

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 12/23/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on a review of facility documents, clinical record review, and resident and staff interviews, it was determined that the facility failed to ensure care and services were provided in accordance with professional standards of quality for three of six residents reviewed (Residents 1, 2, and 3). This deficiency is cited as past non-compliance. Findings Include: Review of facility reportable events and an abuse investigation report revealed that on October 2, 2025, Employee 2, NA (nurse aide), administered medications and completed medical treatments on behalf of Employee 1, LPN (licensed practical nurse), for Residents 1, 2, and 3. An interview with the DON (Director of Nursing) and the NHA (Nursing Home Administer) on December 23, 2025, at 11:30 AM revealed that on October 8, 2025, it was reported to the DON that Employee 2, NA, had administered medications. Review of Employee 2's statements revealed that on October 2, 2025, she had administered prescribed medications by oral (by mouth), PEG tube (Percutaneous Endoscopic Gastrostomy tube, is a tube surgically inserted through the skin of the abdomen directly into the stomach used to provide nutrition, fluids, and medications), and subcutaneous (a method of administering medication into the fatty tissue layer between the skin and muscle, typically performed using a short needle) routes of medication delivery, as well as completing a dressing change (refers to the process of removing an old wound dressing and applying a new one) for 3 residents. Employee 2 stated she completed a dressing change on Resident 1's surgical site, administered oral medications, and subcutaneous insulin to Resident 2, and administered medications via PEG tube and gave subcutaneous insulin to Resident 3. Employee 1, LPN, stated that she facilitated Employee 2, NA, in the administration of medications for Resident 2 and 3, and indicated that she was aware Employee 2 completed a dressing change for Resident 1. Interview with Resident 1 on December 23, 2025, at 10:47 AM revealed he recalled a night when an NA had completed a treatment for him on his leg. Resident 2 and Resident 3 were not available for interview. Pennsylvania requires specialized training and credentialing for medications to be administered outside of the licensed practical nurse and registered nurse licenses. The facility failed to ensure care and services were provided in accordance with professional standards of quality. Review of facility documentation revealed that each resident was assessed on October 8, 2025, for any negative outcomes related to this event, and none were observed. The facility conducted interviews with all nursing staff to determine if any similar events had occurred previously. Education on scope of practice and job duties for all nursing staff was initiated on October 8, 2025, and completed on October 14, 2025. Review of facility documents revealed routine auditing of medication administrations. Employees 1 and 2 were terminated. Review of facility documents revealed the demonstration and evidence of compliance audits and education. The above information was reviewed with the NHA and the DON on December 23, 2025, at 2:00 PM. 28 Pa. Code 201.18(b)(1)(e)(1) Management 28 Pa. Code 211.12(d)(1)(5) Nursing services</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395396
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