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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on observations and interviews, the facility failed to adequately maintain the facility in good repair and sanitary condition for 4 of 4 Units. (Passport, LTC both Long Hall and Short Hall, Eagle, and Sebago). Findings:1.On 3/2/26 between 9:00 a.m. - 9:10 a.m., a surveyor observed missing tiles in Whirlpool room near Sebago and Eagle units. Observed multiple areas of frayed carpet and dirty carpet all throughout the facility. Eagle Unit Dining Room has marred walls. 2. On 3/2/26 at approximately 2:00 p.m., a surveyor observed the following: room [ROOM NUMBER]A - The wall is marredroom [ROOM NUMBER]- Hand Sanitizer on wall is missing cover. room [ROOM NUMBER]A - The heater on wall is missing the cover and is exposed, and the sheet rock is unpainted. 3. On 3/4/26 - 12:10 p.m. during observational rounds with Administrator, the following were observed and confirmed: The carpeting in both Passport/Long Term Care Hall and the Eagle/Sebago Hall is badly worn and stained. room [ROOM NUMBER]A - The overbed light is not working, and the bathroom has a hole in the wall. room [ROOM NUMBER] - The divider curtain is stained. room [ROOM NUMBER] - A urinal & bed pan on the bathroom floor behind the toilet.room [ROOM NUMBER] - Night stand door not able to be closed due to broken hinge. room [ROOM NUMBER] - Heavy amount of dust on TV arm.105A - Light over bed does not work. Common Dining room has tape on ceiling in three places, and observed a torn ceiling tile in front of the clock

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

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. 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.

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to review and revise the care plans by an interdisciplinary team (IDT), that included, to the extent possible, participation of the residents and/or his/her representative after each assessment for 3 of 24 residents reviewed for care planning (Residents #7, #66, and #68).Findings: 1. Review of Resident #7's medical record contained a Quarterly Minimum Data Set (MDS) version 3.0 dated 1/14/26. The clinical record lacked evidence of his/her IDT meeting being held within 7 days of the Quarterly MDS assessment. On 3/4/26 at 1:40 p.m., the Regional Director of Operations confirmed Resident #7's IDT meeting was not held within 7 days of completion of his/her Quarterly MDS. 2. Review of Resident #66's medical record contained a Quarterly Minimum Data Set (MDS) version 3.0 dated 12/30/25. The clinical record lacked evidence of his/her IDT meeting being held within 7 days of completion of the quarterly MDS assessment. On 3/4/26 at 1:40 p.m., in an interview with the Regional Director of Operations the above information was confirmed. 3. On 3/2/2026 at 8:43 a.m., during an interview, Resident #68 stated he/she has not met with his/her care team and does have concerns he/she would like to bring to them. Resident #68's medical record contained an annual Minimum Data Set (MDS) version 3.0 dated 2/11/26, quarterly MDS dated [DATE], 8/13/25, and 5/13/25, and an admission MDS dated [DATE]. The record lacked evidence of IDT meetings being held within 7 days of the above MDS assessments. On 3/4/26 at 1:35 p.m., the social worker confirmed with the surveyor that the meetings were not done within 7 days of completion of the MDS assessments.

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to ensure that the resident's environment was free of accident hazards related to broken floor heaters for 2 of 3 days of survey.Findings:1. On 3/2/26 at 10:15 a.m., observations of floor radiators missing the coverings exposing piping and sharp metal fins in rooms [ROOM NUMBER].On 3/2/26 at 10:37 a.m., the above information was confirmed with the Maintenance Director.2. On 3/3/26 at 7:02 a.m., observation of a broken radiator exposing piping and sharp metal fins in the TV room on the Passport Unit. At this time, it was observed with the Director of Clinical Operations.

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on record review and interviews, the facility failed to ensure sufficient direct care staff were scheduled and on duty to meet the needs of all residents residing in the facility. This has the potential to affect all residents needing assistance with Activities of Daily Living (ADL's).Findings:Review of Payroll Based Journal staffing report revealed the facility triggered for Excessively Low Weekend Staffing during the fourth quarter 4 (July 1, 2025 through September 30, 2025).On 3/2/25 at 1:35 p.m., review of weekend staffing from July 1, 2025 through September 30, 2025 with the Facility Administrator, it was confirmed that the facility did not have enough staff to meet resident needs on the shifts they were short.

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 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. 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 and 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, on 4 of 4 medication cart narcotic bound books reviewed (Eagle unit, Passport unit Short Hall and Kitchen Hall).Findings:1. Eagle unit Controlled Substance Book #2 with shift counts were reviewed, which indicated the facility counts at the change of each shift, approx. 3 times a day. The person authorized to administer medications coming on duty and/or the person authorized to administer medications going off duty both failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was done on the following dates: 6/22/25, 9/5/25, 9/12/25, 9/24/25, 10/26/25, 12/14/25, 1/5/26, 1/6/26, 1/8/26, 1/15/26, 1/25/26, 1/26/26, 1/31/26, 2/1/26 and 2/6/26. 2. Passport unit Controlled Substance Book #8 with shift counts were reviewed, which indicated the facility counts at the change of each shift, approx. 3 times a day. The person authorized to administer medications coming on duty and/or the person authorized to administer medications going off duty both failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was done on the following dates: 10/3/25, 10/7/25, 10/14/25, 10/15/25, 1/1/26, 1/4/26, 1/13/26, 1/14/26, 1/16/26, 1/19/26, 1/21/26, 1/22/26, 2/10/26, 2/20/26 and 2/21/26.3. Short Hall Controlled Substance Book #5 with shift counts were reviewed, which indicated the facility counts at the change of each shift, approx. 3 times a day. The person authorized to administer medications coming on duty and/or the person authorized to administer medications going off duty both failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was done on the following dates: 4/12/25, 4/24/25, 4/29/25, 5/6/25, 10/1/25, 12/11/25, 1/1/26, 2/1/26, 2/2/26, 2/7/26 and 2/10/26.4. Kitchen Hall Controlled Substance Book #5 with shift counts were reviewed, which indicated the facility counts at the change of each shift, approx. 3 times a day. The person authorized to administer medications coming on duty and/or the person authorized to administer medications going off duty both failed to sign the Shift Count page of the Controlled Substances Book that indicated the controlled substances count was done on the following dates: 1/1/26, 1/2/26, 2/1/26, 2/2/26 and 2/9/26.On 3/3/26 at 8:46 a.m., during an interview, the above was confirmed with the Regional Director of Clinical Operations.

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 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. Based on observations, record review and interviews, the facility failed to adequately date and properly dispose of open medications according to manufacturer specifications and failed to ensure expired medications were removed from the supply available for use for 3 of 3 medication carts observed (Eagle, Passport and Kitchen hall medication carts), and 1 of 4 medication rooms observed (Sebago Unit), and the facility's Pixis machine (an automated, secure, medication dispensing cabinet used to manage, store, and track pharmaceuticals).Findings:1. On 3/2/26 at 8:26 a.m., observation of the Sebago medication room with Registered Nurse (RN) #1 the following medications were expired and available for use:1 bottle of Lactaid tabs with expiration date of 12/251 bottle of Vitamin B6 tabs with expiration date of 7/251 bottle of Aspirin 325mg (milligram) with expiration date of 1/26. 2. On 3/2/26 at 8:44 a.m., observation of the Eagle unit medication cart with RN #2 the following medications were expired and/or unlabeled with open or discard date and available for use:2 bottles of Naproxen 220mg tabs with expiration date of 1/262 opened and undated Lantus Solostar pens with manufacturer's instructions of: once in use, store the pen at room temperature for up to 28 days. 1 opened and undated Novolog insulin with manufacturer's instructions of: dispose after 28 days, even if there is insulin left. 3. On 3/3/26 at 7:44 a.m., during observation of the Passport medication cart with the Certified Medication Technician (CNA-M), an opened and undated Tresiba flex pen with manufacturer's instructions to: Discard 8 weeks (56 days) after first use, even if insulin remains, was available for use. At this time, both the surveyor and the CNA-M discussed the undated pen with the Licensed Practical Nurse (LPN) #1. 4. On 3/3/26 at 8:30 a.m., during observation of the Kitchen Hall medication cart with the LPN #2, the cart contained one opened bottle of Naproxen Sodium 220mg tablets with expiration date of 1/26. 5. On 3/3/26 at approx. 12 p.m. a review of the facility's Pixis machine medication expiration dates revealed the following medications were expired:5 tabs of Amiodarone 200mg with expiration date of 2/28/261 vial of Cefepime 1 gram for injection with expiration date of 2/28/262 fentanyl 25 mcg (microgram) patches with expiration date of 2/28/263 tabs of Ropinirole 1 mg with expiration date of 2/28/26. At approx. 12:30 p.m., both the Surveyor and LPN #1 observed the above medications in the Pixis and were available for use.On 3/3/26 at approx. 2 p.m., the above was discussed with the Regional Director of Clinical Operations.

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 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.

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, interviews, and policy reviews the facility failed to maintain an Infection Control Program designed to help prevent the cross contamination and/or development of infection for residents requiring Enhanced Barrier Precautions (EBP), failing to wear correct Personal Protective Equipment (PPE) during tracheostomy care, and failing to properly label and store urinal collection devices for 2 of 3 days of survey, on 3 of 3 units (Residents #7, #9, and #73). Findings: 1. On 3/2/26 at 7:59 a.m., observation of Resident #7 in his/her room with an indwelling catheter. Further observations showed no evidence of appropriate EBP signage. On 3/3/26 at 10:00 a.m., in an interview, the Infection Preventionist (IP) confirmed the above information. 2. On 3/3/36 at 7:05 a.m., observation of 2 unlabeled urinals hanging on the side rail by the toilet in the Passport Unit shower room. At this time, the above information was confirmed with the Director of Clinical Operations. 3. On 3/2/26 at 8:25 a.m. during an interview with Resident #73 he/she stated they have a catheter and the surveyor observed no EBP signage posted. On 3/2/26 at 11:38 a.m. observed Resident #73's room again and he/she still had no signage posted on their room for EBP. On 3/2/26 at 11:36 a.m. during an interview with the Infection Preventionist he/she confirmed with the surveyor that there is no signage and there should be, and that he/she is working on this. On 3/2/26 at 1:15 p.m. review of the facility's EBP policy and procedure titled Clinical Services, sub-titled Subject: Precautions to Prevent Infection, on page 2, under Enhanced Barrier Precautions which stated, Enhanced Barrier Precautions, which falls between Standard and Contact Precautions, and requires gown and glove use for certain residents during specific high-contact resident care activities that have been found to increase risk for MDRO (Multi-drug resistant organism) transmission. Residents defined at risk are those infected or colonized with a CDC (Centers for Disease Control) novel or targeted MDRO when contact precautions do not otherwise apply and those with indwelling medical devices and/or wounds even if the resident is not known to be infected or colonized with a MDRO. 4.On 3/3/26 at 9:20 a.m., a surveyor observed (Licensed Practical Nurse) LPN1 perform routine tracheostomy care for Resident #9. The LPN wore a disposable gown and gloves but did not wear face protection during the procedure. The surveyor asked if LPN1 would normally wear face protection during trach care. LPN1 stated he/she would wear a mask, though had not worn one during the surveyor's observation. Clinical record review for Resident #9 revealed diagnoses of stroke, persistent vegetative state, chronic respiratory failure with hypoxia and tracheostomy. In December, 2025, a sputum culture was completed and found multi-drug resistant organisms including ESBL (extended-spectrum beta-lactamase) Klebsiella pneumoniae, carbapenem-resistant Pseudomonas aeruginosa, and (continued on next page)

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Stenotrophomonas maltophilia. On 3/3/26 at 11:30 a.m., in an interview with the Regional Director of Clinical Operations, the surveyor discussed the observation. The Regional Director of Clinical Operations confirmed that LPN1 should have been wearing a face shield while performing tracheostomy care. A review of the United States Centers for Disease Control (CDC) recommendations for Long-term Care Facilities, Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDRO), dated 4/2/24, stated Enhanced Barrier Precautions are to be used for all residents with any of the following: infection or colonization with an MDRO when contact precautions do not apply, and wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status. In addition to use of gloves and gowns, face protection may also be needed if performing activity with risk of splash or spray.

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observations and interviews, the facility failed to ensure a resident's call bell was within reach for 1 of 1 sampled resident for 2 of 3 days of survey (Resident #59).Findings:1. On 3/2/26 at 7:45 a.m., Resident #59 was observed lying in bed with the call bell wrapped around the bed rail facing outside the bed rail, and not within reach for the resident.On 3/2/26 at 7:48 a.m., Certified Nursing Assistant (CNA) #5 confirmed in an interview with the surveyor that the resident could not reach her call bell. 2. On 3/3/26 at 1:35 p.m., Resident #59 was observed lying in bed with the call bell on the floor, and not within reach for the resident.On 3/3/26 at 1:37 p.m., Registered Nurse #1 in an interview with a surveyor, confirmed the above finding.

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observations, record review and interviews, the facility failed to provide respiratory care as ordered by the Provider and failed to ensure the plan of care was updated in the area of Oxygen for 1 of 3 residents sampled for respiratory care (Resident #5).Findings:On 3/2/26 at 7:47 a.m., observation of Resident #5 receiving oxygen via a nasal cannula with the oxygen concentrator set at 1.5 liters per minute (LPM). At this time, during an interview, Resident #5 stated he/she utilizes oxygen all the time but is not sure what his/her LPM should be set at.Review of Resident #5's medical record contained a current provider order dated 5/10/25 for Oxygen at 2 liters per minute continuously every shift for shortness of breath. Review of the oxygen saturation documentation for 3/1/26 states Resident #5's oxygen saturation was 94% on room air, no utilizing oxygen as ordered. The current care plan for Chronic Obstructive Pulmonary Disease (COPD) relating to smoking, initiated on 3/13/24 with a target date of 5/24/26 instructed nursing staff to: OXYGEN SETTINGS: O2 via (nasal cannula) at (1-2)L (liters) prn (as needed) to maintain O2 saturation at or above 90% and[Resident #5] has intermittent oxygen therapy relating to Ineffective gas exchange secondary to COPD.On 3/3/26 at 9:10 a.m., in an additional observation, both the surveyor and the Registered Nurse (RN#1) observed Resident #5 receiving oxygen via a nasal cannula with the oxygen concentrator set at 1.5 LPM. At this time, the surveyor asked RN#1 how many LPM's resident #5 should be receiving. RN#1 reviewed the current providers order and confirmed he/she should have 2 LPM stating, I'm gonna bump it up. I believe (he's/she's) always been on 2, even when (he/she) was up front.On 3/3/26 at 2:02 p.m., during an interview, the above observations were discussed with the Regional Director of Clinical Operations. She then reviewed and confirmed the current care plan was not revised to reflect the current orders for Oxygen therapy.

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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on performance evaluation reviews and interviews, the facility failed to complete an annual performance evaluation, at least every 12 months, for 1 of 5 sampled employees. (Certified Nursing Assistant (CNA) #4)Finding:CNA#4 was hired in December of 2023. A review of his/her employee file lacked evidence of a completed annual performance evaluation for 2025.On 3/4/26 at 9:12 a.m., in an interview with the Director of Clinical Operations, it was confirmed that CNA #4 did not have an annual performance evaluation in 2025.

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on Certified Nursing Assistant (CNA) employee education record review and interview, the facility failed to monitor and ensure that the CNA attended the mandatory yearly dementia, abuse and neglect, and residents rights training for 1 of 5 CNA's reviewed. (CNA#2)Findings:On 3/4/26 a surveyor reviewed the following employee file:CNA #2 was hired in February of 2021. Review of the CNA's employee in-service/attendance record lacked evidence of dementia, abuse and neglect, and resident rights training for the year 2025.On 3/4/26 at 11:22 a.m., during an interview with the Director of Clinical Operations, the above information was confirmed.