

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2025
NAME OF PROVIDER OR SUPPLIER Edenbrook of Yeadon		STREET ADDRESS, CITY, STATE, ZIP CODE Lansdowne and Lincoln Ave Yeadon, PA 19050	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview with staff, it was determined that the facility failed to maintain sanitary, and comfortable environment on one of two nursing floors observed. (1st Floor) Findings include: Review of Resident R1's clinical record revealed that Resident R1 was admitted to the facility on [DATE], with diagnosis of but not limited to Schizophrenia (mental disease characterized by loss of reality). Review of Resident R1's MDS section C0500 BIMS (brief interview of mental status) revealed a score of 11 suggesting that Resident R1 had moderately impaired cognition. Observation of the first-floor unit conducted on August 6, 2025, at 9:10 AM revealed that the ice machine located between the nurse's station and room [ROOM NUMBER] had water leaking on the floor. Further, a white towel and a blue gown was on the floor in front of the ice machine. Further observation revealed that parts of the flooring in front of the ice machine had been peeled off with the understructure exposed. Observation of the back of the ice machine revealed that the floor behind the ice machine had water pooling. Further, specks of black substance on the floor and on the wall to the right of the ice machine was also observed. Observation conducted in room [ROOM NUMBER] revealed that Resident R1 was in the room sitting next to his bed wearing a gown. Observation of the environment inside room [ROOM NUMBER] revealed that, immediately next to the door to the right was a plastic drawer containing PPE (personal protective equipment). Next to the drawer containing PPE's was the yellow attention/caution sign which was propped against the wall. Further observation revealed that the floor to the right next to the doorway where the plastic bin containing PPE was located extending to the middle half of the length of the wall was wet. Further, the wet floor was covered with white sheets. Observation of the bathroom in room [ROOM NUMBER] revealed that the toilet water tank did not have a cover. Further observation revealed dried up dark brown (dark chocolate colored) substance caked on the toilet seat. Further the toilet bowl was filled with feces and tissue paper. Interview with Resident R1 conducted at the time of observation revealed that Resident R1 did not respond to surveyor. Interview with Director of Environmental Services, Employee E3 conducted on August 5, 2025, at 10:06 AM revealed that he was just made aware that the ice machine on the first floor was broken again. Further interview with Director of Environmental Services, Employee E3 confirmed that the first-floor ice machine has been leaking periodically since he started working here 3 months ago. Further Employee E3 revealed that on June 13, 2025, it was reported that the ice machine was leaking and was fixed the same day and on July 23, 2025, a work order was in place due to ice machine leaking again and was fixed on July 28, 2025. Interview with interview with unit manager Employee E4 conducted on August 5, 2025, at 10:17AM revealed that the ice machine on the first floor has been leaking on and off for the past 2 months. Further, Employee E4 was also aware that the water has seeped into room [ROOM NUMBER]. 28 Pa. Code 202.28(b)(3) Management</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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