

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 03/27/2025
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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>17260</p> <p>Based on review of clinical records and facility documents, and staff interview, it was determined that the facility failed to follow physician's orders for eight of 13 residents reviewed (Residents R1, R2, R3, R5, R10, R11, R12 and Resident R17).</p> <p>Findings include:</p> <p>During wound dressing observations on 3/26/25, from 8:45 a.m. through 9:30 a.m. with Licensed Nurse Employee E1, the daily wound dressings for Residents R1, R2, R3, R5, R10 and R12 were noted to be absent. During this time, Licensed Nurse Employee E1 confirmed the absence of the wound dressings and that the dressings were to be changed and reapplied daily.</p> <p>A review of these resident's clinical records revealed each had physician's orders to change and apply a new wound dressing daily. Additionally, review of R17's clinical record revealed that the resident was cognitively intact and physician's orders for daily wound dressing changes were present. Resident R17 also verified that staff failed to complete daily wound dressing changes as physician ordered.</p> <p>During interviews on 3/26/25, from 8:45 a.m. through 11:35 a.m. cognitively intact Residents R2, R3, R10, and R12 verified that they were to have wound dressings changed daily, but that the staff rarely changed the dressings daily.</p> <p>28 Pa. Code 211.12(d)(1)(3)(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
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