STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205062	A. BUILDING 01 _____ B. WING _____	02/13/2024

RECEIVED
FEB 20 2024
BY:

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BREWER CENTER FOR HEALTH & REHABILITATION, LLC	74 PARKWAY SOUTH BREWER, ME 04412

(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 02/13/24 Brewer Center for Health and Rehab, a long term care facility, is in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities Emergency Preparedness.	E 000	Please see plan of correction attached Jessica L Porter LSW LNHA 2-20-2024	
K 000	INITIAL COMMENTS Federal Recertification Survey: Survey Date: 02/12/24 Brewer Center for Health &Rehabilitation, 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 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.	K 321		

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

Jessica Porter LSW LNHA (signed electronically) Administratotor 2-20-2024

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K 321	Continued From page 1 19.3.2.1, 19.3.5.9 Area Separation N/A — Automatic Sprinkler a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and interview, during a facility tour, the facility failed to ensure that hazardous areas were safeguarded in accordance with NFPA 101, Life Safety Code, section 19.3.2.1 in one hazardous area of one hazardous areas inspected in the facility located within the facility. This deficient practice could affect the patients/residents, visitors, and members of facility staff in this location(s). Deficient practices have the potential of allowing the passage of smoke and/or fire from the hazardous area(s) into adjacent areas. Findings: Observation(s) and Interview(s) during a facility tour with the Director of Maintenance and administrator on 02.13.2024 between the hours of 9:00 AM and 12:30 PM found the following: 1. The boiler room had pipe penetrations and electrical conduit that were not protected by a firestopping system in accordance with NFPA	K 321		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 321	Continued From page 2 101, Life Safety Code, 2012 edition, section 8.3.5 Penetrations and has the potential of allowing the passage of smoke and/or fire into adjacent areas. These findings were verified by the director of maintenance and administrator at the time of the observation.	K 321		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 205062	MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	DATE SURVEY COMPLETE 2/13/2024

RECEIVED
FEB 20 2024
BY:

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BREWER CENTER FOR HEALTH & REHABILITATI	74 PARKWAY SOUTH BREWER, ME

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 920	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to ensure that power strips are not used for non-PCREE (Patient-care-related electrical equipment) and that power strips are not used as a substitute for fixed wiring in accordance with NFPA 99 Chapter 10, NFPA 70 chapter 4 (400.8(1)). Findings: On 02/13/2024, between 9:00 AM and 12:30 PM, surveyor 39983, with the Maintenance Director, and Administrator present, observed the following: 1. The Housekeeping office located in the Service wing, a mini refrigerator was found plugged into a power strip as a permanent power source. This was removed during the survey. The surveyor 39983 confirmed this finding with the Maintenance Director, and Administrator at the time of the observation.

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

The above isolated deficiencies pose no actual harm to the residents

Plan of Correction for Federal Survey completed on 2-13-2024 by Fire Marshal for

Brewer Center for Health and Rehabilitation

K321

The maintenance director sealed with fire rated caulking the 2 areas identified in the boiler room.

Other areas of the building were reviewed during the inspection and found to be in compliance.

Maintenance personnel will review fire wall penetrations following any construction or wiring work to ensure any penetrations in the fire wall are appropriately sealed.

The administrator, or designee, will randomly audit the boiler room and/or following any construction or wiring work for penetration of the firewall and report findings through the facilities Quality Assurance and Performance Improvement program for a period of three months.

Completion date: 2-20-2024

Submitted by:

Jessica L Porter LSW LNHA

(signed electronically)

Jessica Porter LSW LNHA

Administrator