

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 09/23/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 08862</p> <p>Based on clinical record review, facility policy review, and staff interview, it was determined that the facility failed to assess and treat an external urinary catheter for one of six sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Review of the facility policy policies entitled, External Male Catheter and Catheter Care, last reviewed January 2024, revealed that there should be a physician's order for the use of a catheter. Nursing and the the interdisciplinary team were to assess and document the ongoing need for a catheter that was in place. The catheter was to be removed as soon as it was no longer required.</p> <p>Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included neoplasm of cranial nerves, pulmonary fibrosis, and muscle weakness. Review of Resident 1's hospital discharge documentation revealed that Resident 1 had an external urinary catheter. According to the facility's September treatment administration record, the external urinary catheter was not changed until September 17, 2024. There was no documentation to support that the facility obtained an order from the physician, changed the catheter, or assessed the resident's surrounding skin until September 17, 2024.</p> <p>In an interview on September 23, 2024, at 2:15 p.m., the Nursing Home Administrator stated that staff were to obtain a physician's order for the use of the catheter, change the external catheter daily, and assess the resident's surrounding skin daily and that there was no documentation to support these things were done prior to September 17, 2024.</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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