

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2024
NAME OF PROVIDER OR SUPPLIER  Brookside Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2630 Woodland Road Roslyn, PA 19001	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>36935</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that each resident was administered medication as prescribed by the physician for one of five sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included anxiety and depression. On August 11, 2023, the physician ordered for staff to administer an anti-anxiety medication (Lorazepam) every eight hours for anxiety. In an interview with Resident 1 on May 15, 2024, at 12:05 p.m. she stated that staff did not always administer her anti-anxiety medication as ordered. Review of the medication administration records for May 2024 revealed that the resident had not received the scheduled doses of the anti-anxiety medication three times on May 9, 2024. Review of nursing documentation revealed that the medication was not available on May 9, 2024, to administer to the resident.</p> <p>In an interview on May 15, 2024, at 1: 15 p.m. the Nursing Home Administrator confirmed that Resident 1's medication had not been given on May 9, 2024, as ordered and that the nursing supervisor failed to obtain the mediation from the emergency supply.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</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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