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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395536 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/15/2024 |
| NAME OF PROVIDER OR SUPPLIER Edison Manor Nursing & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 222 West Edison Avenue New Castle, PA 16101 | |

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) |
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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>17260</p> <p>Based on resident interviews, it was determined that the facility failed to serve food that was palatable for taste and temperature on two of two units for 17 of 18 residents interviewed (Residents R1 through R13, R15, and R24 through R27).</p> <p>Findings include:</p> <p>Upon request, there was no policy provided regarding the expectations/requirements during meal service for timeliness of meal delivery and the palatability of food served to residents.</p> <p>During resident interviews on 7/9/24, during the lunch meal service, 17 of 18 alert and oriented residents interviewed, elicited complaints regarding their meals.</p> <p>Residents R1 through R13, R15, and R24 through R27 expressed frustration that their meals were not palatable because the food was usually cold when delivered by staff, due to the trays sitting in the hall for long periods of time until they are delivered. Additionally, they reported that the food overall was of poor quality and tasted terrible.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</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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