

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2026
NAME OF PROVIDER OR SUPPLIER Brookside Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Brookside Drive Madill, OK 73446	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, the facility failed to ensure food items stored in the refrigerator was labeled and dated per the facility policy. This deficient practice had the potential to affect all 46 residents who currently resided in the facility. Findings included: A facility policy titled, Food Storage, revised 06/01/2019, revealed Date, label and tightly seal all refrigerated foods using clean, nonabsorbent, covered containers that are approved for food storage. During an observation of the stand-alone refrigerator in the kitchen on 06/09/2026 at 9:24 AM, the surveyor noted there were two clear, opened plastic bags that contained sausage links with no label or discard date; one clear, opened bag with four breaded chicken strips with no label or discard date; and one clear, opened bag of tater tots with no label or discard date. During an interview on 06/09/2026 at 9:25 AM, the Dietary Manager (DM) stated all food items in the refrigerator should be labeled and dated. The DM stated the sausage links, chicken strips and tater tots should have been labeled with an opened date and discard date. During an interview on 06/10/2026 at 9:05 AM, the Administrator stated all 46 residents who resided in the facility received their meals from the kitchen. During an interview on 06/10/2026 at 11:35 AM, the Registered Dietician stated all opened food items should be stored in a sealed container with label to identify its opened date. During an interview on 06/10/2026 at 11:51 AM, the Administrator stated she expected all food items to be stored, labeled and marked when the item package was opened. The Administrator stated the sausage links, chicken strips, and tater tots should have been labeled with opened date per the facility food storage policy. During an interview on 06/11/2026 at 1:00 PM, the Director of Nursing stated the expectation was for all stored food to be labeled and dated 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