STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395374	A. BLDG: 00 B. WING:	04/09/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
EDENBROOK OF YEADON STATE LICENSE NUMBER: **122002**	**14 LINCOLN AVENUE** **YEADON, PA 19050**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an Abbreviated Survey in response to a complaint completed on April 9, 2025, it was determined that Edenbrook of Yeadon was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0000		
F 0842 SS=D		F 0842		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0842 SS=D	Continued from page 1 483.20(f)(5), 483.70(h)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;	F 0842	The facility is unable to retroactively correct. Current facility residents ETAR documentation for the last 2 weeks will be reviewed to determine if the deficient practice affected other residents. Identified residents will be assessed by RN staff where needed, along with the completion of a treatment error report. NHA, DON and/or Designee will conduct weekly audits for 4 weeks to ensure documentation protocol is complete, then monthly for 3 months to ensure compliance. Results of monthly audits will be reported to the QA Steering committee by the NHA/DON and/or Designee for 3 months to the QA Steering committee for action. Following the 3 months, the committee will determine the frequency and need of additional	Completion Date: **04/22/2025** Status: **APPROVED** Date: **04/21/2025**

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F 0842 SS=D	Continued from page 2 (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.	F 0842	audits moving forward.	

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F 0842 SS=D	Continued from page 3 This REQUIREMENT is not met as evidenced by:	F 0842		

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F 0842 SS=D	Continued from page 4 Based on clinical record review, facility policy, resident and staff interview, it was determined that the facility failed to ensure complete and accurate treatment administration for one of 10 residents reviewed (Resident CL1). Findings include: Review of CL1's clinical record revealed that the resident was admitted to the facility on January 22, 2025, with diagnoses including cognitive communication deficit, and a chest surgical incision related to severe aortic valve stenosis; Resident CL1 underwent arctic valve replacement and CABG (Coronary Artery Bipass Surgery). Review of Resident CL1's physician orders revealed an order dates January 22, 2025, which indicated, "Wash all incisions with mild soap as Dove or Ivory. No lotions, ointments, creams, gel, colognes or powder at the sites. DO NOT emerge incision into water; every day and evening shift for 4 Weeks." Review of the Treatment administration record	F 0842		

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F 0842 SS=D	Continued from page 5 revealed that incision care was completed on January 23, 2025, through January 31, 2025. Further review revealed February 1, 2025, through February 2, 2025, was left blank. Interview with the Director of Nursing and Administrator conducted on April 9, 2025, at 1:00 p.m. revealed that the facility was transitioned to "paper documentation" due to transition to the Electronic Administration Record on February 1, 2025, through February 2, 2025. 28 Pa. Code 211.12(d)(1)(5) Nursing services	F 0842		

Certified End Page

EDENBROOK OF YEADON

STATE LICENSE NUMBER: 122002

SURVEY EXIT DATE: 04/09/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeanne Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen MD
Debra L. Bogen, MD, FAAP
Secretary of Health

Pennsylvania
Department of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY