

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on facility policy, observation and staff interview, it was determined that the facility failed to provide the right for privacy and dignity for two of five floors (Second and Fifth Main Floor). Findings include: Review of facility policy Resident Rights dated 10/1/24, indicated the resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. During a tour of the Second Floor on 8/7/25, at 11:05 a.m. revealed the following: - Second main south men's restroom failed to have a curtain for one of two-bathroom stalls to maintain the resident's privacy. During an interview on 8/7/25, at 11:10 a.m. Registered Nurse (RN) Employee E8 stated, It should have one, and confirmed the above findings. During a tour of the Fifth Floor on 8/7/25, at 11:20 a.m. revealed the following: - Fifth main south patient's restroom failed to have an appropriate size curtain to maintain residents' privacy for the first bathroom stall.- Fifth main south patient's restroom failed to have a curtain on the fourth bathroom stall to maintain the resident's privacy. During an interview on 8/7/25, at 11:17 a.m. Licensed Practical Nurse (LPN) Employee E10 confirmed the above findings. During an interview on 8/7/25, at 1:21 p.m. Director of Nursing confirmed the facility failed to provide the right for privacy and dignity for two of five floors (Second and Fifth Main Floor). 28 Pa. Code: 201.29(a) Resident rights.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to accommodate the body soap needs for four of five residents (Residents R3, R4, R5, and R6). Findings include: Review of the facility policy Quality of Care: Attain and Maintain dated 10/1/24, indicated each resident must receive, and the facility will provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Review of the facility provided Safety Data Sheet (SDS - a standardized document that provides comprehensive information about the hazards of a chemical or hazardous substance and how to safely handle, store, and dispose of it) for Gentle Foam Soap dated 11/4/19, indicated recommended use as hand cleanser. Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE]. Review of Resident R3's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/3/25, indicated diagnoses of high blood pressure, hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles), and schizophrenia (characterized by thoughts or experiences that seem out of touch with reality, disorganized speech or behaviors, and decreased participation in activities of daily living). Review of the clinical record indicated Resident R4 admitted to the facility on [DATE], with the diagnoses of high blood pressure, stroke (damage to the brain from an interruption of blood supply), and hemiplegia (paralysis of one side of the body). Review of the clinical record indicated Resident R5 admitted to the facility on [DATE]. Review of Resident R5's MDS dated [DATE], indicated the diagnoses of high blood pressure, stroke, and chronic obstructive pulmonary disease (COPD - a group of diseases that block airflow and make it hard to breathe). Review of the clinical record indicated Resident R6 admitted to the facility on [DATE], with the diagnoses of COPD, chest pain, and urinary tract infection. During an interview on 8/5/25, at 10:29 a.m. Nurse Aide (NA) Employee E25 indicated the facility said they are not buying soap for resident care anymore. They want us to use the hand soap at the sinks. We're bringing it in from home, the residents' skin is already dry, we can't use hand soap on them. During an interview on 8/5/25, at 10:37 a.m. NA Employee E26 indicated staff are bringing in their own soap for resident care. During an interview on 8/6/25, at 10:30 a.m. NA Employee E27 indicated they stopped buying soap. Some of us are bringing it in from home. During an interview on 8/6/25, at 10:34 a.m. NA Employee E28 indicated we have to use the hand soap out of the sink. They stopped buying body soap. During an interview on 8/6/25, at 10:37 a.m. Housekeeping Employee E29 indicated the housekeeping staff replaces the soap in the dispensers at the residents' sinks. During an observation and interview on 8/6/25, at 10:40 a.m. Housekeeping Employee E29 revealed a clear hand soap in the housekeeping closet. It was labeled Gentle Foam Soap. Housekeeping Employee E29, confirmed this is the soap used in the residents' sink soap dispensers. Interview on 8/6/25, 2:40 p.m. Central Supply Employee E30 indicated the facility stopped purchasing body soap in individual bottles two or three months ago. Continued to indicate that housekeeping now orders the soap used at the residents' sinks. Clear is for hand washing and blue is for body wash. Interview on 8/6/25, at 2:43 p.m. Housekeeping Employee E31 indicated using the clear soap that says Gentle Foam for the residents' sink soap dispensers. Tour and interview on 8/6/25, at 3:15 p.m. Dietary/Facility Manager E6 confirmed that the sink dispensers in Residents R3, R4, R5, and R6's rooms was clear and was hand soap, not body soap. Interview on 8/7/25, at 3:30 p.m. the Nursing Home Administrator was informed the facility failed to accommodate the body soap needs for four of five residents (Residents R3, R4, R5, and R6). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations and staff interviews it was determined that the facility failed to provide a clean, safe, comfortable, and homelike environment for ten of ten resident areas (One East, Two East, Three East, Grove One, Grove Three, Ramp to 2 West, Second Main, Third Main, Fourth Main, Fifth Main Floors and Two West). Findings include:</p> <p>Review of the facility policy Resident Environment dated 10/1/24, indicated the facility will provide an environment that is safe, clean, comfortable, and homelike, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>Review of Title 42 Code of Federal Regulations &sect;483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living safely. &sect;483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>Observation completed on 8/6/25, at 11:25 a.m. a table and a chair were placed in front of the exit door on the One East hallway.</p> <p>During an interview completed on 8/6/25, at 1:18 p.m. the Nursing Home Administrator confirmed the table and chair were placed in front of the exit door one the One East hallway.</p> <p>Observation completed on 8/7/25, at 12:30 p.m. the Three North shower room floor had black marks on the floor.</p> <p>During an interview completed on 8/7/25, at 12:42 p.m. Nurse Aid Employee E19 confirmed the black marks on the shower room floor and stated &ldquo;housekeeping hasn't been in here yet&rdquo;;</p> <p>Observation completed on 8/7/25, at 12:50 p.m. of the Two [NAME] Unit revealed:</p> <ul style="list-style-type: none"> - The flooring outside of room [ROOM NUMBER] lifting. - Two holes in the resident lounge floor near television. - The doors to unit were dented and scratched with peeling paint. <p>During an interview completed on 8/7/25, at 12:55 p.m. Licensed Practical Nurse (LPN) Employee E18 confirmed the above findings.</p> <p>During observations with Dietary/Facility Manager Employee E6 on the Grove 1 unit on 8/6/25, at 3:05 p.m. Resident R3's room revealed an air conditioner unit that had a cord too short to reach any outlet in the room. The bathroom had a commode attached to the wall with two blue brick tiles pushed out of the wall, and towels on the floor on both sides of the commode.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with Resident R3 on 8/6/25, at 3:05 p.m. indicated the air or heat doesn't work because there is no plug within reach of the unit and indicated that when the toilet is flushed water squirts out the pipe behind the broken blue tiles.</p> <p>During observation and interview with Dietary/Facility Manager Employee E6 on the Ramp to 2 [NAME] unit on 8/6/25, at 3:10 p.m. revealed approximately 2.5 x 3-inch rip in the linoleum at the top of the ramp, the metal gate mount is displaced at the base and not functional. The transition strip at the top of the ramp had black tape over the metal. The gate has a sign that indicated no wheelchairs past this gate. The gate was open during all three days of the survey. The bottom of the ramp had a rip in the linoleum. Along the right side of the ramp the air/heating vent was badly dented at the top of the ramp and had a piece of metal bent out at the fifth junction down the ramp. Dietary Manager Employee E6 confirmed the observations on 8/6/25, at 3:11 p.m.</p> <p>During observation and interview on 8/7/25, at 10:15 a.m. of Grove 3, Licensed Practical Nurse (LPN) Employee E20 confirmed the wallpaper and trim to the doorway of the resident spa was torn and peeling.</p> <p>During facility observations with Assistant Director of Nursing (ADON) Employee E4 on 8/7/25, at 10:51 a.m. the following was observed:</p> <ul style="list-style-type: none"> -East side, elevator six's outside wall at the bottom was damaged with missing face. -3 East's solarium had an air condition unit with the cover removed from the front exposing the inside. -3 East's Exit door in solarium had peeling wallpaper. -2 East's solarium had blinds tied up in knots. -2 East's solarium with resident bathroom had a sign broken do not use. -2 East solarium, the right side after entry, middle wall with a table and chair was corroded with food debris and dried liquids under the table area. -Elevator five, both plastic/metal door frame holders broken off with metal sticking out of the tops. <p>On 8/7/25, at 10:55 a.m. observation of second main floor included:</p> <ul style="list-style-type: none"> - Men's bathroom on north unit revealed peeling ceiling plaster above the toilets - North hallway by men's restroom had blue masking tape on seam of wallpaper - North hallway between rooms [ROOM NUMBERS] had blue masking tape on seam of wallpaper <p>During an interview on 8/7/25, at 11:05 a.m. Licensed Practical Nurse (LPN) Employee E8 confirmed the above findings.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/25, at 12:01 p.m. observation of fourth main floor included:</p> <ul style="list-style-type: none"> - -room [ROOM NUMBER] revealed peeling ceiling plaster by the window - - room [ROOM NUMBER] revealed peeling wall plaster by the window <p>During an interview on 8/7/25, at 12:14 p.m. LPN Employee E9 confirmed the above findings.</p> <p>On 8/7/25, at 12:15 p.m. observation of fifth main floor included:</p> <ul style="list-style-type: none"> - -South patient bathroom revealed first stall with dirty privacy curtain - -South patient bathroom revealed second and third stall with brown substance on privacy curtain in multiple areas - - Unpainted plaster on hallways throughout unit <p>On 8/7/25, at 12:30 p.m. LPN Employee E10 confirmed the above findings.</p> <p>During an interview on 8/7/25, at 1:21p.m. Director of Nursing confirmed that the facility failed to provide a clean, safe, comfortable, and homelike environment for ten of ten resident areas (One East, Two East, Three East, Grove One, Grove Three, Ramp to 2 West, Second Main, Third Main, Fourth Main, Fifth Main Floors and Two West).</p> <p>28 Pa. Code 201.18(b)(3)(e)(2) Management.</p> <p>28 Pa code 211.12(d)(1) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical and facility record review, facility provided documents, and staff interviews, it was determined that the facility failed to provide adequate supervision for one resident resulting in elopement (resident exits to an unsupervised and unauthorized location without staff's knowledge). This failure created an immediate jeopardy situation for one of 78 residents (Resident R2) identified as having a high risk for wandering. This failure was determined to be past non-compliance. Findings include: Review of the facility policy Resident Elopement dated 10/1/24, indicated cognitively impaired residents at risk for elopement will be appropriately monitored to reduce the potential for injury. Upon admission, residents will be assessed for elopement risk. 1. Cognitively impaired residents with the physical ability to leave the facility without assistance, and who have demonstrated or vocalized a desire to leave the facility will be placed on a unit with an electronic monitoring system or similarly secured unit. In the event that a facility does not have an operational electronic monitoring system, the resident will be evaluated for transfer to a more appropriate facility that offers electronic monitoring. The resident and legally responsible person shall be notified of the facility recommendation. Interim safety monitoring measures shall be implemented pending transfer. 2. Elopement risk will be care planned with individualized approaches to reduce the potential for elopement and/or to redirect the resident in the event that an elopement attempt is made. 3. Residents at risk for elopements shall have their pictures maintained for identification purposes. 4. Facility staff shall conduct a physical count of residents at least once every 24 hours. 5. Electronic monitoring devices should be checked for function at least once every 24 hours. In the event of an electronic monitoring system failure, alternate security measures will be implemented to include temporary use of manual door alarms, visual monitoring of exit doors, increased staffing levels, and/or increased observation of at-risk residents. 6. Residents shall be reassessed at least quarterly related to elopement risk. 7. Residents at high risk for elopement shall not be admitted to the facility unless appropriate interventions are identified prior to admission and the facility has the ability to appropriately supervise and monitor the resident. 8. In the event that a resident is identified as missing, the following steps shall be taken: The charge nurse will initiate a search on the unit to determine if the resident is in another location. The charge nurse will notify the Nursing Supervisor or designee that they have been unable to locate a resident during a routine check. The Nursing Supervisor shall notify the other units. Each unit shall conduct a search for the resident. The Nursing Supervisor shall assign staff members to search non-resident areas and the facility perimeter. If the resident is not located within ten (10) minutes, the Director of Nursing and Administrator will be notified of a possible elopement. The Director of Nursing or Administrator will assign staff members to conduct a search of the surrounding community to include a four-block radius of the facility based on the resident's physical ability. The resident's responsible party and physician will be notified of the potential elopement. This contact will also be utilized to assure that the resident is not with a family member and to obtain potential areas for an expanded search. The local Police Department will be notified of the elopement upon completion of facility search. Timeframe for notification may be altered based on weather conditions. Local hospitals will be notified of the elopement. Additional resources will be utilized as needed until such time as the resident is located. The Pennsylvania Department of Health Field Office will be notified of the elopement. 9. Any resident with a successful elopement will be reassessed and additional interventions will be identified and included with the Plan of Care. In the event that a facility does not operate a secured unit, transfer to an alternate facility may be necessary. Review of the admission Record indicated Resident R2 was admitted to the facility on [DATE]. Review of R2's Minimum Data Set (MDS - a periodic assessment of care needs) dated 6/3/25, indicated the diagnoses of stroke (damage to the brain from an interruption of blood supply), seizure disorder (a person experiences abnormal behaviors, symptoms and sensations, sometimes including loss of consciousness), anxiety (intense, excessive, and persistent worry and fear about everyday situations), meningitis (inflammation of brain and spinal cord membranes, typically caused by an infection), alcoholism in remission, cocaine use in remission, altered mental status, and encephalitis (inflammation of the brain). Section C - Brief Interview for Mental Status (BIMS - is a screening test that aids in detecting cognitive impairment) indicated a score of eleven - moderately impaired. Section GG - walks 50 feet with two turns with staff supervision or touching assistance. Review of R2's Elopement Risk assessment dated [DATE], indicated the following: 1. Is the resident cognitively impaired? Yes 2. Is the resident independently mobile (ambulatory or wheelchair)? Yes 3. Does</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to properly monitor weight and nutrition status by failing to obtain weights or act upon weight changes for two of five residents (Residents R13, and R14). Finding include: Review of the facility policy, Resident Weights last reviewed 10/1/24, indicated monthly weights will be obtained weekly times four weeks following admission/readmission and monthly thereafter. All weights will be transcribed in the resident's electronic record. Review of Resident R13's admission record indicated admission to the facility on 9/13/24. Review of Resident R13's Minimum Data Set (MDS-periodic assessment of care needs) assessment dated [DATE], included diagnoses of hypertension (high blood pressure), hyperlipidemia (high fat in the blood) and diabetes (high sugar in the blood) Review of Resident R13's current care plan dated 9/16/24, indicated Resident R13 is a nutrition risk monitor weight. Review of Resident R13's clinical record failed to have weights for February 2025, and March 2025. Review of Resident R 14's clinical record indicated admission to the facility on [DATE]. Review of Resident R14's MDS dated [DATE], indicated diagnosis of anemia (low iron in the blood), hypertension (high blood pressure) and depression. Review of Resident R14's current care plan dated 9/16/24, indicated Resident R13 is a nutrition risk monitor weight. Review of Resident R14's clinical record indicated that on a weight was obtained on 10/19/24, and again on 6/30/25. No other weights were obtained during that time. During an interview completed on 8/7/25, at 2:00 p.m. the Director of Nursing confirmed that the facility failed to properly monitor weight and nutrition status by failing to obtain weights or act upon weight changes for two of five residents (Residents R13, and R14). 28 Pa. Code: 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 211.12(d)(5) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on staff interviews it was determined that the facility failed to employ a qualified Registered Dietitian (RD) for two of twelve months (June 2025, and July 2025) as required. Findings include: Review of the facility policy Registered Dietician last reviewed 10/1/24, indicated the dining service department is under the guidance of a qualified dietician. The dietician is responsible for, but not limited to: Assessing the nutritional needs of resident population Developing therapeutic diets Making diet recommendations consistent with meeting the nutritional needs of the resident population. Review of the Registered Dietician Job description indicated the primary purpose of the job position is to implement, coordinate and evaluate the medical nutrition therapy for the residents, provide resident and family education, provide nutritional assessment and consultation to assist in planning, organizing and directing the food and nutritional services of the facility During an interview completed on 8/5/25, at 12:00 p.m. upon asking Dietary Manager Employee E6 concerning the RD replied, we currently don't have one, you will have to ask Nursing Home Administrator about that. Interview with Nursing Home Administrator on 8/5/25, at 12:20 p.m. indicated the RD resigned and the facility does not currently have a RD. During an interview on 8/5/25, at 2:10 p.m. the Nursing Home Administrator confirmed that the facility did not employ a qualified RD for two of twelve months (June 2025, and July of 2025) as required. 28 Pa. Code 201. 18(e)(1)(6) Management.28 Pa. Code 211. 6(c) Dietary service.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on a review of facility policies, documents, observations and staff interviews it was determined that the facility failed to properly approve the current menu cycle with the registered dietician (7/14/25, thru 8/10/25) as required which created the potential for conflicting guidance which may result in residents being provide inappropriate and inaccurate portion sizes and food product consistency for their prescribed therapeutic diet. Findings include: Review of the facility policy Registered Dietician last reviewed 10/1/24, indicated the dining service department is under the guidance of a qualified dietician. The dietician is responsible for, but not limited to: Assessing the nutritional needs of resident population Developing therapeutic diets Making diet recommendations consistent with meeting the nutritional needs of the resident population. Review of the Registered Dietician Job description indicated the primary purpose of the job position is to implement, coordinate and evaluate the medical nutrition therapy for the residents, provide resident and family education, provide nutritional assessment and consultation to assist in planning, organizing and directing the food and nutritional services of the facility. During an interview completed on 8/5/25, at 12:00 p.m. upon asking Dietary Manager Employee E6 concerning the facilities menu's and having the RD review and approve replied, we currently don't have one, you will have to ask Nursing Home Administrator about that. Interview with Nursing Home Administrator on 8/5/25, at 12:20 p.m. indicated the RD resigned and the facility does not currently have a RD. During an interview on 8/5/25, at 2:10 p.m. the Nursing Home Administrator confirmed that the facility failed to properly design, review and approve the facility's menu 7/14/25, thru 8/10/25, as required which created the potential for conflicting guidance which may result in residents being provide inappropriate and inaccurate portion sizes and food product consistency for their prescribed therapeutic diet. Pa Code: 211.6(a)(b) Dietary services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on a review of facility policy, observation and staff interview, it was determined that the facility failed to properly maintain cleanliness and sanitation of the main kitchen and basement storage areas and failed to properly date and store food products in a manner to prevent foodborne illness in the main kitchen and basement storage areas. Based on a review of facility policy, observation and staff interview, it was determined that the facility failed to properly maintain cleanliness and sanitation of the main kitchen, basement storage areas, and failed to properly date and store food products in a manner to prevent foodborne illness. Review of the facility policy Sanitation last reviewed 10/1/24, indicated the food service area shall be maintained in a clean and sanitary manner. Review of the facility policy Food Storage last reviewed 10/1/24, indicated food storage area shall be maintained in a clean, safe, and sanitary manner. Food area shall be clean at all times. Un-served leftovers shall be labeled, dated and stored for a period not to exceed seven days. All food or food items not requiring refrigeration shall not be subject to sewage or wastewater, backflow or contamination by condensation and leaking. During an observation of the main designated kitchen on 8/5/25, at 9:30 a.m. the following was observed: Mixing bowls and warming pans on carts not inverted. Area behind hand washing station in main kitchen with brown staining and standing water, the area under contained a trash can with paper debris behind it and discarded gloves on the floor. The Walk in cooler number one/milk cooler (main kitchen) contained the following: Barbeque sauce opened and failed to be labeled with a date. A clear plastic bag containing cooked bacon failed to be labeled with date. A block of yellow cheese with plastic wrap that failed to be labeled with a date. A plastic container containing barbeque sauce with the date of 11/17/24. A case of sour cream packets with the expiration date of 8/3/25. The Spice storage room (main kitchen) with caulking peeling and hanging off the ceiling area. The dry storage room (main kitchen) contained: [NAME] streaking down the left wall behind a pipe. Two tubs containing small styrofoam bowls with lids containing rice crispy cereal that failed to be labeled with a date. Packaging tape and plastic lids discarded on the floor. Walk in kitchen cooler number four/produce cooler (main kitchen) contained the following: Four plastic containers with cheese sandwiches that failed to be labeled with a date. A bin that had visible water lying on the bottom also containing a bag of onions. A box of lettuce with the expiration date of 8/3/25. During an observation 8/5/25, at 10:20 a.m. the basement kitchen storage areas contained: The ceiling leading into the back storage room was dripping water and was puddled underneath, water was also in the hallway along the bottom base of walls leading to the back area of the storage room. Water puddles on the floor under a sprinkler head. A large puddle of water was pooled near a workspace desk. Pieces of white substances and rust-like substances on floor below a pipe, the ceiling above the pipe was visibly crumbling. The basement freezer contained: Paper debris and frozen fruit juice cups on the floor. A box containing an opened bag of French toast that failed to be labeled with a date. During an interview completed on 8/5/25, at 10:50 a.m. the Dietary/Facility Manager Employee E6 and the Nursing Home Administrator confirmed that the facility failed to properly maintain cleanliness and sanitation of the main kitchen and basement storage areas and failed to properly date and store food products in a manner to prevent foodborne illness. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1) Management.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	

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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on a review of job descriptions, facility and clinical records, and staff interviews, it was determined that the Nursing Home Administrator (NHA) and the Director of Nursing (DON) did not effectively manage the facility to make certain that proper supervision was provided for residents at high risk for elopement as required, resulting in a resident elopement creating an immediate jeopardy situation. Findings include: Review of the policy Administrator dated 10/1/24, indicated the facility shall operate under the direction of a nursing home administrator (NHA) licensed by the Pennsylvania Board of Examiners for nursing home administrators. The licensed nursing home administrator will operate the facility consistent with laws, regulations, and standards of practice recognized in the field of health care administration. The job description for the NHA specified the primary purpose of the job position is to manage the Facility in accordance with current applicable federal, state, and local standards, guidelines, and regulations that govern long-term care facilities. To follow all facility policies and apply them uniformly to all employees. To ensure the highest degree of quality care is provided to our residents at all times. The job description for the Director of Nursing specified the primary purpose of the job position was to plan, organize, develop, and direct the overall operation of the nursing service department in accordance with current federal, state and local standards, guidelines and regulations that govern the facility to ensure that the highest degree of quality of care is maintained at all times. Based on the findings in this report that identified that the facility failed to effectively manage the facility to make certain that proper supervision was provided for residents at high risk for elopement as required, resulting in a resident elopement creating an immediate jeopardy situation. The facility failed to provide fundamental principal that apply to treatment and care provided to facility residents. The facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, and facility policies. 28 Pa Code 201.14(a) Responsibility of licensee. 28 Pa Code 201.18(b)(1)(e)(1) Management.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	
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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>Based on review of facility financial documents, interviews with vendor and staff, it was determined that the facility failed to pay bills in a timely manner. Findings include: 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations, subsection 201.14(g), dated 1/13/25, indicated that a facility owner shall pay in a timely manner bills incurred in the operation of a facility that are not in dispute and that are for services without which the residents' health and safety are jeopardized. Review of the Nursing Home Administrator's job description indicated the primary purpose of the nursing home administrator is to manage the facility in accordance with current applicable federal, state, and local standards, guidelines, and regulations that govern long-term care facilities. To ensure the highest degree of quality care is provided to residents at all times. Be responsible for all financial transactions. During a review of Vendor 1's representative provided documentation on 8/5/25, at 8:45 a.m. revealed that there is an outstanding bill of approximately over \$200,000 that has not been paid by facility and the authority is considering its options as far as shutting down the water to that facility. During a review of Vendor 1 and 2's representative provided documentation on 8/5/25, at 9:00 a.m. revealed the facility is having financial issues of not paying their water/sewer bill, which has accumulated to about half a million dollars. Review of facility provided Accounts Payable Ledger on 8/5/25, at 11:42 a.m. indicated Vendor 1 with an outstanding balance of \$46,478.66 for services as of 7/16/25. During an interview on 8/5/25, at 11:04 a.m. Vendor 1's employee confirmed the facilities outstanding balance was \$244,110.12, and the facility and Vendor 1 did not have a payment plan in place. Review of facility provided Accounts Payable Ledger on 8/5/25, at 12:01 p.m. indicated Vendor 2 with an outstanding balance of \$185,182.11 for services as of 7/31/25. During an interview on 8/5/25, at 2:43 p.m. Vendor 2's employee confirmed the facilities outstanding balance was \$297,470.77, and the facility and Vendor 2 did not have a payment plan in place. During an interview on 8/6/25, at 11:58 a.m. the Nursing Home Administrator (NHA) confirmed the above AP ledger statements and stated, Our AP (Accounts Payable) office takes care of the bills. I don't have anything in on it. During an interview on 8/7/25, at 1:24 p.m. NHA stated, I will reach out to AP about the invoices and confirmed the facility failed to pay Vendor 1 and Vendor 2's bills in a timely manner. 28 Pa Code: 201.14 (a) (c) Responsibility of management 28 Pa Code: 201.18 (b)(1) (e)(1) Management.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Brighton Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 246 Friendship Circle Beaver, PA 15009	
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 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility assessment, employee education documents, and staff interview, it was determined that the facility failed to provide training on Quality Assurance and Performance Improvement (QAPI) for five of five staff members (NA Employee E11, LPN Employee E18, NA Employee E21, NA Employee E22, and RN Employee E23). Findings include: Review of the facility assessment last reviewed July 2025, indicated:-[NAME] Rehabilitation and Wellness Center will maintain and adequately trained and competent staff. Mandatory education for [NAME] employees is provided in 3 ways. Mandatory education is delivered and tracked by the Director of education to ensure compliance with state and federal regulations. -Self-Directed Coursework - Employees will be given materials to review and will be required to complete a test. Topics covered in self-directed coursework include Compliance and Ethics, Quality Assurance and Performance Improvement (QAPI) process, Effective Communication, Dementia overview, ADL book (nursing only), HIPPA, Abuse/Neglect Policy, Resident Rights and Facility Responsibility, Medication Proficiency (nurses only), Nutrition, MSDS/Lockout Tagout, Body Mechanics, Fire Safety, Order Transcription (Licensed Nurses only). During review of employee education files on 8/6/25, at 1:00 p.m. the following concerns were revealed: Review of Nurse Aide (NA) Employee E11's facility provided education file did not include training on QAPI. Review of Licensed Practical Nurse (LPN) Employee E18's facility provided education file did not include training on QAPI. Review of NA Employee E21's facility provided education file did not include training on QAPI. Review of NA Employee E22's facility provided education file did not include training on QAPI. Review of Registered Nurse (RN) Employee E23's facility provided education file did not include training on QAPI. During an interview on 8/6/25, at 2:00 p.m. Human Resource Director Employee E24 confirmed that the facility failed to provide QAPI training to five of five facility staff reviewed (NA Employee E11, LPN Employee E18, NA Employee E21, NA Employee E22, and RN Employee E23). 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. 28 Pa Code: 201.20 (a) Staff development.</p>		