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	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**

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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

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		
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		
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		

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K 222	Continued From page 4 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.	K 222		

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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		

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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		

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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		

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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		

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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		
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		

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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		
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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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		