

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Edenbrook South		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Leader Drive Williamsport, PA 17701	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to obtain and provide medications for one of six residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>Review of Resident 1's clinical record revealed that the facility admitted him on April 29, 2025. Review of Resident 1's hospital discharge records dated April 29, 2025, indicated that Resident 1 has a history of schizoaffective disorder and was to continue his Ingrezza (can be used off label for schizoaffective disorder, a chronic mental health condition) 40 mg (milligrams) nightly.</p> <p>A nursing progress note dated April 29, 2025, at 2:51 PM indicated that Resident 1's sister will be bringing in his Ingrezza on April 30, 2025, and that the pharmacy will not be providing. Resident 1 did not receive his nightly dose of Ingrezza on April 29, 2025.</p> <p>There was no indication why the pharmacy was not providing the medications, or why Resident 1's sister was expected to bring in the medication. The Ingrezza was the only medication that was not being obtained through the facility's pharmacy.</p> <p>Review of Resident 1's Medication Administration Record (MAR, a form used to document the administration of medications) dated May 2025, indicated that nursing staff did not administer his nightly Ingrezza 17 times. Nursing staff documented that the medication was not available from pharmacy or was not found in the medication cart.</p> <p>Review of Resident 1's MAR dated June 2025, indicated that nursing staff did not administer his Ingrezza medication on June 1, 2, or 3, 2025.</p> <p>Nursing documentation dated June 1, 2025, 10:54 AM indicated that Resident 1's sister was contacted about the facility being out of his Ingrezza. Resident 1's sister indicated she was unsure how to obtain the med from their pharmacy. There was no documented evidence to indicate why the pharmacy was not being contacted to supply the medication.</p> <p>Interview with the Employee 1, registered nurse, on June 4, 2025, at 3:01 PM confirmed the above findings for Resident 1.</p> <p>28 Pa. Code 211.9 (a)(1)(d)(e)(4)(k) Pharmacy services</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services