

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: 04/03/2025
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 0000	INITIAL COMMENT	F 0000		
F 0679 SS=E	Based on an Abbreviated Survey in response to six complaints, completed on April, 3, 2025, 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 0679		

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 0679 SS=E	Continued from page 1 483.24(c)(1) Activities Meet Interest/Needs Each Resident §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by:	F 0679	1. Basic TV remained active, Cable TV was returned to service on 3/25/25. Alternative activities for Residents were conducted as applicable to ensure psychosocial wellbeing. 2. An audit was conducted to identify Residents who were care planned for cable TV as an activity and had their care plan reviewed or updated for alternative activities in the event of a loss of cable TV by the activity's director or designee, to ensure psycho social well being. 3. The NHA will re in-service the Activity dir. for to ensure alternative activity preferences for resident's care planned for cable tv as an activity, to ensure psychosocial wellbeing. 4. Residents on admission will have their preference audited to ensure psychosocial well being for a period of one week by the activity director or designee. Audit findings will be shared with QAPI.	Completion Date: 04/18/2025 Status: APPROVED Date: 04/14/2025

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F 0679 SS=E	Continued from page 2 Based on a review of facility policy, facility documents, medical record reviews, resident interviews, vendor interviews, and staff interviews, it was determined that the facility failed to provide an ongoing program of activities to meet the interests of and support the physical, mental, and psychosocial well-being of each resident for four and a half days (3/22/25, 3/23/25, 3/24/25, 3/25/25, and 3/26/25) out of 31 days in March 2025. Findings include: Review of facility policy "Activity Recreation Programs" dated 10/1/24, indicated the facility recreation programs are designed to meet the individual needs of each resident. Programming reflects the schedules, choices and right of residents within the facility. Review of a Resident Representative concern dated 3/25/25, stated "They didn't pay the cable, so we don't have TV."	F 0679		

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F 0679 SS=E	Continued from page 3 Review of a Resident Representative concern dated 3/26/25, stated "Residents now do not have TV. They've been told that it's not a necessity, but then what is a necessity?" During an interview on 4/2/25, at 9:56 a.m. the Director of Nursing (DON) confirmed that the facility had no cable for about five days due to non-payment of the cable bill. Some staff brought in Smart TVs that had the ability to watch some programming through different applications. These were placed in some of the common areas, but not all units had this implemented. The DON confirmed that individuals who preferred to stay in their rooms, did not have this as an option. Review of Resident R5's care plan dated 12/10/24, indicated that Resident R5 is at risk for decreased socialization due to little to no interesting participating with Activities, and that watching TV is one of his interventions. During an interview on 4/2/25, at 11:38 a.m. R5	F 0679		

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F 0679 SS=E	<p>Continued from page 4</p> <p>stated that the TV was out for five days. Resident R5 stated that he does watch TV on a daily basis, and that it was "boring" when the cable was out.</p> <p>Review of Resident R6's care plan dated 11/7/24, indicated that Resident R6 is at risk for decreased socialization due to physical limitations, and that watching TV is one of his interventions.</p> <p>During an interview on 4/2/25, at 11:41 a.m. Resident R6 stated that he watches TV every day, stating "That's what I like to do", and confirmed that the cable was out for five days, adding "It was out in the whole building". When Resident R6 was asked what he did for entertainment during the time the cable was out he stated, "I just moped".</p> <p>Review of Resident R7's care plan dated 12/6/24, indicated that Resident R7 is at risk for decreased socialization due to physical limitations, and impaired mobility, and that watching TV is one of his interventions.</p>	F 0679		

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F 0679 SS=E	<p>Continued from page 5</p> <p>During an interview on 4/2/25, at 11:43 a.m. Resident R7 confirmed that the facility was without cable for several days, however he has the ability to watch programs and movies on his phone. Resident R7 stated that "Not everyone can do that. I was lucky". Resident R7 added that he is glad that the cable is back on as he does enjoy watching programs on a larger screen.</p> <p>During an interview on 4/2/25, at 11:50 a.m. Resident R8 also confirmed that he was not able to watch TV, and that when he asked the Nursing Home Administrator (NHA) about it he was told that "TV isn't a necessity". Resident R8 stated that he was aware that it was due to a payment issue, and he had followed up with the NHA about the issue and was told "I've been pinching pennies all day" by the NHA. Resident R8 added "Don't mess with my TV".</p> <p>Review of Resident R9's care plan dated 3/10/25, indicated that Resident R9 is at risk for decreased socialization due to physical limitations, and impaired</p>	F 0679		

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F 0679 SS=E	Continued from page 6 mobility, and that watching TV is one of her interventions. During an interview on 4/2/25, at 12:06 p.m. Resident R9 confirmed that she does enjoy watching TV, and that she was unable to do so when the cable was out. When Resident R9 was asked what she did for entertainment during this time frame, she replied "I slept because I was bored". Review of Resident R10's care plan dated 1/29/25, indicated that Resident R10 is at risk for decreased socialization due to physical limitations, and impaired mobility, and that watching TV is one of his interventions. During an interview on 4/2/25, at 12:17 p.m. Resident R10 stated that the cable went out on Saturday night (3/22/25). and came back on Wednesday (3/26/25). When Resident R10 was asked what he did during that time frame for entertainment, he replied by whistling and twiddling his thumbs.	F 0679		

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F 0679 SS=E	Continued from page 7 Note that phone calls made to the Cable Vendor on 4/2/25, and 4/3/25, where unable to produce a timeframe for when cable was terminated at the facility as the appropriate personnel was off duty. During an interview on 4/2/25, at 2:47 p.m. the DON confirmed that the facility failed to provide an ongoing program of activities to meet residents' interests without the ability for some residents to watch television programs. During an interview on 4/4/25, at 11:45 am with Cable Vendor, it was confirmed that cable services were suspended at the facility due to nonpayment on 3/22/25, and restored on 3/26/25, when a past due payment of \$3,142.10 was made. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201. 18(b)(3) Management.	F 0679		
F 0684 SS=E		F 0684		

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F 0684 SS=E	Continued from page 8 483.25 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	684 1. The third-party transportation vendor was returned to service R1,R2,R3,R4 attended their scheduled appointment with no negative effect to care identified. 2. An audit will be conducted to identify Residents who require appointments and to ensure, in the event the in-house fleet is unable to accommodate the trip, that the trip be made timely by a third-party transportation vendor. 3. The NHA will re in-service the transportation director to ensure Residents who require appointments and to ensure, in the event the in-house fleet is unable to accommodate the trip, that the trip be made timely by a third-party transportation vendor. 4. Residents who require transportation to an appointment will be audited for two weeks by the transportation director. Audit findings will be shared with QAPI.	Completion Date: 04/18/2025 Status: APPROVED Date: 04/14/2025

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F 0684 SS=E	Continued from page 9 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 obtain transportation to appointments for four of four residents (Residents R1, R2, R3, and R4). Findings include: Review of facility policy "Special Needs" dated 10/1/24, indicated for services not covered, a facility is required to assist the resident in securing any available resources to obtain the needed services. The facility shall assist the resident if necessary in arranging transportation to and from external service sites. Review of facility policy "Resident Rights" dated 10/1/24, indicated the resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the facility.	F 0684		

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F 0684 SS=E	Continued from page 10 Review of the clinical record indicated Resident R1 was admitted to the facility on 1/24/25. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/30/25, indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and age-related physical debility. Review of a Travel/Appointment progress note dated 3/25/25, completed by Transportation Scheduler Employee E2 stated, "Transportation has not had access to transportation service since early February this year, and still has not had access by the time of res ' appointments. CT (Computed Tomography scan, a procedure to obtain detailed imaging of the body guided biopsy (examination of tissue removed to determine presence, cause, or extent of a disease) on 3-19-25 was missed due to no access to bariatric stretcher, and CT on 3-21-25 was missed as well for the same reason. Representative from physician's office contacted me	F 0684		

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F 0684 SS=E	Continued from page 11 to reschedule both on Thursday 3-20-25. I informed the representative from the physician's office that we do not have access to a bariatric stretcher for patient, and that I am not sure when we will have access. The physician's office representative asked to speak to my supervisor, so I handed the call over to my supervisor. The physician's office representative explained that with no access to a bari (bariatric) stretcher and having to reschedule Resident R1 multiple times, that the facility is exhibiting delay of his care and treatment, as the biopsy is to determine res ' cancer diagnosis. The physician's office representative stated she would call us back with new dates for the CT and biopsy. She did call me with dates on Friday 3-21-25, with the CT being scheduled on 3-28-25 and the biopsy being scheduled on 4-11-25. Email with new dates and information on office being unhappy with reschedules sent to Unit Director, DON/ADON (Director of Nursing/Assistant Director of Nursing), my supervisor, and administrator. As of today 3-25-25, still no access to bariatric stretcher for upcoming CT and biopsy.	F 0684		

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F 0684 SS=E	Continued from page 12 CT scheduled for this Friday 3-28-25." During an interview on 4/2/25, at 1:33 p.m. Director of Transportation stated, "We sent Resident R1 for the CT on 3/5/25, but they were unable to get him on the table because we sent him in a wheelchair and not on a bariatric stretcher. We were not aware that he needed to be on a bariatric stretcher. It was rescheduled but we weren't able to send him to the CT scan on 3/19/25 because we did not have the funds to pay our transport company that has a bariatric stretcher. We didn't send him to the rescheduled CT scan on 3/19/25 because we did not have a way to transport him to the appointment." During an interview on 4/2/25, at 2:44 p.m. Transportation Scheduler Employee E2 stated, "Resident R1 missed his CT guided biopsy scheduled for 3/19/25 because we could not get a bariatric stretcher for transportation and he missed a CT on 3/21/25 because we could not get a bariatric stretcher for transportation. We were unable to secure transportation because our company hadn't	F 0684		

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F 0684 SS=E	Continued from page 13 been paid and would not accept transportation requests. There were three other residents who also missed appointments because we could not get transportation for them due to the transportation company not being paid. Those were my most important appointments, they needed to go." During an interview on 4/22/25, at 2:50 p.m. Transportation Scheduler Employee E2 stated, "We were unable to use our transportation company from I think February 9th or 10th to March 28th, that was the first day we were able to secure transportation through that company. There was a second company we had used before, however they also were not accepting transportation requests due to a bill that has not been paid since August 2023." Review of the clinical record indicated Resident R2 was admitted to the facility on 10/15/24. Review of Resident R2's MDS dated 2/14/25, indicated diagnoses of dementia, dysphagia (difficulty swallowing), and Gastroesophageal	F 0684		

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F 0684 SS=E	Continued from page 14 Reflux Disease (GERD - when stomach acid frequently flows back into the esophagus). Review of a Travel/Appointment progress note dated 2/11/25, completed by Transportation Scheduler Employee E2 stated, "This writer called gastroenterologist's (medical professional who specializes in diseases of the digestive system) office to confirm EGD (Esophagogastroduodenoscopy - a procedure used to visualize the esophagus, stomach, and first part of the small intestine) appointment for tomorrow 2/12/25. Spoke with procedure scheduler, EGD is still on for tomorrow at 9:00 a.m. Transportation was confirmed for patient, however, unsure if trip is still viable due to billing issues with transportation company." During an interview on 4/2/25, at 2:45 p.m. Transportation Scheduler Employee E2 stated, "Resident R2 missed her EGD on 2/20/25 because we could not get transportation due to nonpayment for services. I have reached out to the office to reschedule the appointment, however I am still	F 0684		

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F 0684 SS=E	Continued from page 15 waiting to hear back from them. As of right now, she has not had the EGD performed." Review of the clinical record indicated Resident R3 was admitted to the facility on 12/5/24. Review of Resident R3's MDS dated 2/6/25, indicated diagnoses of high blood pressure, retention of urine, and osteomyelitis (an infection in a bone). Review of a Certified Registered Nurse Practitioner (CRNP) progress note dated 2/28/25, stated, "Closely followed after readmission with weekly labs for close monitoring of osteomyelitis. Labs with worsening leukocytosis (increased white cell count, often indicating an infection) and left shift with rising CRP (a blood test marker for inflammation in the body). ID (Infectious Disease) follow up scheduled for 2/19 needed rescheduled due to transport complication." Review of a CRNP progress note dated 3/13/25, stated, "Patient was due to see infectious disease	F 0684		

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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		
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F 0684 SS=E	Continued from page 16 2/19 related to worsening leukocytosis and close monitoring of osteomyelitis but had to be rescheduled multiple times due to transportation issues; awaiting new appointment." Review of a CRNP progress note dated 3/17/25, stated, "Requested follow up ID appointment via telehealth (remote healthcare services through electronic communication) due to inability to obtain stretcher transport at this time." During an interview on 4/2/25, at 2:45 p.m. Transportation Scheduler Employee E2 stated, "Resident R3 missed an Infectious Disease consultation appointment on 3/12/25 because we were unable to secure transportation due to nonpayment. It has been rescheduled for 4/21/25. He also missed a wound care specialist appointment on 2/24/25, 3/3/25, and 3/10/25, due to not being able to secure transportation. That hasn't been rescheduled due to him being followed by our in-house wound group."	F 0684		

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F 0684 SS=E	Continued from page 17 Review of the clinical record indicated Resident R4 was admitted to the facility on 12/9/22. Review of Resident R4's MDS dated 2/20/25, indicated diagnoses of high blood pressure, depression, and pain in left knee. Review of a nursing progress note dated 3/26/25, stated, "Resident was to go for colonoscopy (a procedure that checks the large intestine and rectum for changes) tomorrow morning, leaving at 6 a.m., however appointment will need to be rescheduled due to transportation." During an interview on 4/2/25, at 2:45 p.m. Transportation Scheduler Employee E2 stated, "Resident R4 missed his colonoscopy scheduled on 3/28/25 because we were unable to secure transportation due to nonpayment. It has been rescheduled for 5/16/25." During an interview on 4/2/25, at 2:45 p.m. Transportation Scheduler Employee E2 confirmed	F 0684		

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F 0684 SS=E	Continued from page 18 that Resident R1, R2, R3, and R4 missed appointments due to the facility being unable to secure transportation due to nonpayment to the transportation company. During an interview on 4/2/25, at 4:05 p.m. the DON confirmed that the facility failed to make certain that residents were provided appropriate treatment and care by failing to obtain transportation to appointments for Residents R1, R2, R3, and R4 as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1)(3)(e)(1)(2) Management. 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 0778 SS=D		F 0778		

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F 0778 SS=D	Continued from page 19 483.50(b)(2)(iii) Assist w/ Transport Arrangements to Radiology §483.50(b)(2)(iii) Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance. This REQUIREMENT is not met as evidenced by:	F 0778	1. The third-party transportation vendor was returned to service Resident R1 attended their scheduled appointment with no negative effect to care identified. 2. An audit will be conducted to identify Residents who require appointments and to ensure, in the event the in-house fleet is unable to accommodate the trip, that the trip be made timely by a third-party transportation vendor. 3. The NHA will re in-service the transportation director to ensure Residents who require appointments and to ensure, in the event the in-house fleet is unable to accommodate the trip, that the trip be made timely by a third-party transportation vendor. 4. Residents who require transportation to an appointment will be audited for two weeks by the transportation director. Audit findings will be shared with QAPI.	Completion Date: 04/18/2025 Status: APPROVED Date: 04/14/2025

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F 0778 SS=D	Continued from page 20 Based on review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to obtain transportation to a radiology appointment for one of four residents (Resident R1). Findings include: Review of facility policy "Special Needs" dated 10/1/24, indicated for services not covered, a facility is required to assist the resident in securing any available resources to obtain the needed services. The facility shall assist the resident if necessary in arranging transportation to and from external service sites. Review of facility policy "Resident Rights" dated 10/1/24, indicated the resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the facility. Review of the clinical record indicated Resident R1	F 0778		

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F 0778 SS=D	Continued from page 21 was admitted to the facility on 1/24/25. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/30/25, indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and age-related physical debility. Review of a Travel/Appointment progress note dated 3/25/25, completed by Transportation Scheduler Employee E2 stated, "Transportation has not had access to transportation service since early February this year, and still has not had access by the time of res ' appointments. CT (Computed Tomography scan, a procedure to obtain detailed imaging of the body guided biopsy (examination of tissue removed to determine presence, cause, or extent of a disease) on 3-19-25 was missed due to no access to bariatric stretcher, and CT on 3-21-25 was missed as well for the same reason. Representative from physician's office contacted me to reschedule both on Thursday 3-20-25. I	F 0778		

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F 0778 SS=D	Continued from page 22 informed the representative from the physician's office that we do not have access to a bariatric stretcher for patient, and that I am not sure when we will have access. The physician's office representative asked to speak to my supervisor, so I handed the call over to my supervisor. The physician's office representative explained that with no access to a bari (bariatric) stretcher and having to reschedule Resident R1 multiple times, that the facility is exhibiting delay of his care and treatment, as the biopsy is to determine residents cancer diagnosis. The physician's office representative stated she would call us back with new dates for the CT and biopsy. She did call me with dates on Friday 3-21-25, with the CT being scheduled on 3-28-25 and the biopsy being scheduled on 4-11-25. Email with new dates and information on office being unhappy with reschedules sent to Unit Director, DON/ADON (Director of Nursing/Assistant Director of Nursing), my supervisor, and administrator. As of today 3-25-25, still no access to bariatric stretcher for upcoming CT and biopsy. CT scheduled for this Friday 3-28-25."	F 0778		

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F 0778 SS=D	Continued from page 23 During an interview on 4/2/25, at 1:33 p.m. Director of Transportation stated, "We sent Resident R1 for the CT on 3/5/25, but they were unable to get him on the table because we sent him in a wheelchair and not on a bariatric stretcher. We were not aware that he needed to be on a bariatric stretcher. It was rescheduled but we weren't able to send him to the CT scan on 3/19/25 because we did not have the funds to pay our transport company that has a bariatric stretcher. We didn't send him to the rescheduled CT scan on 3/19/25 because we did not have a way to transport him to the appointment." During an interview on 4/2/25, at 2:44 p.m. Transportation Scheduler Employee E2 stated, "Resident R1 missed his CT guided biopsy scheduled for 3/19/25 because we could not get a bariatric stretcher for transportation and he missed a CT on 3/21/25 because we could not get a bariatric stretcher for transportation. We were unable to secure transportation because our company hadn't been paid and would not accept transportation	F 0778		

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F 0778 SS=D	<p>Continued from page 24</p> <p>requests."</p> <p>During an interview on 4/22/25, at 2:50 p.m. Transportation Scheduler Employee E2 stated, "We were unable to use our transportation company from I think February 9th or 10th to March 28th, that was the first day we were able to secure transportation through that company. There was a second company we had used before, however they also were not accepting transportation requests due to a bill that has not been paid since August 2023."</p> <p>During an interview on 4/2/25, at 2:45 p.m. Transportation Scheduler Employee E2 confirmed that Resident R1 missed radiology appointments due to the facility being unable to secure transportation due to nonpayment to the transportation company.</p> <p>During an interview on 4/2/25, at 4:05 p.m. the DON confirmed that the facility failed to obtain transportation to a radiology appointment for Resident R1 as required.</p>	F 0778		

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F 0778 SS=D	Continued from page 25 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1)(3)(e)(1)(2) Management. 28 Pa. Code: 211.10 (c)(d) Resident Care policies. 28 Pa. Code: 211.12(d)(3)(5) Nursing services.	F 0778		
F 0836 SS=F		F 0836		

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: 04/03/2025	
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F 0836 SS=F	Continued from page 26 483.70(a)-(c) License/Comply w/ Fed/State/Loel Law/Prof Std §483.70(a) Licensure. A facility must be licensed under applicable State and local law. §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph.	F 0836	836 1. Outstanding invoices from vendors documented by surveyor were paid to terms or developed a payment plan. There were and are no current service interruptions from contracted vendors and no change in vendor services. 2. An initial audit conducted by the administrator, confirmed vendors identified; third-party medical transportation, and cable were brought to terms or a payment plan was developed to ensure services continue. Dairy vendor and refuse vendor continue to be paid timely and are still in use. 3. The accounts payable office representative and management team were re-inserviced by the administrator to ensure essential service vendors who are identifying delays in payment should be communicated directly to the Administrator. 4. The administrator was designated will audit ongoing to ensure vendors are paid to terms or have a payment plan in place to	Completion Date: 04/18/2025 Status: APPROVED Date: 04/14/2025

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F 0836 SS=F	Continued from page 27 This REQUIREMENT is not met as evidenced by:	F 0836	ensure services continue. Audit findings will be shared with QAPI.	

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F 0836 SS=F	Continued from page 28 Based on interview with vendors and staff, it was determined that the facility failed to pay bills in a timely manner for services without which the residents' health, psychosocial well-being, and safety are impacted. Findings include: 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations subsection 201.14(g), dated July 24, 1999, revealed that a facility owner shall pay in a timely manner bills incurred in the operation of a facility that are not in dispute and that are for services without which the residents' health and safety are impacted. Review of Nursing Home Administrator (NHA) Job Description, signed 10/10/23, indicated that the NHA is responsible for all financial transactions. Review of a Resident Representative concern dated 3/25/25, stated "They didn't pay the cable, so we don't have TV."	F 0836		

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: 04/03/2025	
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F 0836 SS=F	<p>Continued from page 29</p> <p>Review of a Resident Representative concern dated 3/26/25, stated "Residents now do not have TV. They've been told that it's not a necessity, but then what is a necessity?"</p> <p>Review of Resident Representative concern dated 4/1/25, stated that "Residents don't have access to cable or milk due to vendors not being paid".</p> <p>During an interview on 4/2/25, at 9:56 a.m. the Director of Nursing (DON) confirmed that the facility had no cable for about five days due to nonpayment of the cable bill. Some staff brought in Smart TVs that had the ability to watch some programming through different applications. These were placed in some of the common areas, but not all units had this implemented. The DON confirmed that individuals who preferred to stay in their rooms, did not have this as an option.</p> <p>During an interview on 4/2/25, at 10:32 a.m. Food Service Director (FSD) Employee E3 stated that the</p>	F 0836		

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F 0836 SS=F	Continued from page 30 facility did run out of milk "About two weeks ago. No milk in house at all." FSD Employee E3 added that he had to call a different vendor that day to receive an emergency delivery of milk. FSD Employee E3 was unable to clarify if lack of milk delivery was due to the vendor not receiving payment. During an interview on 4/3/25, at 10:19 a.m. Garbage Collection Vendor (GCV) stated that the facility has had problems paying their bills in a timely manner, and that the GCV now requires that the facility pay \$4,000 up front to avoid providing services without receiving payment. "I don't have a choice. I have had to terminate their services multiple times for not paying." GCV also stated that when the \$4,000 balance has been utilized, and they have not received a new payment of \$4,000, he calls the facility, and when they don ' t answer "I shut them off". GCV added that the last time he terminated services was three to four weeks ago, and services were suspended for approximately two weeks until they received payment. GCV stated	F 0836		

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STATE LICENSE NUMBER: 020802				
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F 0836 SS=F	Continued from page 31 that the facility is currently receiving services and payments are up to date. During an interview on 4/3/25, at 10:29 a.m. Medical Transport Vendor (MTV) stated that they provide transportation to medical appointments and procedures for the facility's residents. MTV stated that services were suspended to the facility on 2/10/25, through 3/27/25, due to non-payment for services rendered in December 2024, and January 2025. Services were restored on 3/28/25 after MTV received past due payment of \$18,014.95. MTV added that services have been terminated multiple times in the past due to nonpayment. During an interview on 4/2/25 at 2:45 p.m. Transportation Scheduler Employee E2 confirmed that four residents (Resident R1, R2, R3, and R4) missed appointments due to the facility being unable to secure transportation due to nonpayment to the MTV. During an interview on 4/3/25, at 11:27 a.m. Dairy	F 0836		

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: 04/03/2025	
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER STATE LICENSE NUMBER: 020802		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
(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 0836 SS=F	<p>Continued from page 32</p> <p>Product Vendor (DPV) stated "I've worked here 17 years, and this account has been a problem since I started. I only get a payment if I shut them off or threaten legal." DPV stated that services were suspended in March 2025 due to nonpayment, and restored on 3/12/25, after being suspended for one to two weeks. DPV stated that services are currently being provided, but that the facility still owes \$10,007.29.</p> <p>Note that phone calls made to the Cable Vendor on 4/2/25, and 4/3/25, where unable to produce a timeframe for when cable was terminated at the facility as the appropriate personnel was off duty.</p> <p>During an interview on 4/3/25, at 2:47 p.m. the NHA confirmed that the facility failed to pay bills in a timely manner for services without which the residents' health, psychosocial well-being, and safety are impacted.</p> <p>During an interview on 4/4/25, at 11:45 am with Cable Vendor, it was confirmed that cable services</p>	F 0836		

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: 04/03/2025
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 0836 SS=F	Continued from page 33 were suspended at the facility due to nonpayment on 3/22/25, and restored on 3/26/25, when a past due payment of \$3,142.10 was made. 28 Pa. Code 201.14 (g) Responsibility of licensee. 28 Pa. Code 201.18 (e)(1) Management.	F 0836			



Certified End Page

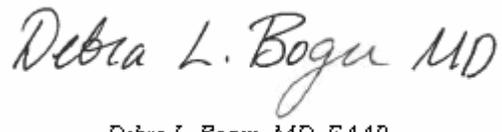
BRIGHTON REHABILITATION AND WELLNESS CENTER

STATE LICENSE NUMBER: 020802

SURVEY EXIT DATE: 04/03/2025

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