

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 02/12/2026
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)		
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observations, and interview with staff and residents, it was determined that the facility did not ensure that residents were free from neglect one of 5 residents reviewed. This deficiency is cited as past non-compliance. (Resident R3)Clinical record review revealed that Resident R3 was admitted to the facility on [DATE], with diagnoses including, but not limited to rheumatoid arthritis (a chronic condition in which the immune system attacks the lining of joints, causing pain, inflammation, stiffness, and potential deformity), and Huntington's Disease (an inherited, fatal disorder that causes progressive breakdown of nerve cells in the brain).Review of facility incident report revealed that during continence care on January 9, 2026, Resident R3 was repositioned by nurse aide, Employee E3, who then slid with her pillow to the floor. Continued review of the report revealed that the identified probable cause of the fall was that the plan of care was not followed (requires 2 person assist with bed mobility) [sic]. Review of the written statement of nurse aide, Employee E3 revealed that she had not utilized a second person for care because I couldn't find help.everybody was with [their] clients. And I didn't want to wait cause she was wet.On February 12, 2026, the Nursing Home Administrator, employee E1, presented documentation indicating that the facility had initiated a plan of correction on January 9, 2026, related to neglect and following the plan of care for resident safety.Review of the facility's Plan of Correction documentation revealed the following: 1. Resident [R3] was assessed for injury on 1/9/26, with no injury noted. X-rays were ordered and results were negative on 1/12/26.2. Current residents that require 2-person assistance for bed mobility were reviewed by nurse managers to ensure it is reflected accurately on the Kardex, completed on 1/13/26.3. Nursing staff were educated on neglect/abuse and following the Kardex to provide the appropriate level of assistance starting on 1/14/26. Completion of education was achieved on 1/16/26.4. Abuse questionnaire will be completed daily for 2 days. Audits will continue weekly x 4 weeks, and monthly x 3 months. IDT (Interdisciplinary Team) will bring results to QAPI (Quality Assurance Improvement Plan) for continued monitoring.Interview with Nursing Home Administrator, Employee E1 on February 12, 2026, at 12:15 p.m. revealed that Nurse aide, Employee E3 had been placed on administrative leave during the investigation and had been terminated when the facility substantiated abuse.The facility alleged a date of compliance with this plan of correction of January 16, 2026.Facility education record and subsequent audits were verified for completion. Staff were interviewed to verify education of facility policies on abuse and neglect, as well as appropriate assistance levels during care. Random staff and resident interviews were conducted to verify compliance with the plan of correction. QAPI records reviewed to verify ongoing monitoring. Residents were observed receiving care with appropriate numbers of staff assisting. No continuing concerns were identified through record review, interview or observation.This deficiency was cited as past non-compliance. 28 Pa Code 201.18(b)(1) Management28 Pa Code 211.12(d)(5) Nursing Services		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 395374	Facility ID: 395374 If continuation sheet Page 1 of 1