STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Center for Health & Rehabilitation, LLC	370 Portland Street Yarmouth, ME 04096

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. Based on record review and interviews, the facility failed to accurately assess, coordinate care with a physician, and document a residents wound for 1 of 4 residents reviewed for wound care from 11/30/25 to 1/5/26. (Resident #1).Findings:Resident #1 was admitted to the facility in November 2025. A review of the clinical record showed he/she had a NSG[Nursing]Admission/readmission Evaluation form completed the day of his/her admission which stated that resident had a skin issue located on his/her left buttock and that the type of issue was pressure related.On11/30/25 and 12/7/25, Daily Skilled Note/Evaluation stated that resident's skin is not intact and there is a pressure ulcer on his/her left buttock.Clinical record shows Daily Skilled Note/Evaluation's completed on 12/2/25, 12/3/25, 12/8/25, 12/9/25, 12/10/25, 12/11/25, 12/12/25, 12/13/25, 12/14/25, 12/15/25, 12/16/25, 12/17/25, 12/18/25, 12/20/25, 12/22/25, 12/23/25, 12/24/25, 12/25/25, 12/28/25, 12/29/25, 12/30/25, 12/31/25, and 1/1/25. These daily skin notes/evals stated that his/her skin is intact. On 1/5/26 at 11:02 a.m., a skin check note stated that no skin issues were identified. On 1/5/25 at 2:06 p.m. a skin issue note stated that Resident #1 has a stage 3 pressure ulcer/injury with full thickness skin loss.On 1/6/26 at 12:25 p.m., in an interview with 2 surveyors present, the Director of Nursing Services confirmed that the pressure ulcer was present upon admission, was never thoroughly assessed, was not reported to a physician, and was not cared for appropriately.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Brentwood Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 370 Portland Street Yarmouth, ME 04096	

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on record review and interviews, the facility failed to ensure a baseline care plan was developed and implemented within 48 hours that included the instructions needed to provide minimum healthcare information necessary to properly care for 1 of 4 sampled residents reviewed for wound care (Resident #1).Findings:Resident #1 was admitted to the facility in November 2025. Further review of the clinical record showed he/she had a NSG [Nursing] Admission/readmission Evaluation form completed the day of his/her admission which stated that resident had a skin issue located on his/her left buttock and that the type of issue was pressure related. A review of Resident #1's medical record lacked evidence of a baseline care plan that included the instructions necessary to properly care for him/her, in the area above.On 1/6/25 at 2:15 p.m., In an interview with the Director of Nursing Services and 2 surveyors present the above information was confirmed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205079	A. Building B. Wing	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Center for Health & Rehabilitation, LLC	370 Portland Street Yarmouth, ME 04096

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on record reviews and interviews, the facility failed to notify the physician, obtain physician orders, and care plan for a resident was admitted to facility (November) with a pressure ulcer to January for 1 of 4 residents reviewed for wound care (Resident #1).Findings:Resident #1 was admitted to the facility in November 2025. A review of the clinical record shows resident had a NSG[Nursing] Admission/readmission Evaluation form completed the day of admission. A review of the evaluation shows Resident #1 had a skin issue present on admission, located on left buttock and type of issue was pressure related.Review of Resident #1's clinical record shows a Daily Skilled Note/Evaluation completed on 11/30/25 and on 12/7/25 which indicated that the reason for his/her daily skilled care is for Pressure Ulcer Care and Rehab services. It also indicated that the skin is not intact and there is a pressure ulcer on his/her left buttock.During a clinical record review, a wound care nursing note dated, 1/5/26 stated a new skin issue on the left sacrum. Stage 3 pressure ulcer/injury with full thickness skin loss . acquired in house. On 1/6/25 at 11:30 a.m., during an interview with the Wound Care Nurse and 2 surveyors present, he stated on 1/5/26 a Certified Nursing Assistant came to him regarding concerns of a wound on Resident #1's buttocks. He states this was the first time he has heard of this. The wound care nurse completed an assessment, alerted the provider, obtained orders for wound care, and alerted the Director of Nursing. Review of facilities policy Pressure Injury Prevention Management Program#4 Based on resident evaluation process, an individualized comprehensive care plan will be implemented by the interdiciplinary team.-Residents will have a preventative care plan implemented upon admission that is interdisciplinary.-Residents with an actual pressure injury identified on admission/readmission will have a care plan implemented that documents interdisciplinary approach to the healing of the pressure injury following facility protocols as well as appropriate preventive measures.On 1/6/26 at 2:15 p.m., In an interview with the Director of Nursing Services and 2 surveyors present, the above information was confirmed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Center for Health & Rehabilitation, LLC	370 Portland Street Yarmouth, ME 04096

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interviews, the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 4 residents reviewed for wound care. (Resident #2)Findings:Review of Resident #2's clinical record shows a physician order to Monitor JP (Jackson Pratt) Drain every shift for prophylaxis with the start date of 11/22/25.Review of Resident #2's Treatment Administration Record for the month of December lacked evidence of completed documentation for his/her JP Drain on the 3 p.m. to 11 p.m. shift for 12/30/25. Further review shows missing documentation on the 11 p.m. to 7 a.m. shift for 12/1/25, 12/3/25, 12/10/25, 12/14/25, 12/15/25, 12/16/25, and 12/22/25.On 1/6/25 at 1:48 p.m., In an interview with the Director of Nursing Services and 2 surveyors present, the above information was confirmed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205079	A. Building B. Wing	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Center for Health & Rehabilitation, LLC	370 Portland Street Yarmouth, ME 04096

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 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a plan that describes the process for conducting QAPI and QAA activities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of the plan of correction, and interviews, the facility's quality assurance committee failed to ensure that the plan of correction for identified deficiencies from the survey, dated 10/20/25, were effective in the areas of deficiencies for Quality of Care related for pressure ulcers and Resident Records - Identifiable Information. Deficiencies for Quality of Care related for pressure ulcers and Resident Records - Identifiable Information were again identified during complaints survey dated 1/6/26.Findings:1. During the Recertification Survey, dated 10/20/25, a deficiency was cited for Quality of Care related to wound care, for 2 of 3 residents reviewed for wound care.The facility's Plan of Correction, with a completion date of 11/25/25, indicated that the wound care nurse/designee completed a house audit of residents with wounds to ensure no other residents were affected by this practice. The Director of Nursing Services (DNS)/designee educated the licensed staff of the facility wound care policy/procedure. The wound care nurse/designee will complete daily audits (Monday-Friday) x 60 days then weekly x 30 days of new wounds or new admissions with wounds are being followed per wound care policy/procedures. The results of these audits will be reviewed monthly with the QAPI committee to ensure compliance. The DNS is responsible for compliance. During the complaints survey on 1/6/26, a Quality of Care concern was re-cited related to wound care for 1 of 3 residents reviewed for wound care. Resident #1's clinical record contained evidence that he/she had a pressure ulcer upon admission on [DATE] and there were no doctor's orders for care and treatment of the wound. 2. During the Recertification Survey, dated 10/20/25, a deficiency was cited at Resident Records - Identifiable Information for the failure to ensure that clinical records were complete and contained accurate information for 2 of 3 residents reviewed for wound care.The facility's Plan of Correction, with a completion date of 11/25/25, indicated that the wound care nurse/designee completed a house audit of residents with wounds to ensure no other residents were affected by this practice. The DNS/designee educated the licensed staff of the facility on completing and following wound care MD orders and treatments. The wound care nurse/designee will complete daily audits(M-W-F) x 30 days, then random weekly audits x 30 days of residents with wound care treatment orders to ensure compliance. The results of these audits will be reviewed monthly at QAPI committee to ensure compliance is maintained. The DNS is responsible for compliance.During the complaints survey on 1/6/26, Resident Records - Identifiable Information was recited for failure to follow their Plan of Correction to ensure that clinical records were complete and contained accurate information. Resident's #2's clinical record did not contain complete and accurate information related to wound care.On 1/6/26 at 3:45 p.m., during an exit interview with two surveyors present, the Administrator and the DNS discussed and confirmed that the facilities Plan of Correction for the above cited areas have not been effective as indicated on the facilities Plan of Correction with a correction date of 11/25/25. Deficient practices were identified at the time of the 1/6/26 Complaint visit, after the POC's anticipated date of compliance.