

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | (X3) DATE SURVEY COMPLETED: 12/12/2024 |
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| NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009 | | |
| STATE LICENSE NUMBER: 020802 | | | | |
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| F 0000 | INITIAL COMMENT | F 0000 | | |
| F 0550 SS=E | Based on Seven complaint surveys completed on December 12, 2024, it was determined that Brighton Rehabilitation and Wellness Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations. | F 0550 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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| F 0550 SS=E | Continued from page 1 483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. | F 0550 | <ol style="list-style-type: none"> 1. Resident R1 was provided an opportunity to vote prior to election, and in serviced on the requirement to change their address to the facility address to ensure a mail in ballot was received timely. Resident R1 was provided necessary contacts to change their address and failed to change their address timely to receive a mail in ballot – activities department assisted but not assist to completion. 2. The Director of activities / assistant audited and documented all resident's preference to vote, or not with education on the importance of, their right to, and if they change their mind, to ensure their preference is identified. 3. The Administrator re in serviced the Activities Department and Social Services Department on the regulation to ensure residents are aware of their ability to and right to vote are maintained. 4. On the next upcoming available election, the director of activities or designee will audit all residents to ensure all residents are afforded the | Completion Date: 12/27/2024 Status: APPROVED Date: 12/20/2024 |

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| F 0550 SS=E | Continued from page 2 §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: | F 0550 | opportunity to vote and be assisted with voting to completion. Audit will be shared with QAPI committee to ensure continued compliance. | |
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| F 0550 SS=E | <p>Continued from page 3</p> <p>Based on review of facility policy, clinical record review and staff interview, the facility failed to offer and assist residents the opportunity to vote for one of five residents (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy " Resident Rights" dated, 10/1/24, indicated " All residents in this facility have rights guaranteed to them under Federal and State law, and by this facility' personnel. This facility will protect and promote the rights of each resident, including each of the following rights: Exercise his or her rights as a city (voting)."</p> <p>Review of Resident R1 clinical record indicated resident was admitted in 5/15/24.</p> <p>Resident R1 clinical record progress notes dated 11/4/24, indicated Resident R1 "expressed that she wanted to vote", Resident R1 asked about voting on 11/1/24.</p> | F 0550 | | |

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| F 0550 SS=E | Continued from page 4 Resident R1 clinical record progress note dated 11/4/24, indicated, " PT going around on unit telling other PT that you cannot vote, its not going to count. Your vote is not going to count. Your gonna take that lying down . See how there people contour and twist , they took my good given right to vote." Nurse stated to Resident R1 that "we do not handle anything with voting". During an interview on 12/11/24, at 1:35 p.m. Activity Director Employee E2 confirmed that Resident R1 had difficulty with voting, and the facility did not assist with determine why there was a problem with Resident R1 voting. Activity Director Employee E2 stated that they did not ask all residents if they wanted to vote and could provide no documentation for the past election in November that all residents in the facility were asked if they wanted to vote. During an interview on 12/12/24, at 9:35 a.m. Nursing Home Administrator confirmed that the | F 0550 | | |

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| F 0550 SS=E | Continued from page 5 facility failed to offer and assist residents with voting. | F 0550 | | |
| F 0584 SS=F | 28 Pa. Code 201.1(i) Resident rights. 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; | F 0584 | 1. Temperatures are logged to ensure consistency on identified units, and were confirmed to be below the Federal Regulator Maximum, as there is no State Regulatory Minimum. The facility continues to complete preventative maintenance on the entire campus system. 2. An initial Audit was completed by the Plant Operations Director for Water Temperatures on identified units and logged. 3. The Director of Plant Operations was re- in serviced by the Administrator on the regulation to ensure a clean and homelike environment and ensure continued Preventative Maintenance steps/requirements. 4. The Director of Plant Operations will audit Water temperatures by unit including shower temperatures weekly. Audit findings will be shared with the QAPI committee. | Completion Date: 12/27/2024 Status: APPROVED Date: 12/20/2024 |

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| F 0584 SS=F | Continued from page 6 §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: | F 0584 | | |
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| F 0584 SS=F | Continued from page 7 Based on observation, review of facility documents, and staff interview, it was determined that the facility failed to maintain a homelike environment for twelve of twelve units observed. (East Wing Second Floor, East Wing Third Floor, East Wing Fourth Floor, Grove First Floor, Grove Second Floor, Grove Third Floor, West Wing First Floor, West Wing Second Floor, Main Second Floor, Main Third Floor, Main Fourth Floor, and Main Fifth Floor). Findings Include: Review of the facility policy "Resident Environment" last reviewed 10/1/24, indicates the facility will provide an environment that is safe, clean, comfortable, and homelike. Review of the facility document "Water Temperature Checks" dated 12/10/24, indicated that water temperatures throughout the building were 94.3 - 98 degrees. During an interview on 12/11/24, at 11:02 a.m. | F 0584 | | |

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| F 0584 SS=F | Continued from page 8 Resident R2 stated that there is no hot water for showering. During an interview on 12/11/24, at 11:06 a.m. Resident R3 stated "The water used to be hot, but it isn't hot anymore". During an interview on 12/11/24, at 11:14 a.m. Resident R 4 stated "I haven't had hot water here in four months". During an interview on 12/11/24, at 11:28 a.m. Nurse Aide (NA) Employee E5 stated "The water has never been hot". During an interview on 12/11/24, at 11:55 a.m. on Second Floor of the Main Unit Common Area, Resident R5 stated that he is washed in cold water. During an interview on 12/11/24, at 11:55 a.m. Resident R6, R7, R8, and R9 all agreed with Resident R5 that the water in the shower is cold. | F 0584 | | |

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| F 0584 SS=F | <p>Continued from page 9</p> <p>During an interview on 12/11/24, at 1:47 p.m. Resident R10 stated that she is bathed with cold water.</p> <p>During an interview on 12/11/4, at 1:48 p.m. when Resident R11 was asked about the water she replied "It's always cold. They washed my hair first, and my body will adjust to it".</p> <p>During an interview on 12/11/24, at 2:02 p.m. NA Employee E4 stated "It's hit or miss if the water is hot".</p> <p>During an interview on 12/12/24, at 9:58 a.m. Maintenance Director (MD) Employee E6 stated that he started working at the facility in June 2024 and the building has had a "multitude of issues with the boilers" since that time. MD Employee E6 continued to say that the boilers are now fixed, however they then had issues with the water softeners. MD Employee E6 explained that the facility has hard water (when water has a large amount of minerals, mainly calcium and magnesium).</p> | F 0584 | | |

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| F 0584 SS=F | Continued from page 10 He continued by stating that they have two hot water tanks that both hold 1400 gallons of water. Each of these tanks have rods inside of them that send water into the tank and pump steam from the boilers. Water circulates around them, and the water becomes heated. When the water softener broke, this caused a buildup of "crust" on the rods, and this is why there is difficulty maintaining hot water temperatures throughout the day. The facility had contracted an outside vendor to help address the issue on 12/9/24. The facility was able to provide an invoice for this service. MD Employee E6 stated that the Vendor had emptied the hot water tanks and chipped away four two- gallon buckets of "crust" from the rods, as the "crust" has been impeding the rods' ability to perform effectively. However, during this process it was discovered that the rods are now compromised and need to be replaced. The facility is waiting for these rods to come in so the repairs can be completed. In addition to this issue MD Employee E6 added that since the weather has become colder, the issue has been further compromised as the boilers are also | F 0584 | | |

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| F 0584 SS=F | Continued from page 11 utilized to heat the building and when they have to work harder to heat the building this provides a decrease in the ability to also heat the water. There are total of 20 steam traps that help to heat the water and they have replaced six of them to help with efficiency of the water heating process. Another aspect of preserving hot water is ensuring that the facility is not leaving the Crossovers open. The Crossovers are adapters on the utility sinks that allow a hose to be attached. These are used by Housekeeping Staff to fill up of their cleaning buckets with hot water. When they shut the water off, the water is shut off at the hose, but the hot water is not actually turned off and remains stagnant. As the hot water is not circulating, it becomes colder. The facility is in the process of installing Check Valves on the Crossovers to prevent this problem from occurring. Of the 26 Housekeeping Closets in the building 14 have had the Check Valves installed. MD Employee E6 stated that the building is very large, and the issue has been difficult to resolve as the blueprints for the building have not been updated to include any renovations that may | F 0584 | | |

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| F 0584 SS=F | Continued from page 12 have been completed after its original construction. Observations of the following temperatures completed on 12/12/24, by Maintenance Director Employee E6 as follows: 10:39 a.m. Main Fifth Floor Bathroom = 76.4 degrees 10:42 a.m. Main Forth Floor Bathroom = 76.2 degrees 10:44 a.m. Main Third Floor Bathroom = 76.4 degrees. During an interview on 12/12/24, at 10:44 a.m. MD Employee E6 stated that the temperatures would not improve if you let the water run longer to become hot, as the longer it runs, the more the hot water will become depleted, and the temperatures will become colder as the day progresses. MD Employee E6 informed that when he monitors the water temperatures in the morning the temperatures are much warmer as indicated on his water temperature logs. MD Employee E6 stated that he had just checked the water temperature on the hot water | F 0584 | | |

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| F 0584 SS=F | Continued from page 13 tank prior to touring with State Agency and the temperature was 87.6 degrees. MD Employee E6 explained that the water would be colder than that at all faucets all over the building which would affect all 12 Nursing Floors. MD Employee E6 confirmed that the facility failed to maintain comfortable water temperatures for 12 of 12 Nursing Units During an interview on 12/12/24, at 12:53 p.m. Water Heater Vendor confirmed that the required parts to repair the water tanks have been ordered and that this should fix the issue with the water temperatures. Meanwhile, he stated that he will be coming in on 12/14/24, to make some adjustments so that the uptake of the hot water will last longer throughout the day. 28 Pa. code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (e)(1)(2) Management. 28 Pa Code: 201.29 (a)(c)(d) Resident Rights | F 0584 | | |
| F 0660 SS=D | | F 0660 | | |

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| F 0660 SS=D | Continued from page 14 483.21(c)(1)(i)-(ix) Discharge Planning Process §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan. (vi) Address the resident's goals of care and treatment preferences. | F 0660 | 1. Resident R1 was interviewed by the social service team and IDT team members on their preference for Discharge location, resident R1 indicated they did not have a specific location they preferred at this time, in the meantime social services indicated they would initiate nursing home transitions program as a viable option for transition to the community, and in the event Resident R1 changed their mind would notify social services. 2. The Social Service Director or Designee will audit resident admissions from the past 2 weeks to ensure resident DC preference is documented on admission with a plan to follow up depending on the residents clinical, therapeutic and social status/ability. 3. The Administrator will re in service the Social Services Department to ensure resident DC preference is documented on admission with a plan to follow up depending on the residents clinical, therapeutic and social status/ability. 4. Social Services department will | Completion Date: 12/27/2024 Status: APPROVED Date: 12/20/2024 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | (X3) DATE SURVEY COMPLETED: 12/12/2024 | |
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| F 0660 SS=D | Continued from page 15 (vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community. (A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose. (B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities. (C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why. (viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences. (ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant | F 0660 | audit resident preference for DC on admission for the next 2 weeks and follow up depending on the residents clinical, therapeutic and social status/ability. Audits will be shared with QAPI committee to ensure continued compliance. | |

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| F 0660 SS=D | Continued from page 16 resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer. This REQUIREMENT is not met as evidenced by: | F 0660 | | |
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| F 0660 SS=D | <p>Continued from page 17</p> <p>Based on review of facility policy, clinical record review and staff interview it was determined that the facility failed to provide individualized discharge planning for one of three residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy "Transfer and Discharge" dated 10/1/24, indicated "There shall be a centralized coordinated discharge plan to ensure that the resident has a program of needed continuing care after discharge form the facility."</p> <p>Review of Resident R1 clinical record indicated resident was admitted in 5/15/24.</p> <p>Review of Resident R1 clinical record MDS (minimum data set - a periodic assessment of resident needs) dated 8/28/24, indicated diagnosis of anxiety disorder (repeated episodes of sudden feelings of intense anxiety and fear or terror) , depression (common and serious medical illness</p> | F 0660 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | (X3) DATE SURVEY COMPLETED: 12/12/2024 | |
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| F 0660 SS=D | Continued from page 18 that negatively affects how you feel, the way you think and act), and on the admission sheet a diagnosis of other psychoactive substance abuse (uncontrolled use of a substance despite harmful consequences). Review of Resident R1 clinical record care plans indicated the following: Focus: " Resident expects to discharge back to the community after completion of care plan - with intervention/task of SS to continue to assist as necessary". Review of Resident R1 clinical records failed to show any documentation of referrals/communication with other agencies for housing after discharge. Review of Resident R1 clinical record failed to include documentation of interviews with resident regarding discharge planning. During an interview on 12/12/24, at 9:35 a.m. Nursing Home Administrator confirmed that the facility failed to provide individualized discharge planning for Resident R1. | F 0660 | | |

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| F 0660 SS=D | Continued from page 19 28 Pa. Code 211.11(d)e Resident care plan. 28 Pa. Code 211.16(a)(b) Social services. | F 0660 | | |
| F 0684 SS=D | | F 0684 | | |

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| F 0684 SS=D | Continued from page 20 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: | F 0684 | 1. Resident R1 was re in serviced to not continue to set up their own appointments as this leads to potential delays in service as the facility is unaware of appointments residents make on their own. Resident R1 has been attending weekly appointments as ordered. 2. Transportation services will audit the last 2 weeks of appointments to ensure resident appointments were scheduled for timely service and service was provided timely. 3. The Administrator re in serviced the director of transportation to ensure resident appointments were scheduled for timely service and service was provided timely. 4. Transportation services will audit appointments for 2 weeks to ensure resident appointments were scheduled for timely service and service was provided timely. Audits will be shared with QAPI committee to ensure continued compliance. | Completion Date: 12/27/2024 Status: APPROVED Date: 12/20/2024 |
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| F 0684 SS=D | Continued from page 21 Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to make certain that residents were provided appropriate treatment and care by failing to ensure a resident received iron transfusions as ordered for one of six residents reviewed (Resident R1). Findings include: Review of facility policy "Consultant Service Requirements" dated 10/1/24, indicated the facility uses outside resources to furnish specific services provided by the facility. Review of facility policy "Special Needs" dated 10/1/24, indicated the facility will ensure that residents receive proper treatment and care. It was indicated for services not covered, a facility is required to assist the resident in securing any available resources tom obtain the needed services. The facility has satisfactory arrangements to assist residents in obtaining emergency and routine care | F 0684 | | |

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| F 0684 SS=D | Continued from page 22 not offered at the facility on a regularly scheduled basis. The facility shall assist the resident if necessary in arranging transportation to and from external service sites. Review of the clinical record indicated Resident R1 was admitted to the facility on 5/28/24, with diagnoses of heredity hemorrhagic telangiectasia (a genetic disorder that leads to abnormal blood vessel formation, which causes nose bleeding, shortness of breath and fatigue) and anemia a problem of not having enough healthy red blood cells or hemoglobin to carry oxygen to the body's tissues.) Review of Resident R1's care plan dated 5/30/24, indicated the resident was at risk for iron deficiency, hemorrhagic epistaxis (nose bleeds), and blood transfusions related to heredity hemorrhagic telangiectasia diagnosis. Review of Resident R1's physician order dated 10/15/24, indicated the resident was to have iron infusions on the following dates. | F 0684 | | |

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| F 0684 SS=D | <p>Continued from page 23</p> <p>-10/18/24, at 11:30 a.m. -10/25/24, at 11:30 a.m. -11/2/24, at 11:30 a.m. -11/8/24, at 11:30 a.m. -11/15/24, at 11:30 a.m.</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/28/24, indicated diagnoses were current.</p> <p>Review of Resident R1's clinical record on 12/11/24, at 10:43 a.m. failed to indicate the resident attended the appointments for the iron infusions as ordered.</p> <p>During an interview on 12/11/24, at 12:34 p.m. Director of Transportation stated when the nursing staff enter orders for appointments, Director of Transportation Assistant, Employee E3 schedules it. It was indicated the physician order should indicate the appointment time and date.</p> <p>Review of documents provided by the facility on</p> | F 0684 | | |

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| F 0684 SS=D | Continued from page 24 12/11/24, at 12:36 p.m. revealed there was communication via email dated 10/15/24, regarding Resident R1's iron infusion appointments. It was stated by Unit Manager, Registered Nurse, Employee E3 that Resident R1 "just seems to take everything into her own hands around these parts." Director of Transportation, Employee E1 called the infusion center to see if Resident R1's appointments can be moved to a closer location. It was indicated the infusion center will call the facility back to change the location. On 10/28/24, Unit Manager, Registered Nurse, Employee E3 asked if there were any updates regarding when Resident R1's iron appointments will be. No further communication was made until 11/4/24, at 2:42 p.m. when Unit Manager, Registered Nurse, Employee E3 asked again if there were any updates on the iron infusion appointments. It was indicated the resident was getting aggressive with her and staff in regards to her missed appointments. It was indicated she needed an update on this as soon as possible. On 11/5/24, at 7:31 a.m. it was indicated the facility will call this morning and find out. On 11/12/24, at 12:10 p.m. | F 0684 | | |

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| F 0684 SS=D | Continued from page 25 Unit Manager, Registered Nurse, Employee E3 stated Resident R1 was still questioning when the iron infusion appointments were going to be set up. "She was supposed to start these 4 weeks ago now." During an interview on 12/11/24, at 12:38 p.m. the Director of Transportation, Employee E1 confirmed Resident R1 did not make it to any of the scheduled iron infusions as ordered on the following dates -10/18/24, at 11:30 a.m. -10/25/24, at 11:30 a.m. -11/2/24, at 11:30 a.m. -11/8/24, at 11:30 a.m. -11/15/24, at 11:30 a.m. During an interview on 12/11/24, at 1:20 p.m. the Director of Nursing confirmed that the facility failed to make certain that residents were provided appropriate treatment and care by failing to ensure a resident received iron transfusions as ordered for one of six residents reviewed (Resident R1). | F 0684 | | |

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| F 0684 SS=D | Continued from page 26 28 Pa. Code 201.18 (b)(1) Management. 28 Pa. Code 201.29(d) Resident Rights. 28 Pa. Code 211.10 (c)(d) Resident Care policies. 28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services. | F 0684 | | |
| F 0740 SS=D | | F 0740 | | |

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| F 0740 SS=D | Continued from page 27 483.40 Behavioral Health Services §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. This REQUIREMENT is not met as evidenced by: | F 0740 | <ol style="list-style-type: none"> 1. Resident R1 met with the Psychologist and IDT team members. Resident R1 was care planned for identified behaviors of psycho social behaviors – making self-bleed. The IDT team confirmed with the resident that the individual whom the LOA's were with is not from a past abusive relationship. Due to resident residing at SNF, Resident R1 is guest dosing at a guest drug and alcohol clinic which does not require weekly psycho social updates, and is the responsibility of the facility to establish psycho social meetings at Resident R1's request. The facility attempted to contact Resident R1's home drug and alcohol clinic requesting a dialog and were denied at the request of Resident R1. 2. The Social Service department will audit to ensure Residents who receive methadone services, at a guest dosing drug and alcohol clinic, and have a hx of drug and alcohol abuse are asked if they wish to receive psychology services. 3. The Administrator will re in | Completion Date: 12/27/2024 Status: APPROVED Date: 12/20/2024 |

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| F 0740 SS=D | Continued from page 28 | F 0740 | <p>service the social service departments on the importance of ensuring individuals with psycho social behaviors and or hx of drug and alcohol abuse are asked if they want to receive psychology services.</p> <p>4. The social service department will admissions for 2 weeks to ensure residents admitted with psycho social behaviors and or hx of drug and alcohol abuse are asked if they want to receive psychology services. Audits will be reviewed at QAPI committee to ensure continued compliance.</p> | |
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| F 0740 SS=D | Continued from page 29 Based on review of facility documents, clinical record review and staff interview it was determined that the facility failed to assist and identify and meet residents highest practicable needs for one of three residents (Resident R1). Findings include: Review of facility job description social worker indicated " Purpose of your job position - to ensure that the medically related emotional and social needs of residents are met/maintained on an individual basis." Review of Resident R1 clinical record indicated resident was admitted in 5/15/24. Review of Resident R1 clinical record MDS (minimum data set - a periodic assessment of resident needs) dated 8/28/24, indicated diagnosis of anxiety disorder (repeated episodes of sudden feelings of intense anxiety and fear or terror) , depression (common and serious medical illness | F 0740 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | (X3) DATE SURVEY COMPLETED: 12/12/2024 |
|---|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009 | | |
| STATE LICENSE NUMBER: 020802 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE) | (X5) COMPLETE DATE |
| F 0740 SS=D | Continued from page 30 that negatively affects how you feel, the way you think and act), and on the admission sheet a diagnosis of other psychoactive substance abuse (uncontrolled use of a substance despite harmful consequences). During an interview on 12/11/24, at 12:40 p.m. Director of Transportation Employee E1 indicated that Resident R1 has behaviors of picking at his/her self until making self-bleed. Facility has provided Resident R1 with a basin during transport due to frequency of blood loss. Director of nursing confirmed this behavior, thought behavior was psyche-somatic, vs a physical/medical issue. During an interview on 12/11/24, at 11:15 p.m. Social Service Employee E7, indicated the following: Resident R1 - attends an outside clinic for drug and alcohol, has a history of drug and alcohol abuse, was previously living in a homeless shelter, and has a history of being the victim of abuse (physical). | F 0740 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | (X3) DATE SURVEY COMPLETED: 12/12/2024 |
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| F 0740 SS=D | <p>Continued from page 31</p> <p>During the above interview SS Employee E7 indicated that Resident R1 does not see psych services for counseling, and the facility has no dialogue with the drug and alcohol treatment facility. The facility has allowed Resident R1 out on LOA's but has not communicated with the drug and alcohol treatment facility about the LOA's, failed to get contact information for the LOA, and were unaware if the LOA was someone that Resident R1 has past history of drug and alcohol abuse with.</p> <p>Review of the clinical record failed to show referrals to psychiatric services for behaviors of making self-bleed, history of abuse and care for psychiatric concerns.</p> <p>Review of care plans failed to show care plans for behaviors of making self-bleed and history of abuse, or communication with the drug and alcohol clinic, or specific goals and objectives for behaviors and abuse .</p> <p>During an interview on 12/12/24, at 9:40 a.m.</p> | F 0740 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | (X3) DATE SURVEY COMPLETED: 12/12/2024 |
|---|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009 | | |
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| F 0740 SS=D | Continued from page 32 Nursing Home Administrator confirmed that the facility failed to communicate with Resident R1 drug and alcohol facility, failed to document and offer Resident R1 psychiatric services for abuse and mental health concerns, and failed to care plan for specific behaviors and that the facility failed to assist Resident R1 to meet their highest practicable social needs. 28 Pa. Code 201.14(a)Responsibility of licensee. | F 0740 | | |



Certified End Page

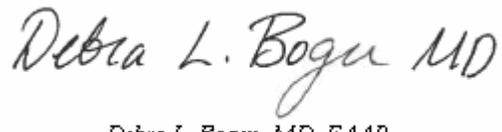
BRIGHTON REHABILITATION AND WELLNESS CENTER

STATE LICENSE NUMBER: 020802

SURVEY EXIT DATE: 12/12/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY