

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 12/05/2025
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>

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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<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 66 residents (Resident R3) 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 last reviewed 10/1/25, 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. - A head count should be conducted on all units after a fire drill to ensure residents are accounted for. - Any exit doors failing to arm or magnetize following a fire alarm must be reported to the nursing supervisor immediately. 6. Residents shall be reassessed at least quarterly related to elopement risk. Any resident assessed to have 3 or more yes answers on the elopement risk will be considered an 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 appropriate 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 facility policy Resident Elopement Follow-Up Procedure last reviewed 10/1/25, indicated it is the policy of this facility to provide a safe and secure environment for our residents and to be proactive in preventing resident elopement. Review of the admission Record indicated Resident R3 was admitted to the facility on [DATE]. Review of R3's Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/3/25, 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)</p>		

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<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: 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>		