

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 03/19/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff and resident interviews, it was determined that the facility failed to provide a homelike environment for residents for two of two nursing care units (Second and Third floor nursing care units). Findings include: Observations on 3/9/2026, between 12:00 p.m. and 1:00 p.m. of the Second and Third floor nursing care units revealed the following: Stock of clean linen on the Second floor nursing care unit revealed no wash cloths, no bed sheets, no towels for use. Observations of the clean storage room on the second floor had no stock available of bedding supplies. Stock of clean linen on the Third floor nursing care unit revealed one cart to have only 1 sheet, 3 pillow cases, zero towels and zero wash cloths for use. Observation of the Third floor clean storage room revealed no further supply of linens for use. Observations of rooms on the Third floor revealed: room [ROOM NUMBER] window: bed was not made, no sheets room [ROOM NUMBER] window: bed not made, no sheets room [ROOM NUMBER] no fitted sheet on bed just a flat sheet room [ROOM NUMBER] bed not made, no fitted sheet, just a flat sheet on bed. During an interview on 3/9/26, at 12:43 p.m. the Registered Nurse Supervisor revealed that beds are not made because there are no linens to use until they come from the laundry room. Observation of the laundry room was conducted on 3/9/26 at approximately 12:55 p.m. revealed that only one washing machine was in functioning use at the time of observation. There was one employee working in the laundry room to sort, wash, dry, fold, and redistribute all linens. At the time of observation, there were 2 wash cloths, 3 towels, 4 sheets and 4 fitted sheets stocked and cleaned for use. There was a load of laundry in the washer and 3-4 bags of laundry that needed sorted in the chute to be separated and washed. Observation of the clean linen cart at 1:00 p.m. on 3/9/26, revealed that there was not enough clean wash cloths, towels, fitted sheets, and flat sheets available for a census of 103 residents at the time of onsite complaint investigation. During an interview with the Nursing Home Administrator on 3/9/26, at approximately 2:30 p.m. it was confirmed that there was not enough clean wash cloths, towels, and bed linens at the time of observation for the 103 residents currently residing in the facility. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(e)(2.1) Management 28 Pa. Code 211.12(d)(3) 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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