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	03/04/2026

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure written bed hold and transfer/discharge notices were provided to the resident or their legal representative for a facility-initiated transfer/discharge for 2 of 3 sampled residents transferred/discharged to an acute care facility (Residents #8, #9). In addition, the facility failed to ensure residents had a discharge summary which included recapitulation of the resident's stay, diagnoses, course of illness/treatment or therapy, and reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter) for 2 of 6 residents reviewed for transfer discharge. (Residents #96 and #97)Findings: 1. Documentation in Resident 8's clinical record indicated that he/she was transferred to an acute hospital on [DATE] and subsequently admitted . The clinical record lacked evidence that the facility issued a written bed hold notice and a transfer/discharge notice to the resident and/or legal representative. On 3/4/26 at 1:40 p.m., the above was confirmed with the Regional Director of Operations. 2. Documentation in Resident #9's clinical record indicated that he/she was transferred to an acute hospital on [DATE], 11/29/25, 1/27/26, and subsequently admitted . The clinical record lacked evidence that the facility issued written bed hold and transfer/discharge notices to the resident and/or legal representative for the transfers on 11/29/25 and 1/27/26. The record lacked evidence that the facility issued a bed hold notice to the resident and/or legal representative for the transfer on 11/9/25. On 3/4/26 at approximately 11:00 a.m., the findings were confirmed by the Interim Director of Nursing. 3. On 2/26/26 at 3:35 p.m., in an interview with a surveyor, the spouse of Resident #96 stated at the time of discharge, on 11/10/25, the facility did not provide discharge instructions, including a pre and post discharge medication reconciliation, follow-up appointments, or referrals for home health services. On 3/4/26, a review of the clinical record noted Resident #96 lacked evidence that a recapitulation of stay had been completed which included discharge instructions, follow-up appointments, or medication reconciliation. On 3/4/26 at 4:00 p.m., in an interview with the surveyor, the finding was confirmed with the Administrator, Social Worker, and Regional Director of Operations. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205079	A. Building B. Wing	03/04/2026

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Brentwood Center for Health & Rehabilitation, LLC	370 Portland Street Yarmouth, ME 04096

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. A review of Resident #97's medical record showed he/she was discharged on 11/10/25. Further review of the clinical record lacked evidence of a completed discharge summary which included his/her recapitulation of stay to include discharge instructions, discharge medications/instructions, follow up appointments, and therapy recommendations. On 3/4/26 at 4:28 p.m., in an interview with the Director of Clinical Operations and Regional Director of Operations.

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	205079	A. Building B. Wing	03/04/2026

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(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 reviews and interviews, the facility failed to ensure physician orders were organized and updated to reflect resident's current needs by failing to discontinue inactive physician orders for 2 of 7 sampled residents. (Resident #5 and #23)Findings:1. On 3/2/26 at 7:47 a.m., and on 3/3/26 at 9:10 a.m., Resident #5 was observed receiving oxygen via a nasal cannula with the oxygen concentrator set at 1.5 liters per minute.Resident #5's active provider orders, as of 3/3/26, contain three orders for oxygen:> Oxygen at 2 liters per minute as needed to maintain oxygen saturation level at 90 percent. Active 5/10/25> Oxygen at 2 liters per minute as needed for shortness of breath Indicate O2 Sats (%), Start and Stop Times in Supplementary Documentation. Active 5/10/25.> Oxygen at 2 liters per minute continuous every shift for shortness of breath. Active 5/10/25.2. On 3/2/26 at 11:50 a.m., during a resident representative interview for Resident #23, it was discussed that Resident #23 had been on hospice for years but is no longer receiving hospice services.Review of Resident #23's medical record showed a social services note dated 10/20/25 stating, Resident #23 was discharged from [NAME] Hospice on 10/17/25. Review of the care plan showed a hospice care plan which was resolved on 10/20/25.Resident #23's active provider orders, as of 3/3/26, contain two orders relating to hospice services:>Refer to [NAME] hospice, active 10/24/23>Refer to [NAME] for eval and treat for palliative care as appropriate. DX: Pain management, active 10/17/23On 3/3/26 at 2:02 p.m., during an interview, the Regional Director of Clinical Operations reviewed and confirmed the above findings.