

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2025
NAME OF PROVIDER OR SUPPLIER  Embassy of Saxonburg		STREET ADDRESS, CITY, STATE, ZIP CODE 223 Pittsburgh St Saxonburg, PA 16056	

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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical records, staff, and resident interviews, it was determined that the facility failed to provide Activity of Daily Living (ADL) assistance for three out of nine residents (Resident R2, R3, and R4).</p> <p>Findings include:</p> <p>Review of the facility Activities of Daily Living last reviewed 2/19/25, indicated that residents who are unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Review of the facility policy Personal Care Procedure last reviewed 2/19/25, indicates the facility will provide/assist resident care and hygiene to each resident based on their individual status and needs. Bath/showers may be given at any time the resident chooses. They may be done in the morning, before bed or any other time of the resident's preference.</p> <p>Review of Resident R2's admission record indicated resident was admitted to facility on 1/15/24, with the diagnosis of multiple sclerosis (MS- an autoimmune disease that damages the nerve cells that causes problems between your brain and body), quadriplegia (paralysis of both the arms and legs), and trigeminal neuralgia (chronic pain disorder that causes pain in the face).</p> <p>Review of Resident R2's physician orders dated 2/23/25, indicate shower Monday/Thursday 2:00 p.m. - 10:00 p.m.</p> <p>During an interview completed on 5/6/25, at 10:45 a.m. Resident R2 was in bed reading a book. Upon asking Resident R2 about her bathing schedule she replied, the shower room is still under renovations so we get bed baths upon further query Resident R2 indicated she utilizes the shower bed, she can sit in the shower chair, however it is not safe for her to do so as she feels she will fall out. Resident R2 also indicated she has not received a shower since the end of March and would like to have one.</p> <p>Review of Resident R3's admission record indicated resident was admitted to facility on 5/29/23, with the diagnosis of multiple sclerosis, paraplegia (paralysis that affects the lower half of the body), and diabetes (high sugar in the blood).</p> <p>Review of Resident R3's physician orders dated 6/25/24, indicate shower days Tuesdays and Friday 's daylight shift.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2025
NAME OF PROVIDER OR SUPPLIER  Embassy of Saxonburg		STREET ADDRESS, CITY, STATE, ZIP CODE  223 Pittsburgh St Saxonburg, PA 16056	
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview completed on 5/6/25, at 10:50 a.m. Resident R3 was resting in bed. Upon asking Resident R3 about her bathing schedule she replied, I use the shower bed; I have been unable to get a shower for almost two months. I just get a bed bath and they wash my hair. Resident R3 expressed frustration and stated they should have hired someone, they just have one maintenance man and he is doing everything. Resident R3 further stated she is unable to utilize a shower chair as it does not have a platform on it. Resident R3 requested for me to come back into her room at a later time and asked me Do you see that guy outside cutting the grass, that ' s why the shower room is not done.</p> <p>Review of resident R4's admission record indicated resident was admitted to the facility on [DATE], with the diagnosis of diabetes, peripheral vascular disease (PVD- the blood flow to limbs is decreased), and spinal stenosis (narrowing of the spine which puts pressure on the spinal cord and causes pain).</p> <p>Review of Resident R4's physician orders dated 4/8/25, indicate shower or bath 7-3 (day shift) or 3-11 (evening shift)</p> <p>During an interview completed on 5/6/25, at 10:56 a.m. Resident R4 was in his room sitting in his power wheelchair. Upon asking Resident R4 about his shower schedule he replied, The shower room is under repair, it's been March since I had a shower, the baths are not good enough, I use the shower bed and it cannot fit into the room. Resident R4 further stated the bed baths aren't worth a damn.</p> <p>Review of six months of Resident Council minutes indicated on 2/27/25, new business bathroom remodel, on 3/20/25, indicate in progress bathroom remodel and 4/17/25, indicate in progress bathroom remodel.</p> <p>During an interview and observation completed on 5/7/25, at 11:15 a.m. of the shower room it was revealed that the room had an area that was sectioned off with white construction plastic. The Director of Nursing (DON) stated this is the shut off area, the tile is done, he just needs to finish with the painting, it needs to have time to dry. Two shower stalls were available for resident use; however, they could not accommodate a shower bed.</p> <p>During an interview completed on 5/6/25, at 11:20 a.m. the Nursing Home Administrator (NHA) indicated the shower room could not accommodate the shower bed appropriately and that they were remodeling the shower room. The NHA stated we only have one maintenance man, it should be completed by the end of the week, I'm trying my best. And confirmed that the facility failed to provide Activity of Daily Living (ADL) assistance for three out of nine residents (Resident R2, R3, and R4).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(e)(2.1) Management.</p>		