

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  12/29/2025
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on a review of facility menu, observations, and resident and staff interviews, it was determined that the facility failed to serve attractive, and palatable food for the lunch meal served on 12/29/25. Findings include: Review of a Resident Representative concern dated 12/8/25, stated You can't eat the food. Review of facility menu indicated that on 12/29/25, at lunch the following was to be served: Turkey Pot Pie Honey Glazed Carrots Fruited Gelatin Choice of Milk Beverage of Choice During resident interviews conducted on 12/29/25 from 11:06 a.m. through 11:51 a.m. the following statements were made: Resident R1 stated that food is Unappetizing, its cold, not tasty, and added that she has been at the facility for two years, but that food Has been worse the past couple months. Resident R2 stated that the food Sucks, and it's always been shit. They don't flavor anything. Resident R3 described the food as Crappy, and every so often we get slop. Resident R4 stated that the Food is barely edible. Resident R5 described the food as Iffy. Resident R6 stated that Food some days is ok, but mostly not that good. Resident R7 described the food as So-So. Resident R8 stated that Food is not that great. Resident R9 stated that The food could use an improvement. Resident R10 stated that Food is not great. State Agency (SA) requested a test tray for the lunch meal on 12/29/25. The cart containing the test tray was delivered to 2 East at 12:47 p.m. During an observation and interview on 12/29/25, at 12:54 p.m. SA approached Resident R11 as he was about to start eating his meal. SA observation noted that the Turkey Pot Pie was in a fluid form, and filled up the diameter of the plate. The pot pie had the appearance of soup that contained a gravy-like broth with cubed turkey, peas, and cubes of carrots. SA asked Resident R11 what he was having for lunch and resident replied, I'm not sure what it is. During an observation and interview on 12/29/25, at 12:56 p.m. SA approached Resident R12 as he was about to start eating his meal. SA observation of Resident R12's meal, was much of the same as Resident R11, except his contained no carrots, and just one single pea. Resident R12 asked SA What the hell is that?, as he pointed to his plate. SA informed that it was to be Turkey Pot Pie, to which Resident R12 replied Where's the pie part?. During an interview on 12/29/25, at 12:57 p.m. Food Service Director (FSD) Employee E1 stated It didn't turn out, in reference to the turkey pot pie, and I agree it's not very good today. FSD Employee E1 went on to describe that the facility had been using a new food vendor for the past couple months and that they are not receiving good ingredients, or recipes. FSD Employee E1 added that We have a good cook and a bad cook. Today we have the bad cook. FSD Employee E1 confirmed that the facility failed to serve attractive and palatable foods on lunch meal on 12/29/25. PA Code: 201.14 (a) Responsibility of licensee</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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