STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205062	A. Building B. Wing	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brewer Center for Health & Rehabilitation, LLC	74 Parkway South Brewer, ME 04412

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on review of a reportable incident form, record review, and interviews the facility failed to ensure that a resident was free from injury when the facility staff failed to properly transfer a resident causing the resident to sustain a fractured rib for 1 of 1 residents reviewed for falls [Resident #1 (R1)].Findings:On 6/8/26, The Division of Licensing and Certification received a facility Reportable Incident Form indicating that on 6/5/26 at 1:00 p.m., Resident #1 had a controlled fall to the floor during a transfer. with an outcome of an 8th rib fracture.On 6/8/26, The Division of Licensing and Certification received the facility's 5 day Follow up on Incident reported 6/5/26, which indicated R1 experienced a fall during a mechanical lift transfer from wheelchair to bed in the resident's room while being assisted by 2 [Certified Nursing Assistants (C.N.A.s)]. During the transfer, the resident's legs were positioned on either side of the lift boom. The mechanical lift was stationary at the time of the incident. While staff were rotating the suspended resident to achieve proper alignment with the bed, the lift tipped, resulting in a controlled fall. Staff guided the resident to the floor, and the resident's knees made contact with the floor and [he/she] slides onto [his/her] butt. During the incident, the bar made contact with the resident's head. Resident states the mechanical lift also made contact with [his/her] chest . The mechanical lift was evaluated and found to be functioning appropriately with no evidence of equipment malfunction.Review of the Emergency Department Provider Note indicated on 6/6/26, Details: [computed tomography imaging (CT) of the] chest with apparent ?small, nondisplaced anterior right 8th rib fracture'.On 6/23/26 at 9:10 a.m., during an interview with a surveyor, the Administrator stated the leg base (of the Hoyer) was moved in to navigate around the furniture, but when the resident was turned the balance was off.On 6/23/26 at 3:10 p.m., during an interview with a surveyor, a CNA stated the legs of the lift were not fully opened to navigate around the resident's room and furniture.On 6/23/26 at 4:00 p.m., during an interview with a surveyor, the Director of Nursing Services, the Regional Director of Clinical Operations and the Assistant Director of Nursing, the above finding was discussed. As a result of the facility's investigation, the following corrective actions were initiated and completed by 6/10/26:-The resident's care plan and transfer interventions were reviewed and updated as appropriate.-The resident continues to be monitored for pain, respiratory status, and any further complications related to the incident.-The mechanical lift involved in the incident was immediately removed from service pending inspection.-Maintenance reviewed preventative maintenance logs.-Maintenance evaluated the mechanical lift for proper operation and found no mechanical malfunction, equipment failure, or maintenance concerns. Preventative maintenance records confirmed the lift was maintained.-The facility initiated immediate education and competency validation for all nursing staff regarding safe mechanical lift procedures.-Audits of transfers were conducted through random observations of mechanical lift transfers to identify any potential areas of concern for immediate corrective action, re-education.-Results of audits and observations will be reviewed monthly through the Quality Assurance and Performance Improvement (QAPI) Committee for ongoing monitoring and determination of additional interventions as needed.

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.

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