

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2026
NAME OF PROVIDER OR SUPPLIER  Brookside Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11 Pontiac Avenue Webster, MA 01570	

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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had an invoked Health Care Proxy (HCP) that had been affirmed by the Courts, the facility failed to ensure it maintained a complete and accurate medical record when there was no copy of the HCP readily available or accessible in his/her medical record. Findings include: Review of the facility policy titled Resident Representative, revised February 2021, indicated the Facility treats the decisions of the resident representative as the decisions of the resident to the extent delegated by the resident or to the extent required by the court, in accordance with applicable law. Documentation designating that the representative has been delegated the necessary authority to exercise the resident's rights for decision-making issues is obtained by the director of nursing or a designee. Resident #1 was admitted to the facility December 2025, diagnoses included unspecified severe dementia with mood disturbance, hypertension, and osteoarthritis of the knees. Review of Resident #1's Minimum Data Set (MDS) assessment, dated 12/31/25, indicated he/she had moderately impaired cognitive function, and had an invoked HealthCare Proxy. Review of Resident #1's Physician's order, dated 12/23/25, indicated there was an order to invoke his/her HealthCare Proxy. Review of Resident #1's medical record indicated it included a Court Decree on Health Care Proxy, dated 12/12/24, indicating Resident #1's Health Care Proxy had been affirmed by the court. However, further review of Resident #1's Medical Record indicated there was no documentation to support that the facility had obtained and maintained a physical copy of his/her HealthCare Proxy form, which indicated who was his/her Health Care Agent (HCA). During an interview on 04/14/26 at 4:30 P.M., the Director of Social Services (DSS) said Resident #1 had been admitted to the facility prior to her employment and that she was unable to locate his/her HCP. The DSS said Resident #1's HCP should be available in his/her medical record, but it was not. During an interview on 04/14/26 at 4:30 P.M., the Director of Nursing and the Administrator said they were unable to locate Resident #1's HCP. The Director of Nursing said the Court Decree affirming Resident #1's Health Care Proxy did not indicate the name of the Health Care Agent and that a copy of Resident #1's HCP should have been available in the medical record.</p>

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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