

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395397	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/25/2025
NAME OF PROVIDER OR SUPPLIER: EDENBROOK ON SECOND AVE		STREET ADDRESS, CITY, STATE, ZIP CODE: 200 SECOND AVENUE KINGSTON, PA 18704		
STATE LICENSE NUMBER: 900102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	F 0000		
F 0584	Based on an abbreviated complaint survey completed on September 25, 2025, it was determined that Edenbrook on Second Ave was not in compliance with the following requirements of 42 CFR Part 483 Subpart B Requirements for Long Term Care and the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0584		
SS=E				

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 0584 SS=E	Continued from page 1 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all	F 0584	1. Black mat with white debris, wet paper towel, and black-gray discoloration on floor in front of the ice machine in the Medbridge dining area has been cleaned. Medbridge hallway outside room 108 has been cleaned. Medbridge shower room has been deep cleaned Medbridge hallway adjacent to nursing station has had the wall cleaned and the floor cleaned. Dirt and Debris in the A Hall nursing area has been cleaned including the running board B Hall Shower room has been deep cleaned – drain, bathtub shower room floor has been cleaned. Plastic glove and pieces of debris including hair and paper have been removed. B Hallway edges and baseboard have been stripped/waxed and cleaned.	Completion Date: 11/04/2025 Status: APPROVED Date: 10/07/2025

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F 0584 SS=E	Continued from page 2 areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:	F 0584	B Hallway lounge has been cleaned and the floor stripped/waxed. D hall shower room floor, bathtub, shower chair and drain have been cleaned. Resident #1's room A01-A has been deep cleaned. Resident #2's C07-A room has been deep cleaned. Room 101 has been deep cleaned including bathroom 2. Resident rooms, lounges and dining rooms have been audited and areas that need to be cleaned identified and are being cleaned. 3. Facility staff have been educated on the need to provide a safe, clean, comfortable and homelike environment and on the need to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly and	

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F 0584 SS=E	Continued from page 3	F 0584	comfortable interior. Housekeeping and Floor Tech staff have been educated on job expectations. Housekeeping and Floor Tech staff have been educated on the chemical dispensing system and the proper way to utilize chemicals in charge buckets, mop buckets and in chemical bottles. Cleaning competencies have been completed with each Housekeeper and Floor Tech along with review of workflow task lists. 4. NHA and/or designee will audit Resident rooms, pantries, shower rooms, dining rooms, lounge areas and hallways 4x week for 4 weeks then will continue weekly. Audits will be reviewed with the QAPI committee for review and further action that may be needed.	

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F 0584 SS=E	<p>Continued from page 4</p> <p>Based on observations, a review of clinical records, resident council meeting minutes, and resident and staff interviews, it was determined the facility failed to provide services to maintain a clean and homelike environment for four out of five nursing units (Units Medbridge Hall, A Hall, B Hall, and D Hall), including experiences reported by two out of three residents interviewed (Residents 1 and 2).</p> <p>Findings include:</p> <p>A review of resident council meeting minutes dated August 4, 2025, revealed residents in attendance expressed concerns regarding the housekeeping services. Residents reported that only garbage is emptied, and floors are occasionally mopped. Additional concerns included housekeepers using dirty water to mop floors, particularly in hallways and dining areas; lack of top dusting; dusty surfaces; spider webs; over-bed tables not being cleaned; and bathroom floors uncleaned.</p> <p>Observations on September 25, 2025, at 8:26 AM</p>	F 0584		

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F 0584 SS=E	Continued from page 5 revealed a black mat with multiple pieces of white debris, a wet paper towel, and black-gray discolorations in front of the ice machine in the Medbridge Nursing Unit dining area. Observations on September 25, 2025, at 8:44 AM revealed a clump of hair measuring 2 inches by 1 inch and multiple pieces of dirt and debris in the Nursing A Hall. Observations on September 25, 2025, at 8:51 AM revealed missing and stained tiles, saturated paper, and hair in the B Hall shower room drain. A resident bathtub in the B Hall shower room was also observed with several pieces of hair and debris inside the tub. The shower room floor had multiple areas with discolorations, a discarded plastic glove, stains, and pieces of debris. Observations on September 25, 2025, at 8:55 AM revealed dirt, debris, and stains on the floor around the A Hall nursing station. The running board adjacent to the Nursing A Hall nursing station was	F 0584		

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F 0584 SS=E	Continued from page 6 observed with a brown-red substance stain and buildup. A clinical record review revealed Resident 1 was admitted to the facility on March 1, 2024, with diagnoses that included schizophrenia (a chronic mental health condition characterized by a combination of symptoms, such as flat affect, hallucinations, and/or impairments with cognitive functioning, that significantly impact a person's thoughts, emotions, and behaviors). A review of a quarterly Minimum Data Set assessment (MDS-a federally mandated standardized assessment process conducted periodically to plan resident care) dated August 3, 2025, revealed that Resident 1 was moderately cognitively impaired with a BIMS score of 10 (Brief Interview for Mental Status-a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 8-12 indicates moderate cognitive impairment).	F 0584		

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F 0584 SS=E	Continued from page 7 During an interview on September 25, 2025, at 8:57 AM, Resident 1 stated that his room is never cleaned. He explained that he saw staff cleaning today because the surveyors were here. An observation of Resident 1's room revealed the resident's floor with a substance splattered near his bed measuring 5 inches by 10 inches, small white pieces of paper, dirt, and debris. Observations on September 25, 2025, at 8:58 AM revealed the Resident B Hall hallway with dirt, debris, and a substance buildup on the edges of the floor near the baseboard. The dirt and substance buildup extended several feet along the B Hall walls on both sides. Observation on September 25, 2025, at 9:35 AM revealed Resident D Hall's shower room with a floor with dirt, debris, and discolorations; a bathtub with brown substance stains; a shower chair with brown substance stains on the seat opening; and a drain with clumps of hair.	F 0584		

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F 0584 SS=E	Continued from page 8 Observations on September 25, 2025, at 9:45 AM revealed the Resident B Hall lounge with two overlapping trays. Both trays had multiple substance stains on the base of the trays. A green rocking chair was observed with a red substance buildup near the armrest measuring 2 inches by 4 inches. The floor of the B Hall lounge was observed with pink and red stains. A clinical record review revealed Resident 2 was admitted to the facility on March 17, 2020, with diagnoses that included chronic obstructive pulmonary disease (COPD is a condition caused by damage to the airways or other parts of the lung that blocks airflow and makes it hard to breathe). A review of a quarterly Minimum Data Set assessment (MDS) dated September 5, 2025, revealed that Resident 2 was cognitively intact with a BIMS score of 15; a score of 13-15 indicates cognition is intact.	F 0584		

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F 0584 SS=E	<p>Continued from page 9</p> <p>During an interview on September 25, 2025, at 9:55 AM, Resident 2 explained the facility staff do not clean every day, and it has been this way for a while. Resident 2 pointed out a buildup of dirt, dust, discolorations, and debris that ran along the wall of her room near her closet.</p> <p>An observation on September 25, 2025, at 10:04 AM revealed the Medbridge Hall hallway adjacent to the nursing station with brown liquid stains on the wall and dirt, debris, and dust on the floor near the floorboards.</p> <p>An observation on September 25, 2025, at 10:07 AM revealed resident room 101's window side wall with brown-gray liquid stains and dirt, debris, cobwebs, and a leaf near the tall armoire. The resident bathroom was observed with brown substance stains on the floor and a brown substance smear near the shower drain.</p> <p>An observation on September 25, 2025, at 10:10 AM revealed the Medbridge Hall hallway outside of</p>	F 0584		

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F 0584 SS=E	Continued from page 10 resident room 108 with paper, plastic pieces, and red stains. An observation on September 25, 2025, at 10:16 AM revealed the Medbridge Hall shower room with a clump of brown substance near the shower drain and brown substance smears on the floor. There was dirt, debris, stains, and dust in multiple areas of the shower room floor. During an interview on September 25, 2025, at 10:45 AM, the Nursing Home Administrator (NHA) confirmed it is the facility's responsibility to provide services to maintain a clean and homelike environment for all residents living at the facility. 28 Pa. Code 201.18 (e)(1) (2.1) Management. 28 Pa. Code 201.29 (a) Resident rights. 28 Pa. Code 211.12 (d)(3) Nursing services.	F 0584		

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F 0584 SS=E	Continued from page 11	F 0584		
F 0812 SS=F		F 0812		

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F 0812 SS=F	Continued from page 12 483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 0812	1. A Hall pantry has been cleaned including the cabinets, refrigerator and microwave. Undated/opened foods have been removed. B Hall pantry has been cleaned including the cabinets, refrigerator and microwave. Undated/opened foods have been removed. Med Bridge pantry has been cleaned including the cabinets, refrigerator and microwave. Undated/opened foods have been removed. The facility kitchen floor has been deep cleaned to ensure dirt, dust and food pieces have been removed. 2. The facility is storing, preparing, distributing and serving foods in accordance with professional standards for food service safety to prevent contamination and microbial growth in food. 3. Facility staff have been inserviced on the need to store, prepare, distribute and serve food in a	Completion Date: 11/04/2025 Status: APPROVED Date: 10/07/2025

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F 0812 SS=F	Continued from page 13	F 0812	<p>manner to prevent contamination and microbial growth of food and the need to ensure foods are dated and labeled appropriately. Dietary and Housekeeping staff have been educated on safe steps in food handling including maintaining the environment in a sanitary manner.</p> <p>4. NHA and/or Designee will audit the dietary and pantry areas to ensure environment is clean and foods labeled and dated. Audits will be completed 5xweek for two weeks then weekly. Audits will be reviewed with the QAPI committee to determine if compliance is maintained and for any further action that may be needed.</p>	

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F 0812 SS=F	Continued from page 14 Based on observation and staff interviews, it was determined the facility failed to maintain acceptable practices for the storage and service of food to prevent the potential for contamination and microbial growth in food, which increased the risk of food-borne illness in the food and nutrition services department and three of five resident pantry areas (Nursing Units Medbridge Hall, A Hall, and B Hall). Findings include: Food safety and inspection standards for safe food handling indicate that everything that comes in contact with food must be kept clean, and food that is mishandled can lead to foodborne illness. Safe steps in food handling, cooking, and storage are essential in preventing foodborne illness. You cannot always see, smell, or taste harmful bacteria that may cause illness, according to the USDA (The United States Department of Agriculture, also known as the Agriculture Department, is the U.S. federal executive department responsible for developing and executing federal laws related to food).	F 0812		

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F 0812 SS=F	Continued from page 15 Observations on September 25, 2025, at 8:28 AM revealed the kitchen floor with dirt, discolorations, dust, and food pieces along the kitchen floor perimeter. Observations on September 25, 2025, at 8:36 revealed the A Hall pantry with an opened, undated chocolate instant pudding mix; cabinets with dust and discolorations; a refrigerator with substance stains and discolorations; and a microwave with used brown napkins and substance stains inside and around the exterior of the appliance. Observations on September 25, 2025, at 8:43 AM revealed the B Hall pantry with an opened plastic bag containing white crackers, a microwave with food substance stains and pieces of food, and a refrigerator with a soiled brown paper towel. Observations of September 25, 2025, at 10:12 AM revealed the Medbridge Hall pantry with an undated plastic bowl containing a tan food in the refrigerator.	F 0812		

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F 0812 SS=F	Continued from page 16 The refrigerator had brown-red substance stains along the bottom shelf and an undated frozen liquid drink in the freezer. The microwave was observed with food pieces and a substance stain on the interior of the appliance. An interview with the nursing home administrator on September 25, 2025, at 10:45 AM confirmed the food and nutrition services department and resident pantry areas were to be maintained in a sanitary manner and confirmed food items were to be dated to ensure quality and food safety to prevent opportunities for foodborne illness. 28 Pa Code 211.6(f) Dietary services. 28 Pa Code 210.18 (e) (2.1) Management.	F 0812		



Certified End Page

**EDENBROOK ON SECOND AVE
STATE LICENSE NUMBER: 900102
SURVEY EXIT DATE: 09/25/2025**

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, 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