

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395273	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Embassy of Scranton		STREET ADDRESS, CITY, STATE, ZIP CODE 824 Adams Avenue Scranton, PA 18510	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, review of resident council meeting minutes and grievances, and interviews with residents and staff, the facility failed to reasonably accommodate a resident's need to obtain staff assistance by failing to ensure the resident had access to a call bell to request help by failing to ensure the call bell was available preventing the resident from independently notifying staff when assistance was needed for 1 of 10 residents observed (Resident 1). Findings include: A review of a facility policy labeled Call Lights: Accessibility and Timely Response last reviewed by the facility on January 22, 2026, revealed it is the expectation of the facility staff to ensure residents have access to the call light. The policy further revealed all staff members who see or hear an activated call light are responsible for responding. A clinical record review revealed Resident 1 was admitted to the facility on [DATE], with diagnoses that included acquired absence of the left leg above knee and right leg below knee (an amputation often performed for foot and ankle problems. The amputation often leads to the use of an artificial leg that can allow a person to walk). A review of Resident 1's annual Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated February 2, 2026, revealed that Resident 1 was cognitively intact with a BIMS score of 15 (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 13-15 indicates cognition is intact). During an observation on March 5, 2026, at 10:00 AM, Resident 1's room contained multiple bags of personal items and clothing. Resident 1 asked the surveyor to hand him the call bell. The call bell cord was observed wrapped around the undercarriage of the bed frame two times and positioned behind the resident's head, out of reach. The surveyor unwrapped the cord and attempted to provide the call bell to the resident. The cord was caught under bags located behind the bed, limiting the available length. Resident 1 was required to bend his arm backward to reach the call bell due to the restricted cord length. Interview with Resident 1 at the time of observation, revealed the resident was unable to explain how the call bell was placed on the bottom part of the bed behind his head, out of reach. During an interview on March 5, 2026, at 11:40 AM, the Nursing Home Administrator (NHA) stated the facility previously discussed clutter in Resident 1's room with the resident but the matter had not been resolved. A review of the Resident Council meeting minutes dated February 26, 2026, revealed residents present at the meeting raised concerns regarding call bell response times. Residents reported difficulty receiving staff assistance for toileting during the 11:00 PM to 7:00 AM shift and indicated call bells were not consistently answered when residents rang for assistance. The residents in attendance included Resident 1. A review of a grievance filed on February 26, 2026, related to call bell response concerns revealed the facility initiated call bell response audits for five days. At the time of the survey, the grievance remained in process, and the facility had not documented a resolution. During an interview on March 5, 2026, at 12:15 PM, the Surveyor reviewed these findings, including the facility's failure to ensure a call bell was accessible for one resident who required staff assistance for basic needs, with the Nursing Home Administrator (NHA) and the Director of Nursing (DON). 28 Pa. Code 201.29 (a) Resident rights.</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
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