STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395397	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook on Second Ave	200 Second Avenue Kingston, PA 18704

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, it was determined the facility failed to provide a safe, clean, and homelike environment for residents on four out of 5 nursing units (B Hall, C Hall, D Hall, and TCU).Findings include: An observation on June 25, 2026, at 8:20 AM in the B Hall resident lounge revealed cobwebs in the courtyard-side window, debris, food crumbs, and wrappers along the edge of the floor on the hallway-side wall, peeling and torn wallpaper on three walls, brown liquid stains on walls, and orange food debris near the lounge entrance. An observation on June 25, 2026, at 8:27 AM in the D Hall resident lounge revealed brown and black food debris and yellow food pieces on the floor, torn and peeling wallpaper on three walls, and brown liquid stains on the courtyard-side wall. An observation on June 25, 2026, at 8:32 AM in the resident's main dining room revealed red and yellow food pieces and a smear near the center of the room and a small orange pill with 013 embossed on it. on the floor. During an interview on June 25, 2026, at 8:43 AM, the assistant director of nursing identified the small orange pill as Aspirin 81 mg (an antiplatelet medication that prevents blood cells from clumping together). An observation on June 25, 2026, at 8:45 AM in the C Hall shower room revealed a toilet chair with multiple long black hairs on the seat cover, a white floor with grey discoloration stains, dirt, dust, and debris on the shower floor, and a blue plastic shaving razor in the shower-wall soap holder. An observation on June 25, 2026, at 8:49 AM in the TCU long hall outside of resident room [ROOM NUMBER] revealed a grey floor discoloration and stain measuring 12 inches by 2 inches. An observation on June 25, 2026, at 8:52 AM in the TCU long hall shower area (room [ROOM NUMBER]) revealed plastic medical tape with red and brown-stained gauze on the floor. An observation on June 25, 2026, at 11:59 AM revealed three used glucose testing strips (part of a medical device that stores a small amount of blood to determine blood sugar levels) on the floor in the D Hall. An observation on June 25, 2026, at 12:07 AM revealed a small round orange pill on the floor outside of resident room C2. During an interview at 12:13 PM, Employee 1, LPN, identified the round orange pill as Dulcolax 5 mg (a stimulant laxative medication). During an interview on June 25, 2026, at 2:00 PM, the above findings were reviewed with the nursing home administrator (NHA). The facility failed to provide a safe and clean environment for residents. Refer F867 28 Pa. Code 201.18 (e)(1) Management. 28 Pa. Code 201.29 (a) Resident Rights.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on a review of the Statement of Deficiencies from the survey ending May 8, 2026, the facility's Plan of Correction, revisit survey findings, and staff interview, it was determined the facility's Quality Assurance and Performance Improvement committee failed to implement and maintain an effective corrective action plan to prevent the recurrence of deficiencies related to providing residents with a safe, clean, comfortable, and homelike environment.Findings include: During the survey ending May 8, 2026, the facility was cited for failing to provide and maintain a clean, comfortable, and homelike environment for residents.In response, the facility submitted a Plan of Correction that included immediate cleaning of identified resident rooms, shower rooms, and common areas. Shower rooms located on A Hall, B Hall, and C Hall were deep cleaned. Black buildup was removed from the grout (the material that fills the spaces between floor tiles), damaged grout was repaired, chipped floor tiles were replaced, and ceiling vents were cleaned to remove accumulated dust.The Plan of Correction further indicated the Maintenance Director and Housekeeping Supervisor would conduct facility-wide environmental audits of resident rooms, bathrooms, and shower and tub rooms to ensure floors were free of sticky residue, bathrooms were clean and free of visible dust, toilet bases were properly sealed, shower rooms remained clean, and floor tiles were maintained in good condition. Housekeeping staff were assigned weekly deep-cleaning schedules that included shower and tub rooms, ceiling vent inspections, and floor inspections. Grout and tile inspections were to be completed monthly.The facility also provided education to housekeeping, maintenance, and nursing staff regarding environmental cleaning standards and procedures for reporting environmental concerns.The Plan of Correction further required the Nursing Home Administrator, or designee, to conduct environmental rounds three times each week for four weeks, weekly for an additional four weeks, and monthly thereafter. Audit results were to be reviewed during monthly QAPI (Quality Assurance and Performance Improvement) meetings to evaluate the effectiveness of the corrective actions and ensure the improvements were maintained.The facility indicated all corrective actions would be implemented by June 23, 2026.However, during the revisit survey ending June 25, 2026, the facility again failed to maintain a clean, comfortable, and homelike environment for residents under the same regulatory requirement.The recurrence of the deficient practice demonstrated the facility's QAPI monitoring process did not effectively identify that the corrective actions had not been sustained and failed to prevent the recurrence of the previously cited environmental deficiencies.Cross Ref. F584 28 Pa. Code 211.12 (d)(1)(5) Nursing Services. 28 Pa. Code 201.18 (b)(1) Management