

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: 04/18/2025
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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	

(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		

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 0000	Continued from page 1 Based on a revisit survey completed on April 18, 2025, it was determined that Brighton Rehabilitation and Wellness Center failed to correct all of the deficiencies cited during the survey of February 14, 2025, under the 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 0000		

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F 0550 SS=E	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights</p> <p>§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.</p> <p>§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.</p> <p>§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.</p> <p>§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.</p> <p>§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.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the</p>	F 0550	<ol style="list-style-type: none"> 1. The food service department purchased an amount of non-disposable ware to ensure those items that are accidentally thrown out during meals and or not returned to the kitchen after meals do not hinder the food service department's ability to put out non-disposable ware. 2. The food service director or designee audited number of non-disposable ware for total needed from meals need per census to ensure enough non-disposable ware was available. 3. The food service director and assistant were re in serviced by the NHA to ensure Residents retain the right to a dignified dining experience. 4. The food service director or designee will audit meals daily for a month to ensure Residents retain the right to a dignified dining experience. 	<p>Completion Date: 05/02/2025</p> <p>Status: APPROVED</p> <p>Date: 04/29/2025</p>

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F 0550 SS=E	Continued from page 3 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		

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F 0550 SS=E	Continued from page 4 Based on review of facility policy, observations, and staff interviews, it was determined that the facility failed to provide the right to a dignified dining experience for one of one lunch tray lines observed. Findings include: 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 the facility. During an observation on 4/10/25, from 12:20 p.m. through 12:30 p.m., in the main kitchen of the lunch meal service tray line, conducted with the Director of Dining Services (DDS) Employee E1, revealed a food service rack containing lunch tray lines' cold food items (included desserts, salads, and additional cold food items) portioned and ready to be placed on trays in Styrofoam containers. At time of observation, DDS Employee E1 confirmed	F 0550		

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F 0550 SS=E	Continued from page 5 observation made by surveyor that cold meal items to include dessert and salads were portioned into Styrofoam containers for direct service to resident units. Additional observations made during this time frame revealed staff placing Styrofoam cold meal items on resident trays. During an interview on 4/10/25, at 2:37 p.m., DDS Employee E1, who was found in the dish room area cleaning tray delivery carts, stated that Styrofoam service ware was used for lunch meal service due to current staffing challenges, where staff were unable to clean dirty dishes timely from breakfast service in order to have reusable service ware clean and ready for use for lunch service. DDS Employee E1 also stated that in order to have an ample supply of reusable dish ware for cold items/desserts, and eliminate the use of Styrofoam, it would require facility ordering more service ware from vendor. DDS Employee E1 confirmed that the facility failed to provide residents the right to a dignified dining experience by providing food items in Styrofoam service ware.	F 0550		

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F 0550 SS=E	Continued from page 6 28 Pa. Code: 201.29(j) Resident rights.	F 0550		
F 0584 SS=E		F 0584		

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F 0584 SS=E	Continued from page 7 483.10(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; §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	F 0584	1. The rooms are confirmed to be clean equipped with the regulatory requirements. 2. The NHA initially audited this unit with the director of plant ops and environmental services and confirmed it was available for operation in the event of an emergency. 3. The NHA or designee re in serviced the director of plant operations and environmental services to ensure all units, even units without residents on them are prepared for use in the event of an emergency. 4. The NHA will audit weekly to ensure the unit continues to be properly available for use in the event of an emergency.	Completion Date: 05/05/2025 Status: APPROVED Date: 04/29/2025

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F 0584 SS=E	Continued from page 8 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=E	Continued from page 9 Based on review of facility policy, observations and staff interviews it was determined that the facility failed to provide a clean, safe, comfortable, and homelike environment for one of 12 nursing units. (West Wing 3rd floor) Findings include: Review of the facility policy "Resident Environment" dated 10/1/24, indicated the facility will provide an environment that is safe, clean, comfortable, and homelike, allowing the resident to use his or her personal belongings to the extent possible. Review of Title 42 Code of Federal Regulations §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. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.	F 0584		

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F 0584 SS=E	Continued from page 10 During an interview conducted on 4/10/25, at 12:45 p.m., Nursing Home Administrator (NHA) stated that West Wing 3rd floor could be ready for resident occupancy at a moment's notice; would only require area to be cleaned and put beds and furniture into rooms. During an observation on 4/10/25, at 1:00 p.m., of the West Wing 3rd floor revealed: - Room 375 (dual occupancy room) floor was dirty, soiled brief found in closet, holes found in walls with dry wall plugs and prior wall covering exposed, light fixtures were missing light bulbs with wiring exposed, 1 bed frame without mattress, no privacy curtains hung, and no additional furniture found in room. - Room 374 (quad occupancy room) was found with 4 bed frames, no mattresses, 1 bedside nightstand, holes found in walls with dry wall plugs and prior wall covering exposed, light fixtures were missing light bulbs with wiring exposed, 1 bed frame	F 0584		

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F 0584 SS=E	Continued from page 11 without mattress, no privacy curtains hung, and no additional furniture found in room. - Room 376 (quad occupancy room) was found with 4 bed frames, no mattresses, holes found in walls with dry wall plugs and prior wall covering exposed, no privacy curtains hung, and no furniture. - Room 377 (quad occupancy room) was found with 3 bed frames, no mattresses, holes found in walls with dry wall plugs and prior wall covering exposed, no privacy curtains hung, 1 bedside nightstand, no other furniture found in room, and floor was dirty with debris. - Room 379 (quad occupancy room) was found without bed frames, mattresses, privacy curtains, or furniture. Also found holes in walls with dry wall plugs and prior wall covering exposed. - Room 381 (quad occupancy room) was found without bed frames, mattresses, or privacy curtains. There was one bedside drawer, but no other furniture, and holes in walls with dry wall plugs and prior wall covering exposed. - Room 380 (quad occupancy room) was found with no bed frames, no mattresses, no privacy	F 0584		

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F 0584 SS=E	Continued from page 12 curtains, and only 2 bedside drawers. Room number identifying this room was observed hand written in marker on the wall outside entry to room. - Room 383 (single occupancy room) was found without a bed frame, mattress, or privacy curtains. Also found room had holes in walls with dry wall plugs and prior wall covering exposed. - Lounge area at end of unit past room 383 had 3 couches and 2 tables in randomly placed, with multiple maintenance supplies to include a pallet of ceiling tiles. - Room identified as Oxygen storage room was locked with a pad lock; there was no handle or door entry mechanism observed on door. - Room identified as Shower room was locked with a pad lock. - Room 371 (single occupancy room) was found without bed frame, mattress, privacy curtains, or furniture. - Room 368 (dual occupancy room) was found with one bed frame, no mattresses, and no privacy curtains. Cover to heating unit was removed, exposing internal mechanisms of heater; there was a	F 0584		

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F 0584 SS=E	Continued from page 13 large brown stain on the floor, and holes in walls with dry wall plugs and prior wall covering exposed. - Room 369 (quad occupancy room) was found with no mattresses and no privacy curtains; holes in walls with dry wall plugs and prior wall covering exposed, and wood particle board was found covering a hole in the window where it appears an air conditioning unit was removed. - Room 367 (quad occupancy room) was found with 4 bed frames (2 were dismantled with parts lying around area), no mattresses, no privacy curtains, and wood particle board covering a hole in the window where it appears an air conditioning unit was removed. - Room 366 (quad occupancy room) was found with 1 bed frame under repair, no mattresses, no privacy curtains, and no furniture. Also found was a push cart with bed controls, bed frame parts, and telephones placed on it, and holes in walls with dry wall plugs and prior wall covering exposed. - Room 365 (quad occupancy room) was found with 1 bed frame, no mattresses, and no privacy curtains,. Also found was wood particle board	F 0584		

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F 0584 SS=E	Continued from page 14 covering a hole in the window where it appears an air conditioning unit was removed, missing cove base between floor and wall, and large dark stain under heating unit. 1 bedside drawers was also found. - Room 363 (quad occupancy room) was found with 4 bed frames, 1 was under repair; no mattresses, no privacy curtains, 3 bedside drawers, wood particle board covering a hole in the window where it appears an air conditioning unit was removed, and holes in walls with dry wall plugs and prior wall covering exposed. - Room 362 (quad occupancy room) was found 2 bed frames, 1 bedside drawer, no mattresses, no privacy curtains, and holes in walls with dry wall plugs and prior wall covering exposed. - Room 361 (single occupancy room) was found with 2 bed frames in room, 1 was in disrepair, no furniture, no mattresses, no privacy curtains, and holes in walls with dry wall plugs and prior wall covering exposed. - Room labeled "Fire Blanket" and Kitchen was found without door handle or locking/closing	F 0584		

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F 0584 SS=E	Continued from page 15 mechanism, Inside room was found to have a foul odor, dismantled air conditioning unit, and a laundry cart with mixed maintenance parts/supplies. Heating unit in this area was also with a cover. - Second lounge area found at end of other side of unit was found with no furniture, 2 tables, 2 unplugged ice machines, and multiple carts with a variety of kitchen and maintenance equipment being stored. During an interview on 4/10/25, at 3:00 p.m., Maintenance Director (MD) Employee E2 stated that West Wing 3rd floor has been used for backup of beds and other items, and that about 20 bed frames are usable at this time. MD Employee E2 stated that equipment to furnish West Wing 3rd floor has been ordered, and first order was received today, however at this time, only about three quarters of this unit could be brought to regulation and resident ready within 24 hours. MD Employee E2 confirmed that the facility failed to provide a clean, safe, comfortable, and homelike environment for one of 12 nursing units. (West Wing 3rd floor)	F 0584		

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F 0584 SS=E	Continued from page 16 28 Pa. Code 201.18(b)(3)(e)(2) Management. 28 Pa code 211.12(d)(1) Nursing services.	F 0584		
F 0880 SS=D	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;	F 0880	1. R1 was seen by wound consultant and suffered no ill effects from dressing change 2. Director of nursing immediately educated employee E3 on wound care policy and procedure. 3. Director of Nursing/designee will in-service licensed nurses on policy and procedure for dressing changes. 4. Director of Nursing/designee will audit 3 dressing changes weekly for 2 weeks, then 2 dressing changes weekly for 2 weeks, then 3 dressing changes monthly to ensure compliance with infection control standards during wound care. Audit findings will be shared with QAPI committee.	Completion Date: 05/02/2025 Status: APPROVED Date: 04/28/2025

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: 04/18/2025
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 0880 SS=D	Continued from page 17 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens.	F 0880		

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: 04/18/2025	
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 0880 SS=D	Continued from page 18 Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:	F 0880		

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: 04/18/2025	
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		
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F 0880 SS=D	Continued from page 19 Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to implement infection control practices to prevent cross contamination during a dressing change for one of three residents (Resident R1). Findings include: A review of the facility policy "Wound Care", last reviewed 10/1/24 indicates to prevent contamination of wounds such as pressure ulcers procedure includes but not limit to: - Don a pair of non-sterile gloves and remove the old dressing. - Discard dressing and gloves in plastic bag, perform hand hygiene and apply new gloves. - Clean the wound with normal saline solution or prescribed cleanser. - Discard soiled materials and gloves, wash hands and put on clean gloves. - Treat wound as ordered, apply new dressing without touching or contaminating the wound bed.	F 0880		

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: 04/18/2025
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 0880 SS=D	Continued from page 20 - Remove gloves, discard gloves and supplies in plastic waste bag and tie bag closed. Cleanse your hands. - Discard closed plastic bag in utility room garbage container. Review of the admission record indicated Resident R17 was admitted to the facility on 3/27/23. Review of R1's Minimum Data Set (MDS-periodic assessment of care needs) dated 3/10/25, included diagnoses of protein-calorie malnutrition (condition of inadequate protein and energy-rich foods leading to significant health problems), knee pain, hypertension (high blood pressure), and hyperlipidemia (high fats in the blood) Review of Resident 1's physician order dated 2/8/25, indicated to cleanse the coccyx wound with normal saline, apply thin layer of Triad cream (a medication to manage wounds with low to moderate drainage by maintaining a moist wound healing environment) and cover with dry dressing daily.	F 0880		

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: 04/18/2025
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 0880 SS=D	Continued from page 21 During an observation of Resident R1's dressing change on 4/10/25 at 12:40 p.m., Registered Nurse (RN) Employee E3 placed the red bag for soiled/used dressing and treatment supplies on the bed. After cleansing wound, RN Employee E3 continued the treatment without changing gloves or washing her hands, applied Triad cream to the wound and then applied a clean dry dressing. During an interview on 4/10/25, at 12:50 p.m. RN Employee E3 confirmed she failed to implement infection control practices to prevent cross contamination during a dressing change for Resident R1 by placing the red bag for soiled/used dressing and treatment supplies on his bed and by not completing a glove change and hand hygiene after cleansing the wound and before applying the treatment cream and clean dry dressing to the wound. 28 Pa. Code: 201.18(b)(1) Management. 28 Pa Code: 211.10(c)(d) Resident care policies.	F 0880		

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: 04/18/2025
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 0880 SS=D	Continued from page 22 28 Pa. Code: 211.12(c)(d)(1)(3)(5) Nursing services.	F 0880		
F 0917 SS=E	483.10(i)(4), 483.90(e)(2)(3) Resident Room Bed/Furniture/Closet §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv) §483.90(e)(2) -The facility must provide each resident with-- (i) A separate bed of proper size and height for the safety and convenience of the resident; (ii) A clean, comfortable mattress; (iii) Bedding, appropriate to the weather and climate; and (iv) Functional furniture appropriate to the resident's needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident. §483.90(e)(3) CMS, or in the case of a nursing facility the survey agency, may permit variations in requirements specified in paragraphs (e)(1) (i) and (ii) of this section relating to rooms in individual cases when the facility demonstrates in writing that the variations (i) Are in accordance with the special needs of the	F 0917	1. The rooms are confirmed to be clean and equipped with the regulatory requirements. 2. The NHA initially audited this unit with the director of plant ops and environmental services and confirmed it was available for operation in the event of an emergency. 3. The NHA or designee re in serviced the director of plant operations and environmental services to ensure all units, even units without residents on them are prepared for use in the event of an emergency. 4. The NHA will audit weekly to ensure the unit continues to be properly available for use in the event of an emergency.	Completion Date: 05/05/2025 Status: APPROVED Date: 04/29/2025

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: 04/18/2025	
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		
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F 0917 SS=E	Continued from page 23 residents; and (ii) Will not adversely affect residents' health and safety. This REQUIREMENT is not met as evidenced by:	F 0917		

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: 04/18/2025	
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F 0917 SS=E	Continued from page 24 Based on observation and staff interview, it was determined the facility failed to provide a bed, a mattress and functional furniture in resident rooms on the West Wing for 17 out of 17 rooms (Third Floor). Findings include: Review of the facility policy "Resident Environment" dated 10/1/24, indicated the facility will provide an environment that is safe, clean, comfortable, and homelike, allowing the resident to use his or her personal belongings to the extent possible. §483.90(e)(2) -The facility must provide each resident with-- (i) A separate bed of proper size and height for the safety and convenience of the resident; (ii) A clean, comfortable mattress; (iii) Bedding, appropriate to the weather and climate; and (iv) Functional furniture appropriate to the resident's	F 0917		

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: 04/18/2025	
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F 0917 SS=E	Continued from page 25 needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident. During an observation on 4/10/25, at 1:00 p.m., of the West Wing 3rd floor revealed: - Room 375 (dual occupancy room) was missing one bed frame, 2 mattresses, and furniture. - Room 374 (quad occupancy room) was missing mattresses, and furniture. - Room 376 (quad occupancy room) was missing mattresses, and furniture. - Room 377 (quad occupancy room) was missing 1 bed frame, mattresses, and furniture. - Room 379 (quad occupancy room) was missing bed frames, mattresses, and furniture. - Room 381 (quad occupancy room) was missing bed frames, mattresses, and furniture. - Room 380 (quad occupancy room) was missing bed frames, mattresses, and furniture. - Room 383 (single occupancy room) was missing bed frame, mattress, and furniture. - Room 371 (single occupancy room) was missing	F 0917		

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: 04/18/2025
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F 0917 SS=E	Continued from page 26 bed frame, mattress, and furniture. - Room 368 (dual occupancy room) was missing one bed frame, mattresses, and furniture. - Room 369 (quad occupancy room) was missing 2 bed frames and mattresses. - Room 367 (quad occupancy room) was missing 2 operational bed frames, mattresses, and furniture. - Room 366 (quad occupancy room) was missing 1 operational bed frame, mattresses, and furniture. - Room 365 (quad occupancy room) was missing 3 bed frames, mattresses, and furniture. - Room 363 (quad occupancy room) was missing 1 operational bed frame, mattresses, and furniture. - Room 362 (quad occupancy room) was missing 2 bed frames, mattresses, and furniture. - Room 361 (single occupancy room) was missing mattress and furniture. During an interview conducted on 4/10/25, at 12:45 p.m., Nursing Home Administrator (NHA) stated that West Wing 3rd floor could be ready for resident occupancy at a moment's notice; would only require area to be cleaned and put beds and	F 0917		

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: 04/18/2025
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F 0917 SS=E	Continued from page 27 furniture into rooms. During an interview on 4/10/25, at 3:00 p.m., Maintenance Director (MD) Employee E2 stated that West Wing 3rd floor has been used for backup of beds and other items, and that about 20 bed frames are usable at this time. MD Employee E2 stated that equipment to furnish West Wing 3rd floor has been ordered, and first order was received today, however at this time, only about three quarters of this unit could be brought to regulation and resident ready within 24 hours. MD Employee E2 confirmed that the facility failed to provide a bed, a mattress and functional furniture in resident rooms on the West Wing for 17 out of 17 rooms (Third Floor). 8 Pa. Code 201.18 (e) (2.1) Management	F 0917		

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P 3310	Resident bedrooms. (a) A bed for a resident shall be placed only in a bedroom approved by the Department. This REGULATION is not met as evidenced by:	P 3310	<ol style="list-style-type: none"> 1. The rooms are confirmed to be clean and equipped with the regulatory requirements. 2. The NHA initially audited this unit with the director of plant ops and environmental services and confirmed it was available for operation in the event of an emergency. 3. The NHA or designee re in serviced the director of plant operations and environmental services to ensure all units, even units without residents on them are prepared for use in the event of an emergency. 4. The NHA will audit weekly to ensure the unit continues to be properly available for use in the event of an emergency. 	Completion Date: 05/05/2025 Status: APPROVED Date: 04/29/2025
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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: 04/18/2025
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P 3310	Continued from page 1 Based on review of approved bed information, facility census, observations and staff interviews, it was determined that the facility failed to obtain the Department of Health's approval prior to removing beds from resident bedrooms determined by failing to provide a bed, a mattress and functional furniture in resident rooms on the West Wing for 17 out of 17 rooms (Third Floor). Findings include: Review of the facility policy "Resident Environment" dated 10/1/24, indicated the facility will provide an environment that is safe, clean, comfortable, and homelike, allowing the resident to use his or her personal belongings to the extent possible. §483.90(e)(2) -The facility must provide each resident with-- (i) A separate bed of proper size and height for the safety and convenience of the resident; (ii) A clean, comfortable mattress; (iii) Bedding, appropriate to the weather and	P 3310		

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: 04/18/2025
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P 3310	Continued from page 2 climate; and (iv) Functional furniture appropriate to the resident's needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident. During an observation on 4/10/25, at 1:00 p.m., of the West Wing 3rd floor revealed: - Room 375 (dual occupancy room) was missing one bed frame, 2 mattresses, and furniture. - Room 374 (quad occupancy room) was missing mattresses, and furniture. - Room 376 (quad occupancy room) was missing mattresses, and furniture. - Room 377 (quad occupancy room) was missing 1 bed frame, mattresses, and furniture. - Room 379 (quad occupancy room) was missing bed frames, mattresses, and furniture. - Room 381 (quad occupancy room) was missing bed frames, mattresses, and furniture. - Room 380 (quad occupancy room) was missing bed frames, mattresses, and furniture. - Room 383 (single occupancy room) was missing	P 3310		

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P 3310	Continued from page 3 bed frame, mattress, and furniture. - Room 371 (single occupancy room) was missing bed frame, mattress, and furniture. - Room 368 (dual occupancy room) was missing one bed frame, mattresses, and furniture. - Room 369 (quad occupancy room) was missing 2 bed frames and mattresses. - Room 367 (quad occupancy room) was missing 2 operational bed frames, mattresses, and furniture. - Room 366 (quad occupancy room) was missing 1 operational bed frame, mattresses, and furniture. - Room 365 (quad occupancy room) was missing 3 bed frames, mattresses, and furniture. - Room 363 (quad occupancy room) was missing 1 operational bed frame, mattresses, and furniture. - Room 362 (quad occupancy room) was missing 2 bed frames, mattresses, and furniture. - Room 361 (single occupancy room) was missing mattress and furniture. During an interview conducted on 4/10/25, at 12:45 p.m., Nursing Home Administrator (NHA) stated that West Wing 3rd floor could be ready for	P 3310		

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: 04/18/2025
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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
P 3310	Continued from page 4 resident occupancy at a moment's notice; would only require area to be cleaned and put beds and furniture into rooms. During an interview on 4/10/25, at 3:00 p.m., Maintenance Director (MD) Employee E2 stated that West Wing 3rd floor has been used for backup of beds and other items, and that about 20 bed frames are usable at this time. MD Employee E2 stated that equipment to furnish West Wing 3rd floor has been ordered, and first order was received today, however at this time, only about three quarters of this unit could be brought to regulation and resident ready within 24 hours. MD Employee E2 confirmed that the facility failed to provide a bed, a mattress and functional furniture in resident rooms on the West Wing for 17 out of 17 rooms (Third Floor). During an interview on 4/14/25 at 2:47 p.m., the Director of Nursing stated that the West Wing Third Floor has not been in use since 9/24/2023.	P 3310		

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: 04/18/2025
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	
P 3310	Continued from page 5 During an interview on 4/15/25 at 9:20 a.m. the Nursing Home Administrator confirmed that the facility does not plan to decertify any beds in the facility. 8 Pa. Code 201.18 (e) (2.1) Management	P 3310			



Certified End Page

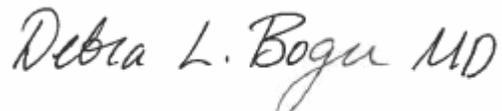
BRIGHTON REHABILITATION AND WELLNESS CENTER

STATE LICENSE NUMBER: 020802

SURVEY EXIT DATE: 04/18/2025

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