STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395227	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookside Healthcare & Rehabilitation Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on policy review, observation, and staff interview, it was determined that the facility failed to properly store food and maintain sanitary conditions in the dietary department. Findings include:Review of the facility policy entitled, Food Storage: Cold Foods, dated May 21, 2025, revealed that all foods were to be dated.Observations during the tour of the dietary department on September 30, 2025, at 10:30 a.m., revealed the following:In the dry storage room, there was an unsealed bag of bran cereal that was exposed to air with a winged insect on the cereal. There were three winged insects flying around the dry storage room and landing on various food packages including an opened bag of rice cereal. In the trayline reach-in cooler, there was a large pan of sliced deli turkey that was not dated. On the bread storage rack, there was a bread bag that was torn open and the bread was exposed to air. There were three winged insects that landed directly on the bread. In the walk-in freezer, there was an opened bag of ravioli that was not dated. There was a box of broccoli with a hole torn in the side of the box and in the plastic bag which was exposing the product directly to air. There was a piece of broccoli directly touching the shelf. In the walk in cooler, there was a crate with 20 juice cups that were removed from the original packaging and not dated. Observation during the lunch meal service on October 1, 2025, at 12:14 p.m., revealed a winged insect that landed onto a plastic lid used to cover food at meal time. In an interview on September 30, 2025, at 10:50 a.m., the Director of Dining confirmed that foods in the cooler and freezer should be dated. CFR 483.60(i) Food Safety RequirementPreviously cited 11/1/2428 Pa. Code 201.14(a) Responsibility of licensee.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure physician's orders were implemented for one of 23 sampled residents. (Resident 12) Findings include:Review of the policy entitled, Administering Medications, last reviewed May 21, 2025, revealed that staff were to obtain vital signs if necessary and document physician indicated medication administration information. In an interview with the Director of Nursing on October 14, 2025, at 2:25 p.m., the vital signs were to be entered into the Medication Administration Record (MAR). Clinical record review revealed that Resident 12 had diagnoses that included hypertension (high blood pressure). On July 9, 2025, the physician ordered staff to administer a blood pressure medicine (diltiazem) three times a day. Staff were not to administer the medication if the heart rate (the number of times a heart beats in one minute) was less than 60 beats per minute. Resident 12's MAR for August, September, and October 2025, revealed that staff administered the medication 189 times with no documented evidence that the heart rate was assessed prior to medication administration per the physician's order. In an interview on October 14, 2025, at 2:26 p.m., the Director of Nursing confirmed there was no documented evidence that the heart rate was taken prior to medication administration per the physician's order and it should have been documented in the MAR. CFR 483.25 Quality of CarePreviously cited 11/1/2428 Pa. Code 211.10(d) Resident care policies.28 Pa. Code 211.12(d)(1)(5) Nursing services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on review of the facility's meal schedule, observations, and resident and staff interviews, it was determined that the facility failed to ensure that meals were served at regularly scheduled times in accordance with resident needs on one of two nursing units (Susquehanna Unit) and in the main dining room. Findings include: Review of the facility's meal schedule for the Susquehanna nursing unit revealed that the scheduled time for lunch delivery in the short hall was 12:15 p.m. and in the long hall was 12:45 p.m. Review of the meal schedule for the main dining room revealed that delivery was 1:00 p.m. A ten minute grace period was allowed before it was considered late. Observation on September 30, 2025, on the Susquehanna nursing unit, short hall, revealed the meal cart arrived on the nursing unit at 12:45 p.m., 20 minutes after the scheduled delivery time. On the Susquehanna nursing unit, long hall, the meal cart arrived on the nursing unit at 1:20 p.m., 25 minutes after the scheduled delivery time. In interviews at that time, Residents 4 and 15 stated that meals were typically late in the Susquehanna unit long hallway.Observation of the main dining room on September 30, 2025, at 1:28 p.m., revealed that the lunch meal had not yet been served. In interviews at the time, Residents 17 and 32 stated that meals were typically served late in the main dining room. Further observation revealed that the residents seated in the main dining room were served their lunch trays from 1:29 p.m. through 1:40 p.m., 19 to 30 minutes after the scheduled meal time. In an interview on October 14, 2025, at 10:58 a.m., the Administrator confirmed the meal service should have been delivered according to the scheduled delivery times.28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(3) Management.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to ensure that residents were free from chemical restraints for one of five sampled residents who received psychotropic medications. (Resident 1) Findings include:Clinical record review revealed that Resident 1 had diagnoses that included anxiety and depression. Review of the Minimum Data Set assessment dated [DATE], revealed that the resident was cognitively impaired and had been administered an anti-anxiety medication. On September 9, 2025, a physician ordered staff to administer an anti-anxiety medication, (lorazepam), every six hours as needed for anxiety. There was no date in the order that indicated when staff was to stop administering the as needed medication. Review of Resident 1's Medication Administration Record revealed that staff had administered the lorazepam on October 4, 7, and 11, 2025. There was no documented evidence that the physician had re-evaluated continued use of the as needed anti-anxiety medication beyond 14 days. In an interview on October 14, 2025, at 12:53 p.m., the Director of Nursing confirmed that there had been no date added to the order to indicate when staff were to stop administering the anti-anxiety medication. 28 Pa. Code 211.12(d)(1)(5) Nursing services.