

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2026
NAME OF PROVIDER OR SUPPLIER  Embassy of Cambridge		STREET ADDRESS, CITY, STATE, ZIP CODE  1471 Wills Creek Valley Drive Cambridge, OH 43725	
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)		
F 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations of the facility, staff interview, and policy review, the facility failed to maintain a safe, clean, homelike environment. This affected four residents (#4, #5, #13, and #14) of seven residents reviewed for environment and had the potential to affect 35 residents on the north unit. The facility census was 70. Findings include: 1. Record review revealed Resident #4 was admitted to the facility on [DATE] with diagnoses including type II diabetes and hypertension. Record review revealed Resident #5 was admitted to the facility on [DATE] with diagnoses including thyrotoxicosis and muscle weakness. Initial tour of the facility was completed on 02/23/26 between 9:20 A.M. and 9:37 A.M. and revealed there were splatters on the walls on the north unit which were brown in color. Interview with Residents #4 and #5 on 02/23/26 at 12:15 P.M. revealed they felt the facility was not very well taken care of and it was dirty. Observation and interview on 02/23/26 at 4:25 P.M. with Licensed Practical Nurse (LPN) #107 confirmed there was a floor tile in the hallway which had broken in half with the broken half missing and there were baseboards coming loose. A tour with Administrator and Director of Nursing (DON) were completed on 02/24/26 from 10:00 A.M. to 10:20 A.M. and revealed there were missing floorboards, loose floorboards, splatters on the wall, three vents with rust, and missing half of a floor tile which could be a tripping hazard. 2. Record review revealed Resident #13 was admitted to the facility on [DATE] with diagnoses including epilepsy and hypo-osmolality and hyponatremia. Record review revealed Resident #14 admitted to the facility on [DATE] with diagnoses including schizoaffective disorder and type II diabetes. Observation on 02/23/26 at 3:45 P.M. revealed Resident #13 and #14 were roommates. Observation on their room revealed Resident #14's footboard had trim on the left side which had come off and she had tried to tape it back on but the tape did not hold so there was a gap between the trim and footboard of approximately two inches, the grout around the toilet was dirty and brown, the toilet moved, and the sharps container was overflowing. Interview on 02/23/26 at 4:00 P.M. with Certified Nursing Assistant (CNA) #123 confirmed the trim and footboard had about a two-inch gap, the grout around the toilet was brown and the sharps container was overflowing. Interview on 02/23/26 at 4:15 P.M. with LPN #107 confirmed trim and footboard had about a two-inch gap, the grout around the toilet was brown and the sharps container was overflowing. Additionally, she confirmed the toilet moved. Review of a policy titled Safe and Homelike Environment dated 06/01/24 revealed in accordance with resident rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring 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. This deficiency represents non-compliance investigated under Complaint Number 2713371.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 365770	If continuation sheet Page 1 of 3

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and policy review, the facility failed to ensure the ice machine was maintained in a sanitary condition. This had the potential to affect 61 of 61 residents who receive ice from the facility. The facility census was 70. Findings include: Observation and interview on 02/23/26 at approximately 3:10 P.M. with Licensed Practical Nurse (LPN) #107 revealed a clean utility room which contained an ice machine. The ice machine had white steaks of buildup down the sides of it and a brown streak down the front. When opened, the upper wall of the machine was noted to have a black mold-like substance. LPN #107 looked inside the ice machine to confirm the observation and said, oh yeah, that's mold. Interview on 02/23/26 at 3:20 P.M. with the Administrator confirmed there was a black substance in the ice machine. When asked if she thought residents should consume ice from the machine, the Administrator stated, No. Review of a sanitation log completed by Maintenance Director (MD) #120 revealed he had marked the inspection of the ice machine and sanitation as completed twice a month since 05/31/25. Review of a manual for the ice machine revealed it should be cleaned and sanitized every six months for efficient operation. If more frequent cleaning was needed, a consult company should be contacted to test the water and recommend appropriate water treatment. The sanitizer procedure would be used to remove algae or slime, using the sanitizing solution and a sponge or cloth, sanitize the following areas: side walls, base (area above water trough), water distribution tube, water pump, inch thickness probe and water level probe and bin or dispenser. The rinse all areas with clear water. This deficiency represents incidental findings of non-compliance investigated under Complaint Number 2713371.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and policy review, the facility failed to maintain a sanitary laundry room. This had the potential to affect 68 of 68 residents who have their laundry done at the facility. The facility census was 70. Findings include: Observation and interview on 02/23/26 at approximately 3:05 P.M. with Licensed Practical Nurse (LPN) #107 revealed the laundry room had two separate areas- one for the dirty side with the washers, and one for the clean side with the dryers. On the side with the washers, observations revealed there were two washes with one non-functional. There were 11 barrels of dirty clothing and linens in the room with one red hazardous bag on the floor. Eight of the barrels were not covered, had linens not bagged, and were over-flowing. There was a leak noted from the washer and only a small walking path from the washer to the door leading to the clean laundry area. LPN #107 stated the laundry room was cause for concern related to infection control. Observation on 02/23/26 at 4:31 P.M. revealed the laundry room now had 12 full barrels. Interview on 02/24/26 at 6:30 A.M. with Laundry Aide (LA) #115 revealed there were now 15 barrels of laundry, four were outside the laundry room in the hallway with one barrel without a lid, the additional barrels were in the laundry room and eight did not have a lid, had unbagged clothing and linens, and were overflowing. LA #115 stated second shift was let go so nightshift aides were supposed to help with laundry which is not always possible because they are busy too. LA #115 stated she is able to get eight loads of laundry done during her shift. LA #115 stated she gets so many complaints about the laundry because it is so backed up due to having to focus on linens and supplies for care needs instead of personal items. LA #115 confirmed there was a red hazardous bag and stated it had been placed on top of a laundry basket so both the bag and basket items would have to be bleached. LA #115 stated she is not ever made aware of what type of infection the red bags indicate so everything gets bleached, even personal items which can get ruined. Review of a policy titled Infection Prevention and Control Program dated 01/07/25 revealed soiled linen should be collected at the bedside and placed in a linen bag, then the bag should be closed securely and placed in the soiled utility room. Soiled linen should not be kept in the resident's room or bathroom. Environmental services staff should not handle soiled linens if it is not properly bagged. Observation and interview on 02/23/26 at approximately 3:10 P.M. with Licensed Practical Nurse (LPN) #107 revealed a clean utility room which contained an ice machine. The ice machine had white steaks of buildup down the sides of it and a brown streak down the front. When opened, the upper wall of the machine was noted to have a black mold-like substance. LPN #107 looked inside the ice machine to confirm the observation and said, oh yeah, that's mold. Interview on 02/23/26 at 3:20 P.M. with the Administrator confirmed there was a black substance in the ice machine. When asked if she thought residents should consume ice from the machine, the Administrator stated, No. Review of a sanitation log completed by Maintenance Director (MD) #120 revealed he had marked the inspection of the ice machine and sanitation as completed twice a month since 05/31/25. Review of a manual for the ice machine revealed it should be cleaned and sanitized every six months for efficient operation. If more frequent cleaning was needed, a consult company should be contacted to test the water and recommend appropriate water treatment. The sanitizer procedure would be used to remove algae or slime, using the sanitizing solution and a sponge or cloth, sanitize the following areas: side walls, base (area above water trough), water distribution tube, water pump, inch thickness probe and water level probe and bin or dispenser. The rinse all areas with clear water. This deficiency represents incidental findings of non-compliance investigated under Complaint Number 2713371.</p>		