✓	
	8-A	24-24	18	✓	✓	
92	B	24-24	24	✓	✓	
	9-A					Tamping
	B	24-20	24	✓	✓	
	10-A	24-24	16	✓	✓	
	B	24-24	24	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

(1)

Room #	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
93	1-A			✗	✗	Bad
	B	24-24	22	✓	✓	
	2-A	24-24	24	✓	✓	
	B	24-24	17	✓	✓	
	3-A	24-24	12	✓	✓	
93	B	24-24	17	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	5-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
93	6-A	13-15	22	✓	✓	
	B	12-24	24	✓	✓	
	7-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	8-A	24-24	24	✓	✓	GFI
93	B	24-24	24	✓	✓	GFI
	9-A	24-24	24	✓	✓	
	B	24-24	12	✓	✓	
	10-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

BY: _____

(2)

Room #	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
94	1-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	2-A	17-24	6	✓	✓	GFI - REPLACE
	B	24-24	24	✓	✓	GFF
	3-A	24-24	24	✓	✓	
94	B	24-24	24	✓	✓	
	4-A	24-24		·		CAN'T GET TO IT
	B	24 24	24	✓	✓	
	5-A	24-24	16	✓	✓	
	B	24-24	18	✓	✓	
94	6-A	24-24	18	✓	✓	
	B	24-24	18	✓	✓	
	7-A	24-24	22	✓	✓	
	B	28-4	24	✓	✓	
	8-A	10-4	22	✓	✓	POWER
94	B	16-4	8	✓	✓	POWER - REPLACE
	9 A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	10-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

BY:

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
95	1-A	24-24	18	✓	✓	
	B	24-24	18	✓	✓	
	2-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	3-A	24-24	24	✓	✓	
95	B	24-24	24	✓	✓	
	4-A	24-24	20	✓	✓	
	B	24-21	20	✓	✓	
	5-A	24-24	16	✓	✓	
	B	24-24	16	✓	✓	
95	6-A	24-24	16	✓	✓	
	B	24-24	24	✓	✓	
	7-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	8-A	24-24	24	✓	✓	
95	B	24-24	20	✓	✓	
	9-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	10-A	24-24	24	✓	✓	G-FI
	B	24-24	24	✓	✓	G-FI

ENGINEERING & FACILITIES

ection: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

BY: _____

(1)

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
96	1-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	2-A	24-24	24	✓	✓	GFI
	B	24-24	24	✓	✓	GFI
	3-A	24-24	24	✓	✓	
96	B	24-24	24	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	5-A	24-24	24	✓	✓	
	B	24-24	18	✓	✓	
96	6-A	24-24	0	✓	✓	need replace
	B	24-24	8	✓	✓	
	7-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	C	24-24	24	✓	✓	
96	D	24-24	24	✓	✓	
	8-A	24-24	10	✓	✓	
	B	24-16	24	✓	✓	
	9-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	10-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

BY: _____

(2)

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
97	1-A	10-22	18	✓	✓	
	B	16-10	20	✓	✓	
	2-A	24-24	18	✓	✓	
	B	24-24	22	✓	✓	
	3-A	24-24	18	✓	✓	
97	B	24-24	24	✓	✓	
	4-A	24-24	12	✓	✓	
	B	24-24	18	✓	✓	
	5-A	24-24	24	✓	✓	
	B	24-24	22	✓	✓	
97	6-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	7-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	8-A	5-4	0	✓	✓	GFI need replace
97	B	5-4	24	✓	✓	GFI - NEED REPLACE
	9-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	10-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

BY: _____

Unit/Wing: Receptacle Tests

Date: 12/6/24 Patient Care Areas

(1)

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
98	1-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	2-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	3-A	10-24	24	✓	✓	GFI Tested
98	B	10-24	24	✓	✓	GFI Tested
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	5-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
98	6-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	7-A	8-24	24	✓	✓	REPLACE
	B	24-24	18	✓	✓	
	8-A	24-24	24	✓	✓	
98	B	24-24	24	✓	✓	
	C	24-24	24	✓	✓	
	D	24-24	24	✓	✓	
	9-A	24-24	10	✓	✓	
	B	24-24	18	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

BY: _____

Room #	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
99	1-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	2-A	24-24	18	✓	✓	
	B	24-24	18	✓	✓	
	3-A	10-16	18	✓	✓	
99	B	24-24	20	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	5-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
99	6-A	24-24	24	✓	✓	
	B	24-24	10	✓	✓	
	7-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	8-A	24-24	24	✓	✓	
99	B	24-24	24	✓	✓	
	9-A	24-24	24	✓	✓	
	B	24-24	18	✓	✓	

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

(13)

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
102	1-A	16-24	24	✓	✓	
	B	24-24	20	✓	✓	
	C	24-24	24	✓	✓	
	D	24-24	24	✓	✓	
	2-A	24-24	12	✓	✓	
102	B	24-24	12	✓	✓	
	3-A	24-24	9	✓	✓	REPLACE
	B	24-24	17	✓	✓	
	4-A	24-24		✓	✓	NOT WORKING
	B	24-24		✓	✓	REPLACE
	C	2		✓	✓	REPLACE
	D	24-24		✓	✓	REPLACE
103	1-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
103	2-A	20-4	20	✓	✓	REPLACE
	B	24-4	16	✓	✓	REPLACE
	C	4-20	16	✓	✓	REPLACE
	D	20-6	12	✓	✓	
103	3-A	24-18	24	✓	✓	
	B	24-24	18	✓	✓	
	4-A	24-18	8	✓	✓	
	B	24-18	10	✓	✓	
	5-A	24-24	24	✓	✓	
103	B	24-24	24	✓	✓	
	6-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	7-A					NOT WORKING
	B					〃
	C					〃
	D					〃

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

BY: _____

(5)

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
104	1-A	17-24	18	✓	✓	
	B	24-24	18	✓	✓	
	C	24-24	18	✓	✓	
	D	24-24	18	✓	✓	
	2-A	5-17	16	✓	✓	should be replace
104	B	0-0	24	✓	✓	Reptile
	3-A	16-18	16	✓	✓	
	B	24-24	24	✓	✓	
	C	24-20	20	✓	✓	
	D					NOT working
105						
	1-A	24-24	16	✓	✓	
	B	24-24	5	✓	✓	
105	C	16-24	20	✓	✓	
	D	16-12	16	✓	✓	
	2-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	3-A	24-24	24	✓	✓	
105	B		24			NOT working
	4-A	24-24	24			
	B	24-24	24			
	C		24			cannot plug in
	D		24			

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/6/24

Patient Care Areas

BY: _____

(2)

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
106	1-A	24-24	18	✓	✓	
	B	24-15	24	✓	✓	
	C	24-24	24	✓	✓	
	D		24	✓	✓	Fan
	2-A	24-24	24	✓	✓	CRACK COVER ✓
106	B	24-24	24	✓	✓	
	3-A	24-24	12	✓	✓	
	B	24-24	24	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
107						
	1-A	24-24	16	✓	✓	
	B	24-24	16	✓	✓	
	C	24-24	9	✓	✓	POLARITY
107	D	24-24	24	✓	✓	
	2-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	3-A	12-24	24	✓	✓	
	B	24-24	24	✓	✓	
107	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	C	24-24	24	✓	✓	
	D	24-24	24	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/4/24

Patient Care Areas

BY: _____

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
129	1 A	24 / 24	24	✓	✓	
	B	24 / 24	24	✓	✓	
	2 A	24 / 24	24	✓	✓	
	B	24 / 24	24	✓	✓	
	3 A	24 / 24	24	✓	✓	
129	B	24 / 24	24	✓	✓	
	4 A	24 / 24	24	✓	✓	
	B	24 / 24	24	✓	✓	
	5	24 / 24	16	✓	✓	
	6	24 / 24	24	✓	✓	
129	7	24 / 16	24	✓	✓	
		24 / 24	24	✓	✓	
128	1	16 / 24	16	✓	✓	
	2	24 / 24	24	✓	✓	
		24 / 24	24	✓	✓	
	3	16	0	✓	✓	REPLACE
	4	18 / 24	10	✓	✓	
	5	24 / 24	20	✓	✓	
		24 / 24	10	✓	✓	

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/4/24

Patient Care Areas

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
127	1a	24/24	24	✓	✓	
	1b	24/24	24	✓	✓	
	1c	24/24	24	✓	✓	
	1d	24/24	24	✓	✓	
	2a	24/24	16	✓	-	
	2b	24/24	16	-	-	
125	1a	24/24	16	✓	✓	
	1b	24/24	10	✓	✓	
	2a	16/24	12	✓	✓	
	2b	24 24	10	✓	✓	
	3a	24/16	0	✓	✓	REPLACE
	3b	24/24	24	✓	✓	
	4a	24/24	16	✓	✓	
	4b	24/24	24	✓	✓	
	4c	24/24	10	✓	✓	
	4d	24/24	13	✓	✓	
126	1a	16/24	24	✓	✓	
	1b	24/24	16	✓	✓	
	2a	16/24	24	✓	✓	
	2b	24/24	24	✓	✓	
	2c	24/24	24	✓	✓	
	2d	24/24	24	✓	✓	
	3a	24/24	10	✓	✓	
	3b	24/24	11	✓	✓	
	4a	24/24	14	✓	✓	
	4b	24/24	5	✓	✓	

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/5/24

Patient Care Areas

BY: _____ (1)

Room #	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
117	1-A	24/24	16	✓	✓	
	B	24/24	13	✓	✓	
	2-A	24/24	16	✓	✓	
	B	24/24	10	✓	✓	
	3-A	24/24	15	✓	✓	
117	B	24/24	12	✓	✓	
	4-A	24/24	24	✓	✓	NOT working
	4-B	24/24	24	✓	✓	
	5-A	24/24	24	✓	✓	
	B	24/24	24	✓	✓	
117	C	24/24	24	✓	✓	
	D	24/24	24	✓	✓	
116	1-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	2-A	24-24	18	✓	✓	
	B	24-24	15	✓	✓	
	3-A	24-24	18	✓	✓	
116	B	24-24	24	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	18	✓	✓	
	C	24-24	24	✓	✓	
	D	24-24	24	✓	✓	
116						

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing: Receptacle Tests

Date: 12/5/24 Patient Care Areas

BY: _____

(2)

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
115	1-A	24/24	8	✓	✓	REPLACE
	B	24/24	3	✓	✓	REPLACE
	2-A	24/24	24	✓	✓	
	B	24/24	24	✓	✓	
	3-A	24/24	24	✓	✓	
115	B	24/24	18	✓	✓	
	4-A	24/24	16	✓	✓	
	B	24/24	18	✓	✓	
	5-A	24/24	13	✓	✓	
	B	24/24	16	✓	✓	
115	C	24/24	14	✓	✓	
	D	24/24	16	✓	✓	
[redacted]						
110	1-A	24/24	18	✓	✓	
	B	24/24	16	✓	✓	
	2-A	24/24	17	✓	✓	
	B	24/24	18	✓	✓	
	3-A	24/24	16	✓	✓	
110	B	24/24	16	✓	✓	
	4-A	24/24	16	✓	✓	
	B	24/24	18	✓	✓	
	C	24/24	16	✓	✓	
	D	24/24	16	✓	✓	
110	5-A	24/24	18	✓	✓	
	B	24/24	18	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/5/24

Patient Care Areas

BY: _____

(2)

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
109	1-A	24 - 24	24	✓	✓	
	B	24 - 24	24	✓	✓	
	C	24 - 24	24	✓	✓	
	D	24 - 24	24	✓	✓	
	2-A	24 - 24	18	✓	✓	
109	B	24 - 24	18	✓	✓	
	3-A	24 - 24	18	✓	✓	
	B	24 - 24	24	✓	✓	
	C	24 - 24	16	✓	✓	
	D	24 - 24	16	✓	✓	
	4-A	24 - 24	24	✓	✓	
	B	24 - 24	24	✓	✓	
108	1-A	24/24	18	✓	✓	
	B	24/24	16	✓	✓	
	C	24/24	16	✓	✓	
	D	24/24	18	✓	✓	
	2-A	24/24	18	✓	✓	
108	B	24/24	16	✓	✓	
	C	24/24	14	✓	✓	
	D	24 24	14	✓	✓	
	3-A	24/24	16	✓	✓	
	B	24/24	16	✓	✓	
108	C	24/24	18	✓	✓	
	D	24/24	18	✓	✓	
	4-A	24 24	4	✓	✓	REPLACE
	B	24/24	4	✓	✓	REPLACE
	5-A	24/24	18	✓	✓	
	B	24/24	18	✓	✓	
	C	24/24	16	✓	✓	
	D	24/24	16	✓	✓	

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/5/24

Patient Care Areas

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
110	1-A	24/24	24	✓	✓	
	B	24/24	10	✓	✓	
	C	24/24	10	✓	✓	
	D	24/24	4	✓	✓	
	2-A	24/24	18	✓	✓	
110	B	24/24	16	✓	✓	
	C	24/24	18	✓	✓	
	D	24/24	16	✓	✓	
	3-A	24/24	16	✓	✓	
	B	24/24	16	✓	✓	
110	4-A	24/24	16	✓	✓	
	B	24/24	16	✓	✓	
	5-A	24/24	24	✓	✓	
	B	24/24	16	✓	✓	
	C	24/24	16	✓	✓	
	D	24/24	10	✓	✓	
87	1-A	24/24	3	✓	✓	REPLACE
	B	24/24	3	✓	✓	REPLACE
	2-A	24/24	24	✓	✓	
	B	24/24	24	✓	✓	
	3-A	24/24	24	✓	✓	
	B	24/24	24	✓	✓	
	C	24/24	24	✓	✓	
	D	24/24	24	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/5/24

Patient Care Areas

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
100	1-A	24/24	24	✓	✓	
	B	24/24	24	✓	✓	
	C	24/24	24	✓	✓	
	D	24/24	24	✓	✓	
	2-A	24/24	24	✓	✓	
100	B	24/24	24	✓	✓	
	3-A	24/24	24	✓	✓	
	B	24/24	24	✓	✓	
	4-A	24/24	24	✓	✓	
	B	24/24	24	✓	✓	
	C	24/24	24	✓	✓	
	D	24/24	24	✓	✓	
101	1-A	24/24	24	✓	✓	
	B	24/24	24	✓	✓	
	C	24/24	24	✓	✓	
	D	24/24	24	✓	✓	
	2-A	24/24	18	✓	✓	
101	B	24/24	24	✓	✓	
	3-A	24/24	24	✓	✓	
	B	24/24	24	✓	✓	
	4A	24/24	24	✓	✓	
	B	24/24	24	✓	✓	
	C	24/24	24	✓	✓	
	D	24/24	24	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/4/24

Patient Care Areas

(6)

Room #	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
120	1a	20/24	12	✓	✓	
	1b	20/24	11	✓	✓	
	1c	24/10	~~8~~	✓	✓	REPLACE
	1d	24/24	24	✓	✓	
	2a	24/24	14	✓	✓	
	2b	24/24	16	✓	✓	
	3a	14/24	5	✓	✓	REPLACE
	3b	24/24	—	✓	✓	Ground stuck - REPLACE
	4a	24/24	24	✓	✓	
	4b	24/24	16	✓	✓	
	5a	24/0	24	✓	✓	
	5b	24/24	24	✓	✓	
122	1a	24/18	20	✓	✓	
	1b	16/15	16	✓	✓	
	1c	24/20	21	✓	✓	
	1d	5/4	15	✓	✓	
	2a	24/24	8	✓	✓	
	2b	24/24	4	✓	✓	REPLACE
	3a	24/24	4	✓	✓	REPLACE
	3b	24/21	4	✓	✓	REPLACE
	4a	24/16	24	✓	✓	
	4b	24/24	24	✓	✓	
	4c	24/24	24	✓	✓	
	4d	24/24	24	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

BY:

Unit/Wing

Receptacle Tests

Date: 12/4/24

Patient Care Areas

Room #	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
123	1-A	24/24	24	✓	✓	
	1 B	24/24	16	✓	✓	
	1-C	24/24	10	✓	✓	
	1-D	24/24	17	✓	✓	
	2A	24/24	14	✓	✓	
123	2-B	24/24	20	✓	✓	
	2-C	24/24	22	✓	✓	
	2-D	24/24	20	✓	✓	
	3A	24/24	16	✓	✓	
	3-B	20/24	24	✓	✓	
123	3-C	24/10	17	✓	✓	
	3-D	24/24	24	✓	✓	
	4-A	24/24	20	✓	✓	
	4B	24/24	24	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests

Date: 12/4/24

Patient Care Areas

BY: _____

Room #	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
124	1-A	24/24	16	✓	✓	
	1-B	24/24	4	✓	✓	REPLACE
	2 A	24/16	24	✓	✓	
	2-B	24/24	16	✓	✓	
	2-C	24/24	16	✓	✓	
124	2-D	24/24	16	✓	✓	
	3-A	24/24	13	✓	✓	
	3-B	24/24	11	✓	✓	
	4 A	24/24	24	✓	✓	
	B	24/24	24	✓	✓	
124	5 A	24/24	12	✓	✓	
	B	24/24	16	✓	✓	
	6 A	24/0	24	✓	✓	REPLACE
	B	24/16	24	✓	✓	
	C	24/17	24	✓	✓	
	D	24/16	24	✓	✓	

Section: Engineering Management

Subject: Receptacle Testing Log

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Unit/Wing

Receptacle Tests

Date: 12/5/24

Patient Care Areas

(4)

Room #	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
118	1A	24/24	24	✓	✓	
	B	24/24	24	✓	✓	
	C	24/24	24	✓	✓	
	D	24/24	24	✓	✓	
	2A	24/24	16	✓	✓	
118	B	24/24	16	✓	✓	
	C	24/24	18	✓	✓	
	D	24/24	16	✓	✓	
	3-A	24/24	24	✓	✓	
	B	24/24	18	✓	✓	
118	C	24/24	18	✓	✓	
	D	24/24	24	✓	✓	
	4-A	24/24	16	✓	✓	
	B	24/24	18	✓	✓	
	C	24/24	16	✓	✓	
119	D	24/24	15	✓	✓	
	1-A	24/24	3	✓	✓	REPLACE
	1B	24/24	10	✓	✓	
119	2-A	24/16	4	✓	✓	REPLACE
	B	24/16	18	✓	✓	
	3-A	24/24	24	✓	✓	
	B	24/24	18	✓	✓	
	4-A	24/24	3	✓	✓	REPLACE
119	B	24/24	3	✓	✓	REPLACE

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests-General Care Areas

Date: 12/4/24

BY

(1)

Office	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
A.DON	1-A	24-24	16	✓	✓	
	B	24-24	16	✓	✓	
	2-A	24-24	24	✓	✓	
	B	24-24	16	✓	✓	
	3-A	24-24	24	✓	✓	
	B	24-24	16	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	16	✓	✓	
EAGLE NURSE	1-A	24-24	24	✓	✓	chip on cover ✓
	B	24-24	10	✓	✓	
	2-A	24-24	16	✓	✓	
	B	24-24	16	✓	✓	
	3-A	24-24	24	✓	✓	
EAGLE NURSE	B	24-24	10	✓	✓	
	4-A	24-24		✓	✓	
	B	24-24		✓	✓	
	5-A			✓		No power or Ground
	B			✓		

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing Receptacle Tests-General Care Areas

Date: 12/4/24

Office	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
THerapy	1-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	2-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	3-A	24-24	24	✓	✓	
THerapy	B	24-24	24	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	5-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
THerapy	6-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	7-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	8-A	24-24	24	✓	✓	
THerapy	8-B	24-24	24	✓	✓	
	9A	24-24	24	✓	✓	
	9B	24-24	24	✓	✓	
	10A	24-24	24	✓	✓	
	10B	24-24	24	✓	✓	
THerapY	11A	5-24	24	✓	✓	GFI works
	11B	5-10	24	✓	✓	GFI works
	12A	24-4	24	✓	✓	GFI works
	12B	24-10	11	✓	✓	GFI works
	13A	24-24	24	✓	✓	GFI works
THerapY	13B	24-24	22	✓	✓	GFI works
	14A	24-24	11	✓	✓	GFI works
	14B	24-24	10	✓	✓	GFI works
	15A	24-24	24	✓	✓	
	15B	24-24	24	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

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RECEIVED

Unit/Wing Receptacle Tests-General Care Areas

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Office	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
THERAPY	16A	24/24	24	✓	✓	
	16B	24-24	24	✓	✓	
	17A	24-24	24	✓	✓	
	17B	24-24	24	✓	✓	
	18A	24-24	24	✓	✓	
THERAPY	18B	24-24	24	✓	✓	
	19A	24-24	16	✓	✓	GFI works
	19B	24-24	16	✓	✓	GFI works
	20A	24-24	16	✓	✓	GFI works
	20B	24-24	16	✓	✓	GFI works
THERAPY	21A	24 24	16	✓	✓	GFI works
	21B	24-24	24	✓	✓	GFI work
	22A	24-24	24	✓	✓	
	22B	24-24	24	✓	✓	
	23A	24-24	24	✓	✓	
	23B	24-24	24	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing

Receptacle Tests-General Care Areas

Date: 12/4/24

Office	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
FRONT LOBBY	1-A	24-24	11	✓	✓	
	B	24 24	10	✓	✓	
	2-A	24-24	15	✓	✓	
	B	24-24	10	✓	✓	
	3-A	24-24	18	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	

ENGINEERING & FACILITIES

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Unit/Wing Receptacle Tests-General Care Areas

RECEIVED

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(2)

Office	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
Dietary	1-A	24-24	24	✓	✓	
	B	16-24	24	✓	✓	
	C	24-24	24	✓	✓	
	D	24-24	24	✓	✓	
	2-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	3-A	16-12	0	✓	✓	need cover & replace - REPLACED
	B	22-16	0	✓	✓	REPLACE
Laundry	1-A	24-24	24	✓	✓	
	B	24-24	20	✓	✓	
	2-A	24-24	18	✓	✓	
	B	24-24	16	✓	✓	
	C	24-24	16	✓	✓	
	D	24-24	16	✓	✓	
Laundry	3-A	24-24	16	✓	✓	
	B	24-24	12	✓	✓	
	4-A	24-24	12	✓	✓	
	B	24-24	18	✓	✓	
	5-A	24-24	18	✓	✓	
	B	24-24	24	✓	✓	

ENGINEERING & FACILITIES

Section: Engineering Management

Subject: Receptacle Testing Log

RECEIVED

Unit/Wing Receptacle Tests-General Care Areas

Date: 12/4/24

BY:

(12)

Office	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
Skilled Nurse	1-A	16-12	5	✓	✓	REPLACE
	B	20-18	5	✓	✓	REPLACE
	2-A	24-24	18	✓	✓	
	B	24-24	18	✓	✓	
	3-A	24-24	16	✓	✓	
Skilled Nurse	B	24-24	0	✓	✓	REPLACE
	4-A	16-12	0	✓	✓	REPLACE
	B	16-12	0	✓	✓	REPLACE
	5-A	24-24	0	✓	✓	REPLACE
	B	24-0	0	✓	✓	REPLACE
Skilled Nurse	6-A	24-4	24	✓	✓	GFI works / REPLACE
	B	20-10	24	✓	✓	GFI
	7-A	24-18	3	✓	✓	REPLACE
	B	24-24	16	✓	✓	
	8-A	24-24	16	✓	✓	
Skilled Nurse	B	24-24	12	✓	✓	
	9-A	16-16	18	✓	✓	
	B	16-12	4	✓	✓	REPLACE
	10-A	18-24	0	✓	✓	REPLACE
	B	24-24	8	✓	✓	REPLACE

ENGINEERING & FACILITIES

Section: Engineering Management

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RECEIVED

Unit/Wing Receptacle Tests-General Care Areas

Date: 12/4/24

(1)

Office	Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
Sherry Nelson	1-A	24-24	0	✓	✓	REPLACE
	B	24-24	16	✓	✓	
	C	24-24	16	✓	✓	
	D	24-24	18	✓	✓	
	2-A	24-24	22	✓	✓	
Sherry Nelson	B	24-24	18	✓	✓	
	C	24-24	24	✓	✓	
	D	24-24	14	✓	✓	
	3-A	24-24	12	✓	✓	
	B	24-24	11	✓	✓	
DR. OFFICE	1-A	24-24	24	✓	✓	
		24-24	24	✓	✓	
	2-A	24-24	10	✓	✓	
	B	24-24	10	✓	✓	
	3-A	24-24	10	✓	✓	
DR. OFFICE	B	24-24	10	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	

ENGINEERING & FACILITIES

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Unit/Wing Receptacle Tests-General Care Areas

Date: 12/4/24

Office	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
Social Service	1-A	24 - 24	24	✓	✓	
	B	24 - 24	24	✓	✓	
	2-A	24 - 24	24	✓	✓	
	B	24 - 24	24	✓	✓	
	3-A	24 - 24	24	✓	✓	
	B	24 - 24	24	✓	✓	
H.R	1-A	24 - 24	24	✓	✓	
	B	24 - 24	24	✓	✓	
	2-A	24 - 24	24	✓	✓	
	B	24 - 24	24	✓	✓	
	3-A	24 - 24	24	✓	✓	
	B	24 - 24	24	✓	✓	
Business Office	1-A	24 - 24	24	✓	✓	
	B	24 - 24	24	✓	✓	
	2-A	24 - 24	24	✓	✓	
	B	24 - 24	24	✓	✓	
	3-A	24 - 24	24	✓	✓	
	B	24 - 24	24	✓	✓	

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BY

Office	Plug #	Contact Tension		Visual	Polarity	Comments
		Hot/Neutral	Ground			
ADMINISTRATOR	1-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	2-A	24-24	24	✓	✓	
	B	24-24	16	✓	✓	
	3-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	5-A	24-24	24	✓	✓	
	B	24-24	22	✓	✓	
ADMISSIONS	1-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	2-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	3-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	
	4-A	24-24	24	✓	✓	
	B	24-24	24	✓	✓	

RECEIVED

Unit/Wing Receptacle Tests-General Care Areas

Date: 12/4/24

BY: _____

(1)

Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
			Rehab Room		
1-A	24 - 24	24	✓	✓	
B	24 - 24	24	✓	✓	
2-A	24 - 24	24	✓	✓	
B	24 - 24	24	✓	✓	
3-A	24 - 24	24	✓	✓	
B	24 - 24	24	✓	✓	
4-A	24 - 24	24	✓	✓	
B	24 - 24	24	✓	✓	
5-A	24 - 24	24	✓	✓	GFI
B	24 - 24	16	✓	✓	GFI
6-A	24 - 24	24	✓	✓	
B	24 - 24	24	✓	✓	
			Recreation Room		
C	24 - 24	24	✓	✓	
D	24 - 24	24	✓	✓	
1-A	24 - 24	4	✓	✓	
B	24 - 24	11	✓	✓	
2-A	24 - 24	16	✓	✓	
B	24 - 24	11	✓	✓	
			Beauty Salon		
3-A	24 - 24	11	✓	✓	
B	24 - 24	14	✓	✓	
4-A	24 - 24	24	✓	✓	
B	24 - 24	24	✓	✓	
5-A	24 - 24	24	✓	✓	
B	24 - 24	12	✓	✓	
6-A	24 - 24	10	✓	✓	
B	24 - 24	0	✓	✓	REPLACE

Laundry Room

Skilled Dining Room

ENGINEERING & FACILITIES

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Unit/Wing Receptacle Tests-General Care Areas

Date:

(7)

Plug #	Contact Tension Hot/Neutral	Contact Tension Ground	Visual	Polarity	Comments
			Activity Room		
1-A	24-24	24	✓	✓	
B	24-24	24	✓	✓	
2-A	24-24	24	✓	✓	
B	24-24	24	✓	✓	
C	24-24	24	✓	✓	
D	24-24	24	✓	✓	
3-A	24-24	24	✓	✓	
B	24-24	24	✓	✓	
4-A	24-24	0	✓	✓	GFI - REPLACE
B	24-24	0	✓	✓	GFI - REPLACE
5-A	24-24	24	✓	✓	
B	24-24	22	✓	✓	
			Recreation Room		
C	24-24	24	✓	✓	
D	24-24	24	✓	✓	
E	24-24	22	✓	✓	
F	24-24	18	✓	✓	
Kitchen Storage 1A-A	24-20	0	✓	✓	REPLACE
B	24-24	8	✓	✓	REPLACE
1-A	24-24	24	✓	✓	
B	24-18	0	✓	✓	REPLACE
C	24-18	18	✓	✓	
D	24-24	18	✓	✓	
			Beauty Salon		
2-A					NO POWER
B					11
3-A	24-24	12	✓	✓	
B	24-24	18	✓	✓	
4-A	24-24	24	✓	✓	
B	24-24	24	✓	✓	

Kitchen

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Communications Plan

Our communication plan supports rapid and accurate communication both internally and externally. This section describes the elements of a basic communication plan incorporated into this EOP.

Contact Rosters

Relative to internal communications, the facility maintains a contact list of all staff, including telephone numbers. This contact information may be used whenever it is necessary to notify staff of a threat or emergency that may impact or involve them.

Each department will maintain an emergency contact roster for their department. The Master Staff Roster will be located in the Human Resources Office, this list can also be accessed remotely through our electronic HR system. All essential personnel have access to the Human Resources Office and this Master Staff Roster in case of their absence.

Physicians contact information will readily available in the nursing suite. This information is also made readily available to nursing staff on a daily basis separate from the EOP.

Please see Section "Evacuation of Facility" for a summary of Transfer Agreement facilities.

State DOH Emergency Reporting

Call the hotline, 1866-348-1129
Go to the website:
https:/www.maine.gov/dhhs/index.shtml and click on the "how do I"
You will have five sections to choose from:
Services – General Information – Report child abuse, elder abuse and abuse of benefits (fraud) – Health - Miscellaneous

Information Sharing

Any information that is communicated with outside agencies should be reviewed and submitted by the Incident Commander.

The Incident command center is integral to the flow of internal and external communication.

During emergencies the IC should be present in the ICC at all times as the flow of information is constant. In the IC's absence he should delegate other competent staff to take the role of IC until their return.

All family contact information is entered into PCC and updated at least yearly. The family contact information in PCC can be accessed remotely in an emergency to share necessary information with them

Types of Communication

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident should immediately notify their supervisor or the senior manager on site.

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Our internal communication equipment includes:

- Telephones
- Overhead Page
- Hand Held radios
- Cell phones with texting
- Messages on Timeclocks
- Messages over Point Click Care
- Employee notification boards
- Public Relations Liaison (also known as Public Information Officer)
- Runner
- Communications via Email/Carefeed

It is also important to communicate with relevant external partners to:

1. Gather information relevant to the incident
2. Share information regarding the facility's status, activities and needs.

Our facility will report incidents as required to jurisdictional authorities, e.g., report a fire to the local fire department. We may also share relevant situational information with external partners consistent with local policies and procedures.

See Phone Directory for Contact Lists to Emergency Agencies and Vendors in this section.

Our external communication equipment includes:

- Land lines
- POTS Line
- Cell phones with texting
- Local Radio Stations
- Internet
- Email
- Carefeed

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Emergency Codes

The facility utilizes a standard set of emergency codes for announcing critical events to help minimize the alarm to non-staff present in the facility. If an event occurs that requires the announcement of a code, the announcement will be made over the emergency speaker system at the following locations:

- Announcements will be made at the **Reception Desk** from 8:00am to 8:00pm.
- Announcements will be made from the **Passport Nurses Station** from 8:00pm to 8am.

The following codes are utilized by the facility:

- Code Red – Fire
- Code Blue – Cardiac/Respiratory Failure
- Code Yellow – Elopement
- Code Green – Internal/External Disaster
- Active Shooter - Use normal language if announcing an active shooter, do not use a code.
- Code B – Bomb Threat
- Code Orange - Hazardous Material
- Code White – Violence/Hostage

RESIDENT AND FAMILY COMMUNICATION

It is the Policy of **Brentwood Center** to inform all staff, residents, visitors, family members and volunteers of our Emergency Operations Plan.

A copy of our EOP is located at the reception desk for all staff, residents, visitors and volunteers to access at all times. Residents and families are informed in writing during the admissions process that we utilize an EOP, where it can be located and who to contact for questions.

The Admission's Director discusses the EOP at the beginning of each resident council meeting. A letter is included in the admissions packet for every resident that explains and identifies our emergency operations plan. A copy of this letter is included in Other Pertinent Information section of this manual.

In the event of an emergency, family members may be notified and briefed on the status of the facility and the condition of their loved one as soon as it is feasible to do so. In case of an emergent situation, where time and conditions do not allow us to communicate with our resident's families in a timely manner, we may utilize the Ombudsman, the Department of Public Health staff, the American Red Cross, our website, and other methods as available to provide a phone number to families where they can call and obtain information on the status and location of their resident.

The Incident Commander is the person identified to release information to the public concerning the status of the facility.

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ADMISSIONS LETTER TO RESIDENTS

To Residents, Family Members and Visitors,

We at **Brentwood Center** strive to provide the best care possible for our residents. With each day we try to provide the safest possible environment for our staff, residents and visitors.

Using the **Brentwood Center** mission objective and state and federal guidelines we have developed a comprehensive Emergency Operations Plan specific to our facility. The Emergency Operations Plan was developed in collaboration with our community partners such as **Maine Medical Center,** the **Cumberland** County Office of Emergency Preparedness and the **Town of Yarmouth** Fire Department as well as other community resources.

Our Emergency Operations Plan contains a Hazard and Vulnerability Assessment. This assessment identifies situations that pose the greatest threat to our facility. Our disaster drills, exercises and staff training are focused on minimizing these threats while staying vigilant to other threats. This assessment is reviewed and updated annually. Staff are trained to respond to these disaster situations each year through classroom training, training exercises and drills.

In case of an actual emergent situation, where time and conditions do not allow us to communicate with our resident's families in a timely manner, we may utilize the Ombudsman, the Department of Public Health staff, the American Red Cross, our website, and other methods available to provide a phone number to families where they can call and obtain information on the status and location of their loved one.

Our Emergency Operations Plan is located at the reception desk in the lobby of the ground floor. It is accessible to staff, residents, family members and visitors at all times. If you would like any further information on our Emergency Operations Plan please feel free to contact any of the individuals listed below.

Administrator	Charlene Powers	207-400-6684
Director of Nursing	Larry Nault	207-504-7966
Safety Officer	Josh Muscadin	207-205-4205

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