STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **395536**	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: **04/19/2023**

NAME OF PROVIDER OR SUPPLIER:
EDISON MANOR NURSING & REHAB CENTER

STATE LICENSE NUMBER: **025902**

STREET ADDRESS, CITY, STATE, ZIP CODE:
222 WEST EDISON AVENUE
NEW CASTLE, PA 16101

(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 Complaint Survey completed on April 19, 2023, it was determined that Edison Manor Nursing and Rehabilitation, 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.	F 0000		
F 0684 SS=D		F 0684		

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 0684 SS=D	Continued from page 1 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	This plan of correction is prepared because it is required by State and Federal law and not because Edison Manor Nursing and Rehabilitation Center agrees with the allegations and citations listed on pages 1-5 of this statement of deficiencies (SOD). Edison Manor Nursing and Rehabilitation Center does not admit any deficiency is present. Edison Manor Nursing and Rehabilitation Center is constantly reviewing and revising its policies, procedures, and methods of health care service delivery. There are no subsequent remedial measures undertaken in response to the SOD and no admission can be inferred from Edison Manor Nursing and Rehabilitation Center continuing the process of enhancing the facility's practices. This plan of correction shall operate as Edison Manor Nursing and Rehabilitation Center's written credible allegation of compliance effective 5/9/23 Step 1:	Completion Date: **05/09/2023** Status: **APPROVED** Date: **05/02/2023**

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F 0684 SS=D	Continued from page 2	F 0684	The resident identified has discharged from the facility. Step 2: To protect other residents in a similar situation an audit of unwitnessed falls over the past 30 days will be completed to assess completeness of neurological checks. Step 3: To ensure the problem does not reoccur RNs and LPNs were educated regarding neurological checks to include policy review. Step 4: To monitor performance and ensure the problem does not continue the DON/Designee will be responsible for ongoing compliance monitoring of neurological checks, falls with head injuries requiring neurological checks or unwitnessed falls requiring neurological checks.	

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F 0684 SS=D	Continued from page 3	F 0684	Audits of neurological checks will be completed to ensure compliance is maintained five days a week for two weeks, weekly for two weeks, and monthly for two months. Results of the audits will be reported to QAPI committee monthly for two months and then as directed by the committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395536	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 04/19/2023

NAME OF PROVIDER OR SUPPLIER: **EDISON MANOR NURSING & REHAB CENTER**

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F 0684 SS=D	Continued from page 4 Based on review of facility policy and clinical records and staff interviews, it was determined that the facility failed to complete neurological assessments following a known head injury for one of nine residents reviewed (Resident R1). Findings include: Review of facility policy entitled, "Neurological Checks" dated 3/21/2023, identified that an initial neurological (neuro) check (assessment to make sure an individual's neurological functions aren't impaired or non-responsive after an injury) would be performed for all residents who have sustained a witnessed, unwitnessed, alleged, reported, or suspected head trauma and also "unless otherwise ordered by the physician, the frequency of the neurological assessments will be: every 15 minutes x 4; then every 30 minutes x 4; then every hour x 4; then every 4 hours x 4; then every 8 hours x 7." Review of Resident R1's clinical record revealed an admission date of 4/05/23, with diagnoses that	F 0684		

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NAME OF PROVIDER OR SUPPLIER: EDISON MANOR NURSING & REHAB CENTER STATE LICENSE NUMBER: 025902	STREET ADDRESS, CITY, STATE, ZIP CODE: 222 WEST EDISON AVENUE NEW CASTLE, PA 16101

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F 0684 SS=D	Continued from page 5 included hemiplegia/hemiparesis (paralysis of one side of the body) following cerebral infarction (stroke) affecting the left side, high blood pressure, Type 2 diabetes mellitus (condition of high level of sugar in the blood) and depression. Resident R1's clinical record revealed that on 4/10/23, at 9:00 p.m. he/she fell to the floor from a bedside commode. Witness statements revealed that the resident reported hitting his/her head when they fell to the floor. Review of a Neurological Flow Sheet dated 4/10/23, revealed that neuro checks began at 9:15 p.m. and continued every 15 minutes for one hour and then began every half hour for one hour. There was no evidence that the neuro checks were continued further, or any other assessment was recorded in Resident R1's clinical record. The resident was not assessed again until the day shift nurse arrived at 8:00 a.m. and it was determined that the resident would be sent to the hospital ER for an evaluation of pain.	F 0684		

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F 0684 SS=D	Continued from page 6 During an interview on 4/18/23, at 11:40 a.m. the Director of Nursing confirmed that neuro checks should have been continued into the next shift. 28 Pa. Code 211.5(f) Clinical Records 28 Pa. Code 211.12(d)(1)(5) Nursing Services	F 0684		

Certified End Page

EDISON MANOR NURSING & REHAB CENTER

STATE LICENSE NUMBER: 025902

SURVEY EXIT DATE: 04/19/2023

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

Jeane Parisi
Deputy Secretary for Quality Assurance

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

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY