

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2026
NAME OF PROVIDER OR SUPPLIER Glen Brook Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 East 16th Street Berwick, PA 18603	
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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, select facility policy, hospital records, and staff interview, it was determined the facility failed to ensure that care provided during the removal and replacement of an indwelling Foley catheter was documented in accordance with facility policy and professional standards of practice for one of three residents reviewed (Resident A1). Findings include: Review of the facility Indwelling Catheter use and Removal Policy last reviewed by the facility on March 27, 2026, indicated it is the facility policy to ensure that indwelling urinary catheters (thin, flexible tube inserted into the bladder to drain urine) that are inserted or remain in place are justified or removed according to regulations and current standards of practice. The facility will provide appropriate care for the catheter in accordance with current professional standards of practice and resident care policies and procedures that include but are not limited to: Insertion, ongoing care, and catheter removal protocols that adhere to professional standards of practice and infection prevention and control procedures, response of the resident during the use of the catheter, and ongoing monitoring for changes in condition related to potential catheter-associated urinary tract infections, recognizing, reporting, and addressing such changes. Catheter and drainage bags should be changed on clinical indications such as infection, obstruction, or when the closed system is compromised. Routine fixed intervals are not recommended. Clinical record review revealed that Resident A1 was admitted to the facility on [DATE], with diagnoses which included anoxic brain damage (brain injury caused by a complete lack of oxygen) secondary to cardiac arrest (sudden, unexpected loss of heart function, breathing, and consciousness) and chronic respiratory failure (the lungs cannot properly provide the body with oxygen or remove carbon dioxide). A review of Resident A1's quarterly Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated June 9, 2026, revealed that Resident A1 was severely cognitively impaired with a BIMS score of 4 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 0 through 7 indicates cognition is severely impaired) and was dependent on staff for all activities of daily living. A physician order initially dated April 23, 2025, noted an order for Foley catheter 16 Fr (external diameter of the catheter tube) 30 cc Balloon (inflatable sac located at tip of the catheter which holds approximately 30 ml of sterile water) for diagnosis of obstructive and reflux uropathy (condition where a blockage in the urinary tract stops urine from flowing out forcing it to back up into the kidneys). A physician's order initially dated November 17, 2025, directed staff to change the Foley catheter only as needed or when signs and symptoms of infection were present after obtaining a urine specimen. A physician's order dated February 24, 2026, revealed Resident A1 was admitted to hospice services with a diagnosis of anoxic brain damage. Review of the June 2026 (continued on next page)		

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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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Treatment Administration Record revealed documentation that Employee 1, an agency Licensed Practical Nurse (LPN), documented changing Resident A1's Foley catheter on June 29, 2026, at 11:46 PM. The effectiveness of the catheter change was documented as unknown. A corresponding nursing note entered by Employee 1 on June 29, 2026, at 11:46 PM documented only that the Foley catheter had been changed. The documentation did not identify the size of the catheter inserted, the clinical indication for the catheter change, the resident's condition before or after the procedure, the resident's response to the catheter change, whether urine drained following insertion to confirm catheter placement, or whether any complications were observed during or immediately after the procedure. Nursing documentation dated June 30, 2026, at 2:30 AM revealed a nurse aide reported bright red blood on the resident's bed pad. The Foley catheter tubing was draining bright red blood, and the resident stated he could not pee. Staff attempted to irrigate (flush) the catheter but were unsuccessful. Staff removed the Foley catheter, after which bleeding from the urethra (the tube that carries urine from the bladder out of the body) was observed. Staff applied pressure and ice without stopping the bleeding. The resident's oxygen saturation was 80 percent on room air. Oxygen was applied at 2 liters per minute. The resident appeared pale and restless. Staff were unable to obtain a blood pressure because of the resident's restlessness. Staff attempted to notify the resident's representative, left a voicemail message, notified the physician and hospice provider, and transferred the resident to the hospital by Emergency Medical Services. Review of hospital information dated June 30, 2026, revealed the resident was evaluated at 3:38 AM. The resident was admitted to the hospital with a diagnosis of urethral bleeding secondary to traumatic Foley catheter placement (bleeding from the urethra potentially caused by injury during the insertion of a urinary catheter, which may be complicated by enlarged prostate or urethral strictures, a known challenge with difficult resident anatomy). During an interview on July 8, 2026, at 1:00 PM, the Director of Nursing was unable to provide documented evidence that staff performed and documented the Foley catheter change in accordance with facility policy and professional standards of practice, including documentation of the catheter size inserted, the clinical reason for changing the catheter, confirmation of catheter placement through urinary output, the resident's condition before and after the procedure, the resident's response to the procedure, or assessment for complications immediately following catheter insertion. 28 Pa. Code 211.5 (f)(ii)(iii)(ix) Medical records 28 Pa. Code 211.10 (c)(d) Resident care policies 28 Pa. Code 211.12 (c) (d)(1)(3)(5) Nursing services		