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 12/04/2024
NAME OF PROVIDER OR SUPPLIER: Brentwood Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE: 370 Portland St 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33639 Based on observations, the facility failed to adequately maintain maintenance services necessary to maintain the facility in good repair and sanitary condition for three of three units. Findings: On 12/4/24 at approximately 9:00 a.m., during a visit to the Laundry, a surveyor observed a heavy amount of dust and debris found on top of all dryers. This was confirmed with the Director of Maintenance at that time. On 12/4/24 at 10:30 a.m., during environmental rounds with the Administrator, the Director of Maintenance, and Director of Housekeeping, the following were discussed/observed: - room [ROOM NUMBER] - Closet door hinge needs repair - room [ROOM NUMBER] - Cable outlet coming out of wall - Cafe Sun Room has a stained ceiling above the windows - Entry into the Cafe Room has a small stain in the ceiling - The air handling unit across from the Nurses Station is stained with a red liquid substance - The Eagle Unit Dining Room has 4 stained ceiling tiles - Sebago Unit hallway has 3 ceiling lights with dead bugs on the light cover All of the above observations were confirmed with the Administrator at 11:15 a.m. 44049

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

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. 37648 Based on observations, record reviews, interviews, and facility policy, the facility staff failed to provide care in accordance with professional standards of quality in the areas of medication and pain management for 2 of 4 residents observed for medication administration (Resident #51 and #170). Findings: A review of the facility's, Medication Pass Policy and Procedure, revised 9/23/2024 states, Always observe resident until they have swallowed all medications that have been administered. Do not leave medication in medication cup at the bedside or on tableside. 1. On 12/2/24 at 9:35 a.m., the surveyor observed Resident #51's medication administration with the Registered Nurse #1 (RN #1). RN #1 prepared the residents' medications, however, did not prepare the Miralax. When she was asked why the Miralax was not prepared, RN #1 stated she will not give the Miralax until later in the afternoon because Resident #51 frequently refuses in the mornings, and he/she does better in the afternoon. At this time, the surveyor asked if Resident #51 had refused the Miralax for this administration, RN #1 stated no. Review of the physician order dated 9/13/24 for Miralax oral packet 17 GM (grams), give 1 packet by mouth in the morning for constipation, mix in 8 oz of water or juice Hold for loose stools, scheduled for 9:00 a.m., administration. The administration record dated 12/2/24 at 10:02 a.m., states the Miralax was held 2. On 12/3/24 at 7:41 a.m., the surveyor observed Resident #170's medication administration with RN #3. RN #3 handed Resident #170 the medicine cup of medication and asked, Are you ok to take these pills on your own, I'll come back in a few minutes. RN #3 exited the room, leaving the medicine cup with the resident and returned to the medication cart. She then noticed Resident #170 also had an order for Glucerna. While in the Medication Administration Record (MAR), RN #3 documented Resident #170's pain scale of a 2. At this time, the RN#3 had not asked the resident what his/her pain level was. RN #3 then obtained a Glucerna and brought it to the resident. At this time, RN #3 asked Resident #170 what his/her pain level was, the resident stated he/she had no pain. RN #3 then stated, You want to take the pills with this, pointing to the Glucerna, resident responded Yes. RN #3 stated, Ok, I'll be back in a few, and left the room leaving the cup containing medication with the resident. The surveyor asked if she was finished with Resident #170's medication pass. She stated yes, but I have to correct the pain level. She then returned to the MAR and corrected the documentation to the pain level of 0. At this time, the surveyor discussed with the RN #3 the above concerns regarding documentation of the resident's pain scale prior to asking the resident and failure to observe the resident consume the medication by leaving medication at the bedside twice. On 12/3/24 at 8:17 a.m., during an interview, the above was discussed with the Director of Nursing and the Regional Director of Clinical Operations.

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	205079	A. Building B. Wing	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0730 Level of Harm - Potential for minimal harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. 51331 Based on review of annual evaluations and interviews, the facility failed to complete a annual performance evaluation for Certified Nursing Assistants (CNA) at least every 12 months, for 2 of 5 CNA's reviewed with employment greater than 1 year. (CNA#1 and CNA#2) Findings: On 12/3/24 and on12/4/24, a surveyor reviewed the following employee files: 1. CNA #1 was hired on 2/17/21. The employee file showed evidence of annual review being filled out and signed only by the Division Head, lacking evidence of employee signature. Further review of the employee file lacked evidence of an annual review being completed since date of hire. On 12/4/24 at 8:16 a.m. during a phone interview, CNA #1 states they have not received an annual review since their date of hire. 2. CNA #2 was hired on 7/13/2009. The employee file lacked evidence of an annual review being completed since date of hire. On 12/4/24 at 8:39 a.m., during an interview, CNA#2 states they have not received an annual review since their date of hire. On 12/4/24 at 9:00 a.m. the above information was confirmed with the Regional Director of Operations.

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F 0755

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.

37648

Based on record review, observations and interviews the facility failed to establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation by failed to ensure that two people who are authorized to administer medications signed the Shift Count page indicating that they counted all controlled substances at the change of shift for multiple shifts reviewed between 9/25/24 through 2/3/24 on 5 of 5 units.

Findings:

A review of the facility's Controlled Substances Policy and Procedure, dated 11/17 states, At shift change, a physical inventory of controlled medications, as defined by state regulation, is conducted by two licensed clinicians and is documented on an audit record.

1. On 12/2/24 at 9:09 a.m., during review of the Sebago Unit Narcotic book shift count, pages 294 through 298 from 9/25/24 thorough 12/2/24 with the Registered Nurse #2 (RN #2). The surveyor observed that the facility counts at the change of each shift, approx. 3 times a day. The licensed nursing staff coming on duty and/or the licensed nursing staff nurse going off duty failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was completed on the following dates: 9/25/24, 10/9/24, 10/16/24, 10/21/24, 11/1/24, 11/8/24 and 11/14/24. In addition, the surveyor noted that RN #2 failed to sign the shift count page for nurse coming on duty this morning upon accepting the narcotic keys. At this time, RN #2 confirmed she had not signed the shift count book this morning.

2. On 12/2/24 at 9:21 a.m., during review of the Eagle Unit Narcotic book shift count, pages 278 through 280 from 10/24/24 thorough 12/2/24 with RN #1. The licensed nursing staff coming on duty and/or the licensed nursing staff nurse going off duty failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was completed on the following dates: 10/24/24, 10/27/24, 11/12/24 and 11/22/24. In addition, the surveyor noted that RN #1 failed to sign the shift count page for the nurse coming on duty this morning upon accepting the narcotic keys. At this time, RN #1 confirmed she had not signed the shift count book this morning and immediately signed the book.

3. On 12/2/24 at 9:57 a.m., during review of the Short Hall and Kitchen Hall narcotic books with the Licensed Practical Nurse #1 (LPN #1) the surveyor noted the LPN #1 had signed the nurse coming on duty but had also presigned the nurse going off duty in both of the narcotic books indicating the narcotic count was correct prior to the end of her shift. At this time, LPN #1 confirmed she should not have signed the nurse going off duty until the nurse coming on duty counted with her.

4. On 12/3/24, review of the Passport Unit Narcotic book shift count, pages 293 and 294 from 10/23/24 through 12/3/24. The licensed nursing staff coming on duty and/or the licensed nursing staff nurse going off duty failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was completed on the following dates: 10/30/24, 11/6/24 and 11/9/24.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/3/24 at 8:17 a.m., the above concerns were again discussed with the Director of Nursing.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 48648 Based on record reviews and interviews, the facility failed to ensure that as needed (PRN) psychotropic medication orders were limited to 14 days, for 1 of 5 residents reviewed for unnecessary medications (Resident #121). Findings: On 12/3/24, during a review of Resident #121's physician orders, a surveyor noted an order dated 11/18/24 for Lorazepam (a psychotropic medication) 0.5 milligrams (mg) by mouth every 24 hours as needed (PRN) for Anxiety for 3 months. The surveyor noted no 14-day limit (or stop date) for the PRN order and no provider documentation supporting a PRN order for this medication extending beyond the 14-day limit. On 12/3/24 at 1:58 p.m. a surveyor reviewed the above findings with the Administrator.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 37648 Based on observations and interviews, the facility failed to remove expired medications from the supply available for use in 1 of 4 medication carts observed (Sebago unit) and failed to properly secure medications on 1 of 4 units (Eagle unit). Findings: 1. On 12/2/24 at 9:09 a.m., observation of the Sebago unit medication cart with the Registered Nurse #2 (RN #2) the following was observed: one opened bottle of Naproxen Sodium 220mg (milligram) with an expiration date of 7/24, one opened bottle of Vitamin D 10mcg (microgram) with an expiration date of 11/24, and one opened bottle of Oyster Shell Calcium 500mg with an expiration date of 10/24. At this time, the RN#2 confirmed and removed the expired meds. On 12/2/24 at 10:09 a.m., during an interview, the above was discussed with the Director of Nursing. 51331 2. On 12/2/24 at 10:06 a.m. a surveyor observed an unlocked and unattended medication cart located in the Eagle Unit hallway for approximately 2 minutes. Observation of residents nearby. At 10:08 a.m. through surveyor intervention, RN #1 was made aware of the unlocked medication cart. On 12/2/24 at 12:07 p.m. the above information was discussed with the Director of Nursing.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44049 Based on observations, interviews, and document review, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for undated and unlabeled food, 2 trays of unlabeled and undated meat, moderate level of staining on ceiling tiles (17), dirty equipment. Findings: On 12/2/24 at 8:50 a.m., during the initial kitchen observation, a surveyor observed 2 trays of meat in the walk-in that was undated and unlabeled. Also observed was seventeen ceiling tiles that are stained or dirty. [NAME] stated that she has been with the facility for [AGE] years and the ceiling has not been done since she has been here. She was informed of the findings at that time. On 12/4/24 at 8:30 a.m., during a kitchen observation, a surveyor observed the ice machine, located in a kitchen on the Passport Unit, to have a moderate level of dirt on the inside of the lid, 0bserved a small amount of dried debris on the food slicer, observed a moderate amount of dried dirt and debris on the large mixer. The above finding were confirmed with the Administrator at 9:00 a.m.

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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 - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 37648 Based on record review, observation and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurately documented for removing a Lidocaine patch for 1 of 4 residents observed during medication administration review. (#170) Finding: A review of Resident #170's physician order dated 12/1/24, instructs nursing to Lidocaine External patch 5%, apply to effected area topically one time a day for pain and remove lidocaine patch nightly. The MAR indicated, by nursing documentation, that on the evening of 12/2/24 the Lidocaine patch was removed. On 12/3/24 at 7:41 a.m., a surveyor observed Registered Nurse #3 (RN #3) administering a new Lidocaine patch to Resident #170's lower back. The RN #3 had to remove an old patch on the residents lower back to then replace it with the new Lidocaine patch. At this time, RN #3 confirmed the old Lidocaine patch should have been removed the evening prior. On 12/3/24 at 8:17 a.m., during an interview, the above was discussed with the Director of Nursing and the Regional Director of Clinical Operations.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 37648 Based on observations and interviews, the facility failed to maintain an Infection Control Program designed to provide a sanitary environment to help prevent the development and transmission of disease and infection related to hand hygiene for 1 of 2 medication administration observations (Eagle unit) for 1 of 3 days of survey. (12/2/24) Finding: On 12/2/24 at 9:35 a.m., during medication administration observation on the Eagle unit, Registered Nurse #1 (RN #1) prepared and administered medications to Resident #51. She then discarded the medicine cup, grabbed a tissue and wiped her hands. She then prepared and administered medications to Resident #52 and discarded the used drink cup and medicine cup. Next, she prepared and administered medications to Resident #9. On 12/2/24 at 9:49 a.m., the surveyor intervened and discussed the lack of hand hygiene between each resident's medication administration. RN #1 acknowledged she had not performed hand hygiene and stated there was not any hand sanitizer on the medication cart.