STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395397	A. BLDG: 00 B. WING:	01/10/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
EDENBROOK ON SECOND AVE STATE LICENSE NUMBER: **900102**	**200 SECOND AVENUE** **KINGSTON, PA 18704**

(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 a revisit and abbreviated complaint survey completed on January 10, 2025, it was determined that Kingston Rehabilitation and Nursing Center corrected the federal deficiencies cited during the survey of November 26, 2024, but continued to be out of 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.	F 0000		
F 0560 SS=D		F 0560		

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 0560 SS=D	Continued from page 1 483.10(e)(7)(i)-(iii)(8) Right to Refuse Certain Transfers §483.10(e)(7) The right to refuse to transfer to another room in the facility, if the purpose of the transfer is: (i) to relocate a resident of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or (ii) to relocate a resident of a NF from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF. (iii) solely for the convenience of staff. §483.10(e)(8) A resident's exercise of the right to refuse transfer does not affect the resident's eligibility or entitlement to Medicare or Medicaid benefits. This REQUIREMENT is not met as evidenced by:	F 0560	1. Resident #1 was offered a room change and declined. 2. A 14 day look back was completed of room changes. Any room change completed with the resident not present or RR not made aware will be re-offered a room change. Policy reviewed and revised. 3. Nurse educator will educate current social services and current LN's on revised room change policy 4. DON/designee will audit all room changed during clinical stand up 5 x a week x 4 weeks to ensure policy is followed. Results to QAPI.	Completion Date: **01/29/2025** Status: **APPROVED** Date: **01/27/2025**

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F 0560 SS=D	Continued from page 2 Based on review of clinical records and staff interview it was determined the facility failed to ensure that a resident's room change was not completed for the purpose of staff convenience for one resident out of 8 sampled residents. (Resident 1) Findings include: A review of the clinical record revealed that Resident 1 was admitted to the facility on March 10, 2023, with diagnoses which included hypertension (high blood pressure) and type 2 diabetes (disease that occurs when your body doesn't produce enough insulin or doesn't use it properly, resulting in high blood sugar levels). Further review of the resident's clinical revealed the resident resided in Room A6 from June 2, 2024, until December 24, 2024, when he was moved to room B 11. A social service progress note dated December 24,	F 0560		

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F 0560 SS=D	Continued from page 3 2024, at 12:00 PM indicated that staff attempted to notify Resident 1 of the room change by calling his phone three times while the resident was at the hospital. Messages were left on his voicemail. A subsequent progress note dated December 24, 2024, at 1:28 PM documented that a written notification of the room change was left at the resident's new bedside (Room B 11). A review of a "Room Change Request Letter" indicated that on December 24, 2024, the resident's room had changed from A6 to B 11. Further it was indicated that the move was due to "facility discretion". The letter was left at the resident's bedside, and there was no documentation of the resident's agreement or signed acknowledgment of the room change. The facility failed to afford the resident the right to refuse the room change and stay in his original room. The facility moved the resident out of his room and into a new room while the resident was in the	F 0560		

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F 0560 SS=D	Continued from page 4 emergency room for a fall that occurred. During an interview with Resident 1 on January 10, 2025, at 9:39 AM, the resident stated he had fallen while using the shower room alone and was sent to the hospital for an evaluation on December 24, 2024, after 2:00 AM. While at the hospital, the resident was unable to answer phone calls from the facility regarding the room change. Upon returning to the facility at approximately 1:00 PM on December 24, 2024, the resident discovered his room had been changed, and his belongings were moved without his consent. The resident reported that his request to return to his original room was denied. He stated the administrator told him, "I am the administrator; I can do whatever I want." The resident indicated the room change negatively affected his sleep, and he often goes to the dining room to sleep due to discomfort in his new room. An interview with the Nursing Home Administrator on January 10, 2025, at approximately 2:40 PM confirmed the facility failed to afford Resident 1 the	F 0560		

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F 0560 SS=D	Continued from page 5 right to refuse the room change. The facility failed to honor Resident 1's right to refuse the room change and to ensure the move was not made solely for staff convenience. 28 Pa. Code 201.29 (a) Resident Rights	F 0560		
F 0842 SS=D	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;	F 0842	1. Staff involved with resident #1 fall were educated on accurate documentation, late entry note was placed into chart. 2. 14 day look back of falls will be completed to ensure the timely documentation/assessments were completed. Policy reviewed and revised. 3. Nurse educator will educate current LN's on revised fall policy for post fall documentation and assessment 4. DON/designee will review all falls in clinical stand up 5 x's a week x 4 weeks with results to QAPI.	Completion Date: **01/29/2025** Status: **APPROVED** Date: **01/27/2025**

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F 0842 SS=D	Continued from page 6 (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; (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.	F 0842		

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F 0842 SS=D	Continued from page 7 §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. This REQUIREMENT is not met as evidenced by:	F 0842		

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F 0842 SS=D	Continued from page 8 Based on review of facility investigative reports, clinical records, and staff interview, it was determined the facility failed to maintain accurate and complete clinical records, according to professional standards of practice for one of 8 sampled residents (Resident 1). Findings include: According to the American Nurses Association Principles for Nursing Documentation, nurses document their work and outcomes and provide an integrated, real-time method of informing the health care team about the patient status. Timely documentation of the following types of information should be made and maintained in a patient record to support the ability of the health care team to ensure informed decisions and high quality care in the continuity of patient care: Assessments, Clinical problems, Communications with other health care professionals regarding the patient, Communication with and education of the patient, family, and the patient's designated support person and other third	F 0842		

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F 0842 SS=D	Continued from page 9 parties. According to the Title 49, Professional and Vocational Standards, Department of State, Chapter 21 State Board of Nursing Subsection 21.11 (a) The register nurse assesses human responses and plans, implements, and evaluates nursing care for individuals or families for whom the nurse is responsible. In carrying out this responsibility, the nurse performs all of following functions: (4) Carries out nursing care actions which promote, maintain, and restore the well-being of individuals (6)(b) The registered nurse is fully responsible for all actions as a licensed nurse and is accountable to clients for the quality of care delivered and Subsection 21.18. (a)(5) document and maintain accurate records. According to the Title 49, Professional and Vocational Standards, Department of State, Chapter 21 State Board of Nursing Subsection 21.145. (a) The licensed practical nurse (LPN) is prepared to function as a member of a health-care	F 0842		

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F 0842 SS=D	Continued from page 10 team by exercising sound nursing judgement based on preparation, knowledge, skills, understanding and past experiences in nursing situations. The LPN participates in the planning, implementation, and evaluation of nursing care in settings where nursing takes place. A review of the clinical record revealed that Resident 1 was admitted to the facility on March 10, 2023, with diagnoses which included hypertension (high blood pressure) and type 2 diabetes (disease that occurs when the body doesn't produce enough insulin or doesn't use it properly, resulting in high blood sugar levels). A review of a facility investigative report dated December 24, 2024 at 1:11 AM revealed the resident was heard yelling from the shower room while the staff were helping other residents. The shower chair had collapsed as the resident sat down. Staff responded to the shower room and the resident had already gotten himself back into his wheelchair. The resident was noted to have scratches on his sacrum (area at the base of the spine) and legs. At that time, it was	F 0842		

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F 0842 SS=D	Continued from page 11 indicated the resident was not taken to the hospital. Further review of the investigative report revealed a note dated December 24, 2024, indicating at 11:00 PM on December 23, 2024, staff were made aware that the resident had a fall in the shower room. Scratches were noted to his sacrum and legs which were cleaned, and a dressing was applied. The resident then informed staff at 2:15 AM that his head was hurting, and he felt nauseous and wanted to go to the hospital. The ambulance was called, and the resident was transferred to the hospital. A review of the resident's clinical record revealed the facility failed to document the resident's fall and transfer to the hospital. The clinical record failed to identify what time the fall occurred occurred, any assessments that were performed after the fall, and if the resident had injuries, or what time the resident was transferred out to the hospital. Further there was no documentation the resident's physician was notified after the fall occurred.	F 0842		

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F 0842 SS=D	Continued from page 12 An interview with the Nursing Home Administrator and Director of Nursing on January 10, 2025, at approximately 2:40 PM confirmed the facility's nursing staff failed to document consistently and accurately in the residents' clinical records. As a result, the residents' clinical records were inaccurate and incomplete. 28 Pa. Code 211.5 (f)(iii)(viii)(ix) Medical records. 28 Pa. Code 211.12 (c)(d)(1)(5) Nursing services.	F 0842		

Certified End Page

EDENBROOK ON SECOND AVE

STATE LICENSE NUMBER: 900102

SURVEY EXIT DATE: 01/10/2025

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