

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 05/29/2025
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 resident interview, review of facility documentation, observation, and staff interview, it was determined that the facility failed to follow pre-approved menus.</p> <p>Finding include:</p> <p>During interviews on May 29, 2025, from 12:30 p.m. through 1:45 p.m., Residents 2, 3, 5, 6, and 8 stated that menu items were frequently substituted without notification or were not received.</p> <p>Review of the facility menus revealed the lunch meal on May 29, 2025, was to include crispy baked chicken, Brussels sprouts, macaroni and cheese, dinner roll, and pumpkin pie.</p> <p>Observation of Resident 5, 6, and 7's lunch meal ticket on May 29, 2025, from 12:55 p.m. through 1:05 p.m., revealed that the meal should have included pureed pumpkin pie and the residents received no pie and no substitution for the pie.</p> <p>Observation of Resident 2, 3, and 8's lunch meal ticket on May 29, 2025, from 1:15 p.m. through 1:30 p.m., revealed that the meal should have included pumpkin pie, and the residents received no pie and no substitution for the pie.</p> <p>In an interview on May 29, 2025, at 2:00 p.m., the Dietary Manager reported the pumpkin pie was not served as planned on the facility menu.</p> <p>28 Pa. Code 211.6(a) Dietary 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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