

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/15/2026
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)		
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietitian. Based on staff interviews, review of personnel records, employee credentials, facility documentation, and dietary service records, it was determined the facility failed to ensure the food and nutrition services department received the required oversight by qualified personnel after the resignation of the facility's Registered Dietitian (RD). Findings include: According to current federal regulatory guidance the facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment. In the absence of a full-time qualified dietitian, the director of food and nutrition services, the facility must designate a person to serve as the director of food and nutrition services. The director of food and nutrition services must at a minimum meet one of the following qualifications: (A) A certified dietary manager; or(B) A certified food service manager; or(C) Has similar national certification for food service management and safety from a national certifying body; or(D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or(E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and must receive frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. A review of the facility-provided job description for the Registered Dietitian (RD) revealed the position was responsible for planning, organizing, developing, and directing resident nutritional care in accordance with current federal, state, and local standards, guidelines, regulations, and facility policies and procedures. The documented major duties and responsibilities of the position included providing registered dietitian services at one or more facilities in accordance with facility policies and procedures; planning, organizing, developing, and directing nutritional care services for residents; assessing and monitoring residents' nutritional status and providing recommendations to clinical and medical staff; observing resident meal services to ensure prescribed diets and diet modifications were followed; educating residents, families, and staff regarding nutrition concepts and dietary modifications; collaborating with members of the interdisciplinary team to ensure modified texture diets and therapeutic diets were appropriate for the resident's medical condition; reviewing menu changes to ensure compliance with facility policy as well as state and federal guidelines; updating diet orders and menu changes as required; conducting routine audits of nutritional care practices; completing nutritional assessments upon admission, readmission, quarterly, annually, and with significant changes in condition; inspecting food service (continued on next page)		

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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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	areas for sanitation, organization, safety, and proper staff performance; monitoring residents for weight changes, nutritional support needs, and skin breakdown and making recommendations as indicated; and participating in inspection surveys to ensure compliance with nutritional and dietary policies and procedures in accordance with state and federal requirements. A review of the facility's documented dietitian responsibilities revealed the RD was responsible for documenting resident weight changes in PointClickCare (the facility's electronic health record), completing comprehensive nutritional assessments, reviewing laboratory results and meal intake records, performing nutrition-focused physical assessments, and updating nutrition-related care plans. During an interview on July 15, 2026, at 11:49 AM, the Nursing Home Administrator stated the facility did not have a long-term Registered Dietitian or a Certified Dietary Manager responsible for directing the food and nutrition services department. The Nursing Home Administrator stated routine on-site clinical nutrition coverage was not being provided. During a subsequent interview on July 15, 2026, at 1:30 PM, the Nursing Home Administrator confirmed the facility's Registered Dietitian resigned, with a last day worked of April 24, 2026. The Administrator stated the facility subsequently utilized a Registered Dietitian who provided services remotely (off-site and not present in facility) and also covered multiple sister facilities. A review of the remote Registered Dietitian's documented work records revealed the following time was recorded for services provided to the facility: Sunday May 31, 2026: 4 hours Sunday June 7, 2026: 4 hours Sunday June 14, 2026: 5 hours Sunday June 21, 2026: 5 hours Sunday June 28, 2026: 5 hours The documented hours reflected limited off-site consultation coverage and revealed no documented evidence the Registered Dietitian routinely provided on-site oversight of the facility's food and nutrition services department. The facility was unable to provide documentation demonstrating the Registered Dietitian routinely provided on-site consultation, observed resident meal services, evaluated dietary operations, conducted direct resident nutritional assessments on-site, or performed the on-site oversight responsibilities identified in the facility's Registered Dietitian job description following the resignation of the facility's previous Registered Dietitian. The facility failed to ensure the food and nutrition services department was directed and clinically supported by qualified personnel as required. Specifically, the facility did not employ a qualified food and nutrition services director meeting regulatory requirements and failed to ensure routine on-site consultation and oversight by a qualified Registered Dietitian or other clinically qualified nutrition professional following the resignation of the facility's Registered Dietitian. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa Code 201.18 (b)(1)(3)(e)(1)(6) Management.		

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F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents have reasonable access to and privacy in their use of communication methods. Based on observations and staff interviews, it was determined the facility failed to ensure residents had reasonable access to functional telephones that afforded privacy during telephone communications on two of two nursing units. Findings include: During an environmental tour of the second-floor nursing unit on July 14, 2026, at 10:11 AM, no functional portable telephone was available for resident use in a private location. A portable black telephone was observed on a desk behind an enclosed office at the nurses' station. An attempt to operate the telephone revealed there was no dial tone. An interview conducted at that time with Employee 1, a Registered Nurse (RN), revealed the portable telephone had not functioned for an extended period. Employee 1 reported that when residents requested telephone access, staff offered the Nursing Supervisor's cellular telephone. No alternative resident-accessible telephone was available in a location that afforded privacy from being overheard during telephone conversations. An interview with Employee 2, a Licensed Practical Nurse (LPN), on the third-floor nursing unit on July 14, 2026, at 10:45 AM revealed there had not been a functioning cordless telephone available for resident use on the unit for more than one year. Employee 2 reported residents either used the landline telephone located at the nurses' station, where conversations could be overheard by individuals in the surrounding area, or were offered the Nursing Supervisor's cellular telephone. No resident-accessible telephone was available in a private location that permitted confidential telephone communications. The observations and staff interviews demonstrated that the facility failed to provide residents on either nursing unit with reasonable access to a functional telephone located in an area that afforded privacy for telephone communications. During an interview on July 15, 2026, at 3:15 PM, the Nursing Home Administrator confirmed the facility did not provide residents on all nursing units with access to a functional resident telephone that afforded privacy during telephone communications. 28 Pa. Code 201.18(b)(2)(e)(1) Management. 28 Pa. Code 201.29(a) Resident rights.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, it was determined the facility failed to maintain a clean, sanitary, functional, and comfortable environment on two of three resident care units observed (second and third floor resident units). Findings include: On July 15, 2026, at 12:00 PM, observations of the second floor resident hallway revealed a strong, pervasive malodor present throughout the hallway. On July 15, 2026, at 12:10 PM, observations of the third floor resident hallway revealed sticky flooring with visible accumulations of dark-colored dirt and debris along the corners of the hallways. On July 15, 2026, at 12:15 PM, observations of the second floor dining room revealed multiple residents seated for dining while garbage remained beneath several dining tables, including a crushed empty nutritional supplement container, straw wrappers, a used plastic fork, and scattered popcorn on the floor. On July 15, 2026, at approximately 12:20 PM, observations of the hallway outside room [ROOM NUMBER] revealed a pair of used disposable gloves on the floor and multiple dark-colored splatters of an unidentified substance on the hallway floor. The floor surface was sticky and produced an audible sticking sound as individuals walked across it. During an interview on July 15, 2026, at 3:00 PM, the Nursing Home Administrator and Director of Nursing accompanied the surveyor during a review of the above observations and acknowledged the conditions observed. 28 Pa Code 201.18(1)(3) Management.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interview, it was determined that 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 dietary department. 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). A review of a facility policy entitled Dating for Food Storage last reviewed by the facility on March 26, 2026, indicated bulk items were to be stored in approved containers with tight fitting lids with a label on the lid and side container with the products name and date the container was filled. The policy stated that all food items requiring time and temperature control should be labeled with the date opened and a use by date indicate when the product is to be discarded. The policy detailed that opened products can be kept for a 7-day period after opening and then discarded. A review of a facility policy titled Sanitary Conditions, last reviewed by the facility on March 26, 2026, revealed all food items requiring refrigeration will be stored above the floor on shelves. The policy revealed all opened food items will be stored in proper containers and labeled and dated. During the initial tour of the dietary department on July 15, 2026, at 10:30 AM, accompanied by the facility's Corporate Dietary Manager, the following observations were made: Upon entering the dietary department, a large amount of dirty water leaked from the dishwashing system onto the kitchen floor in the food preparation area. An outdoor brick supported the leaking pipe. The water had accumulated on the floor and slowly drained toward a floor drain. The Corporate Dietary Manager stated the dishwasher had been leaking for some time and maintenance was aware of the problem. Upon entering the dietary department, a large amount of dirty water leaked from the dishwashing system onto the kitchen floor in the food preparation area. An outdoor brick supported the leaking pipe. The water had accumulated on the floor and slowly drained toward a floor drain. The Corporate Dietary Manager stated the dishwasher had been leaking for some time and maintenance was aware of the problem. The walk-in cooler contained a pizza box with a partially eaten pizza stored on top of pre-made desserts scheduled to be served to residents for lunch that day. The Corporate Dietary Manager stated the pizza belonged to staff working the previous evening and acknowledged staff were not permitted to store personal food in resident food storage areas. The walk-in cooler also contained an opened bottle of thickened milk (milk that has been modified to a thicker consistency for individuals who require thickened liquids to swallow safely). The bottle was marked as opened on June 17, 2026, and remained in the cooler on the date of observation, July 15, 2026. The walk-in cooler contained a package of hot dogs wrapped in aluminum foil. Although a date had been written on the foil, it had become partially erased and was no longer legible, preventing staff from determining when the product had been stored. The produce refrigerator contained an open, partially consumed bottle of Gatorade stored next to fresh produce. The refrigerator also contained a grocery bag holding yogurt and a spoon. The Corporate Dietary Manager stated the items belonged to staff and should not have been stored in the produce refrigerator. During an interview on July 15, 2026, at 2:00 PM, the Nursing Home Administrator reviewed the above findings and acknowledged the facility had not maintained the dietary food (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	storage areas in a sanitary manner consistent with facility policy. 28 Pa. Code 201.18 (e) (2.1) Management.		

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on a review of the Statement of Deficiencies from the survey ending May 8, 2026, the facility's Plan of Correction, revisit survey findings, and staff interview, it was determined the facility's Quality Assurance and Performance Improvement (QAPI) committee failed to maintain an effective, ongoing program that monitored and sustained corrective actions to prevent the recurrence of previously cited deficient practices related to infection prevention and control, food procurement, sanitary food storage, preparation and service, and qualified dietary oversight. Findings include: During the survey ending May 8, 2026, the facility was cited for failing to implement measures to prevent the potential spread of infection. In response, the facility submitted a Plan of Correction indicating personal protective equipment (PPE), such as gloves, gowns, and other protective items used to reduce the spread of infection, would be provided to residents who required it. The facility further indicated that each resident would be evaluated to determine the need for PPE, nursing staff, nursing assistants, and department managers would receive education regarding identifying residents requiring PPE, department managers would audit the availability of PPE during routine rounds, and the Administrator would review the daily audit results. The Plan of Correction indicated the audit findings would be reviewed during the monthly Quality Improvement meeting, the QAPI Committee would determine whether additional auditing was necessary after three consecutive months of compliance, and monitoring would continue based on the Committee's recommendations. The facility identified July 10, 2026, as the completion date for these corrective actions. However, during the revisit survey ending July 15, 2026, the facility again failed to ensure infection prevention and control measures were consistently implemented under the same regulatory requirement. During the survey ending May 8, 2026, the facility was also cited for failing to ensure sanitary conditions and safe food handling practices in the kitchen. In response, the facility submitted a Plan of Correction indicating the Dietary Director or designee would re-educate dietary staff regarding the facility's sanitation policy and complete kitchen sanitation audits twice weekly to ensure sanitary conditions and resident safety were maintained. The facility further indicated the audit findings would be reviewed during the monthly Quality Improvement meeting, the QAPI Committee would determine whether continued auditing was necessary after three consecutive months of compliance, and monitoring would continue based on the Committee's recommendations. The facility identified July 10, 2026, as the completion date for these corrective actions. However, during the revisit survey ending July 15, 2026, the facility again failed to maintain sanitary conditions and safe food handling practices in the kitchen under the same regulatory requirement. During the survey ending May 8, 2026, the facility was also cited for failing to ensure sufficient qualified dietary oversight. In response, the facility submitted a Plan of Correction indicating the facility had retained an additional Registered Dietitian (RD), a qualified nutrition professional responsible for assessing residents' nutritional needs and overseeing food and nutrition services. The Plan of Correction indicated one Registered Dietitian would conduct weekly on-site visits while another Registered Dietitian would continue to provide remote nutritional oversight. The facility indicated the Corporate Director of Dietary would review the Registered Dietitians' responsibilities to ensure regulatory compliance, the Administrator or designee would audit the Registered Dietitians' weekly hours and on-site visits, and resident care plans identified during the survey would be reviewed and revised, as appropriate. The facility identified July 10, 2026, as the completion date for these corrective actions. However, during the revisit survey ending July 15, 2026, the facility again failed to ensure sufficient qualified dietary oversight under the same regulatory (continued on next page)		

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	requirement. An interview with the Nursing Home Administrator during the revisit survey acknowledged the previously implemented corrective actions had not been sustained. The recurrence of the same deficient practices following implementation of the facility's Plans of Correction demonstrated that the QAPI Committee failed to effectively monitor, evaluate, and sustain corrective actions. As a result, the Committee did not identify that the corrective measures were ineffective or ensure additional performance improvement activities were implemented to prevent the recurrence of the previously cited deficiencies. Cross Ref. F880, F812, F801 28 Pa. Code 211.12 (d)(1)(5) Nursing Services.28 Pa. Code 201.18 (b)(1) Management.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, facility policy, resident observations, and resident and staff interviews, it was determined the facility failed to implement infection prevention and control measures consistent with nationally recognized standards of practice for the evaluation and management of suspected scabies for two of 15 residents reviewed (Resident 1 and Resident 2). Findings include: According to the Centers for Disease Control and Prevention (CDC) guidance titled Public Health Strategies for Scabies Outbreaks in Institutional Settings (updated December 18, 2025), residents with confirmed or suspected scabies (a skin condition caused by microscopic mites that burrow into the skin and lay eggs, resulting in intense itching, often worse at night, and a pimple-like rash) should be placed on contact precautions (infection prevention measures that require the use of gowns and gloves during resident care and avoidance of direct skin-to-skin contact). The guidance stated that roommates or close contacts with prolonged skin exposure should be identified, offered prophylactic treatment, and monitored but do not require room isolation. A review of the facility policy titled, Head Lice and Scabies Exposure and Treatment Policy, last reviewed March 26, 2026, indicated residents who contract scabies or head lice are treated according to current standards of practice to eradicate the infestation and prevent further exposure and transmission. According to the policy, proper treatment and infection control measures should be utilized to prevent outbreaks within the facility. Upon signs and symptoms of scabies, the provider will be notified, treatment will be administered according to manufacturer's instructions, the infested resident will be placed in a single occupancy room, and appropriate transmission-based precautions (extra precautions applied when a resident is known or suspected to be infected with disease causing organism that spread via contact, droplets, or airborne route) will be initiated according to the policy. A clinical record review revealed Resident 2 was admitted to the facility on [DATE], with a diagnosis of systolic heart failure (a condition in which the left side of the heart does not pump blood effectively). Resident 2's Brief Interview for Mental Status (BIMS) (a standardized assessment used to evaluate attention, orientation, and short-term memory) dated July 14, 2026, identified a score of 10, indicating moderate cognitive impairment. A score of 8-12 means noticeable difficulties with short-term memory or orientation, such as recalling words or identifying the current date correctly. Observation of Resident 2 on July 15, 2026, at 11:35 AM revealed multiple bright red circular areas on the resident's upper and lower extremities. During interview, Resident 2 reported skin discomfort while gesturing toward the affected areas. A review of Resident 2's clinical record review revealed the admission assessment dated [DATE], documented multiple scratches involving the arms, legs, forehead, and chest. A nursing progress note completed the same evening documented similar findings. A nursing progress note dated July 10, 2026, documented notification of the nurse practitioner, who ordered treatment for possible scabies with Permethrin 5% topical cream (a medication used to kill the mites and eggs that cause scabies). Physician orders dated July 11, 2026, directed staff to apply Permethrin 5% cream from the neck down at bedtime, leave the medication on for eight to fourteen hours, then wash it off the following morning and provide clean clothing. The electronic Medication Administration Record (eMAR) documented administration of Permethrin on July 11, July 12, July 13, and July 14, 2026. Despite ongoing treatment for suspected scabies, the clinical record lacked evidence Resident 2 was placed on contact precautions or that additional infection prevention measures were implemented consistent with CDC guidance or the facility's infection prevention policy. According to the clinical record, Resident 2 underwent evaluation by the wound care nurse practitioner on July 15, 2026, at 6:45 AM. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Although the documentation described a Stage IV pressure injury of the sacrum (a very deep wound over the lower back near the tailbone), it did not include any information related to the red, circular areas on Resident 2's extremities. An attempt to contact the wound care nurse practitioner who evaluated and treated Resident 2, on July 17, 2026, at 9:00 AM was unsuccessful, and no return call was received. According to the CDC, Public Health Strategies for Scabies Outbreaks in Institutional Settings (2025, December 18) residents who share a room with an individual diagnosed with scabies do not require room isolation. Residents who share a room with an individual diagnosed with scabies must be promptly identified as close contacts, receive prophylactic treatment as indicated, and be monitored, while contact precautions are implemented for the affected resident. A review of the clinical record revealed Resident 1 was admitted to the facility on [DATE], with diagnoses to include acute embolism and thrombosis of unspecified deep veins of lower bilateral lower extremities (both legs suddenly developed blood clots in deep veins, and pieces of clots may have already broken off and travel elsewhere in the body). A review of Resident 1's admission Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated May 21, 2026, revealed that Resident 1 was cognitively intact with a BIMS score of 13 (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 through 15 indicates normal thinking and memory; little to no cognitive impairment). Resident 1 resides in the same room as Resident 2. On July 13, 2026, the spouse of Resident 1 communicated concerns stating Resident 1 informed him she was in quarantine due to the roommate (Resident 2) having an infectious disease. The spouse of Resident 1 expressed concern regarding its impact on discharge and physical therapy attendance due to the quarantine. Clinical record review for Resident 1 lacked evidence the facility identified the resident as a close contact following initiation of treatment for suspected scabies in the roommate. The record contained no evidence of provider notification, comprehensive skin assessment, monitoring for signs or symptoms of scabies, consideration of prophylactic treatment, or implementation of additional infection prevention measures. Observation confirmed Resident 1 remained in the shared room on July 14, 2026, at 10:11 AM and was observed in a common lounge area on July 15, 2026, at 11:30 AM. The findings were reviewed with the Director of Nursing on July 15, 2026, at 2:35 PM. During the interview, the DON stated there was uncertainty regarding the cause of Resident 2's skin condition and indicated that scabies had initially been considered among the possible causes. The DON stated Resident 2 had not been placed on transmission-based precautions while the skin condition was being evaluated. During a subsequent interview on July 15, 2026, at 3:15 PM, the Director of Nursing and the Nursing Home Administrator stated the cause of Resident 2's skin condition had not been definitively identified. The clinical record lacked documentation that Resident 2 was evaluated by a skin specialist or that infection prevention measures consistent with the facility's policy and current Centers for Disease Control and Prevention (CDC) guidance were implemented while scabies remained a suspected diagnosis. 28 Pa Code 211.10(c)(d) Resident care policies. 28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing services.		

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility clinical records, select facility policy, and staff interviews, it was determined the facility failed to develop and update a resident-specific baseline care plan to include interim, person-centered interventions necessary to address newly identified care needs for one of 15 sampled residents reviewed (Resident 2). Findings include: According to the Centers for Disease Control and Prevention (CDC) guidance titled Public Health Strategies for Scabies Outbreaks in Institutional Settings, updated December 18, 2025, residents with confirmed or suspected scabies (a contagious skin infestation caused by microscopic mites that burrow beneath the skin, causing intense itching and a rash) should be placed on contact precautions, including the use of gowns and gloves and avoidance of direct skin-to-skin contact. The guidance further states that close contacts should be identified, monitored, and offered prophylactic treatment, as appropriate. A review of the facility's Baseline Care Plan Policy, reviewed March 26, 2026, revealed the facility would develop and implement a baseline care plan within 48 hours of admission. The policy indicated the baseline care plan must include the minimum healthcare information necessary to provide effective, person-centered care until the comprehensive care plan is developed such as initial goals based on admission orders, physician orders, dietary orders, therapy services, social services and PASARR recommendations if applicable. The policy required the baseline care plan to include interventions addressing the resident's current needs and health and safety concerns, including interventions necessary to prevent injury or decline and address identified supervision needs. A review of the clinical record revealed Resident 2 was admitted to the facility on [DATE], with diagnoses including acute-on-chronic systolic congestive heart failure (a sudden worsening of symptoms in a person with chronic heart failure in which the heart cannot pump blood effectively). A nursing progress note dated July 9, 2026, at 10:59 PM documented the resident's skin was intact with scratches noted on the arms, legs, and forehead. A nursing progress note dated July 10, 2026, at 4:02 PM documented the Registered Nurse Supervisor contacted the Certified Registered Nurse Practitioner (CRNP) regarding suspected scabies exposure. The CRNP ordered Permethrin 5% topical cream (a prescription medication applied to the skin to treat scabies) as prophylactic treatment, meaning treatment intended to prevent the development or spread of disease following suspected exposure. A physician's order dated July 10, 2026, directed staff to apply Permethrin 5% cream from the neck down at bedtime for 10 days as prophylactic treatment for suspected scabies exposure. A review of the baseline care plan, initiated July 9, 2026, revealed the resident's identified needs included Enhanced Barrier Precautions (infection prevention measures used during high-contact care activities for residents with certain medical devices or wounds). However, after the resident's newly identified need for prophylactic treatment related to suspected scabies exposure, the facility failed to update the baseline care plan to identify the resident's contact precaution status or include individualized interim interventions instructing staff on the infection prevention measures necessary while the resident received treatment. During an interview on July 16, 2026, at 3:00 PM, the Director of Nursing confirmed Resident 2 received prophylactic treatment related to suspected scabies exposure and acknowledged the baseline care plan did not include individualized interventions addressing the resident's contact precautions. The Director of Nursing further confirmed the baseline care plan was not consistent with the facility's Baseline Care Plan Policy. 28 Pa. Code 211.10 (c)(d) Resident care policies. 28 Pa Code 211.12 (d)(3)(5) Nursing services. 28 Pa. Code 211.5(f)(iii) Medical records.		

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 07/15/2026
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)		
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, facility policy, manufacturer's prescribing information, and staff interviews, it was determined the facility failed to ensure medications were free from unnecessary use by administering permethrin cream without adequate clinical indication and for an excessive duration for one of 15 sampled residents (Resident 2). Findings include: Review of the facility policy titled Medication Administration last reviewed March 26, 2026, indicates medications are administered as ordered by the physician and in accordance with professional standards of practice. The policy indicated the facility will administer medications by utilizing best practice guidelines (strategies, methods, or techniques that have been proven through research and evaluation to be effective and efficient in achieving desired results). A clinical record review revealed Resident 2 was admitted to the facility on [DATE], with a diagnosis of systolic heart failure (a condition in which the left side of the heart cannot pump blood effectively throughout the body). A review of Resident 2's Brief Interview for Mental Status (BIMS) assessment, dated July 14, 2026, revealed Resident 2 had a BIMS score of 10, indicating moderate cognitive impairment. The BIMS is a standardized assessment used to evaluate a resident's attention, orientation, and ability to register and recall new information. A score of 8 through 12 indicates moderate cognitive impairment. A clinical record review of the document titled admission Evaluation with Baseline Care Plan v.6 revealed Resident 2 was observed to have multiple scratches and bruising upon admission on [DATE]. A Clinical record review revealed an admission skin integrity evaluation on July 9, 2026, documented observed scratches and blisters on bilateral lower extremities. The assessment documented a scratch located on the forehead and upper chest. The assessment documented multiple scratches and bruising of unspecified areas. The goal portion of the assessment documented a goal for the resident to experience healing of the current skin impairment and prevent future skin breakdown. A nursing progress note dated July 10, 2026, at 4:02 PM documented the nurse contacted the nurse practitioner, who ordered permethrin 5% topical lotion (a prescription-strength medication used to treat scabies. It works by paralyzing and killing the mites and their eggs), to prophylactically (to provide medication as a preventative) treat possible scabies (a skin condition caused by tiny mites that burrow into the skin, causing intense itching, and a rash that looks like small pimples or scaly lines). A physician's order dated July 10, 2026, directed staff to apply permethrin 5% cream from the resident's neck down at bedtime for scabies for a duration of 10 days, leave the medication on for 8 to 14 hours, wash it off the following morning, and provide clean clothing after bathing. A subsequent physician order dated July 11, 2026, again directed staff to administer permethrin for 10 days. Review of the clinical record failed to identify documentation of a provider assessment confirming a diagnosis of scabies. The record also lacked documentation of diagnostic evaluation, including dermoscopy (the use of a magnifying device to examine skin lesions) or skin scraping (collecting a small sample of skin to examine under a microscope for scabies mites or eggs), to support treatment with permethrin. Review of the July 2026 Medication Administration Record revealed staff administered permethrin cream on the evenings of July 11, July 12, July 13, and July 14, 2026. According to the manufacturer's prescribing information for permethrin 5% cream, last updated March 9, 2026, a single application is generally sufficient to treat scabies. The prescribing information directs the cream to be applied once, left on the skin for 8 to 14 hours, and then removed by bathing or showering and changing into clean clothing. Approximately 30 grams is usually sufficient for an average adult. The manufacturer's prescribing information states that mild burning, stinging, or itching may occur after application. The prescribing (continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Embassy of Scranton		STREET ADDRESS, CITY, STATE, ZIP CODE 824 Adams Avenue Scranton, PA 18510	
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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	information further explains that persistent pruritus (itching) after treatment may continue even when treatment has been successful and does not indicate treatment failure or the need for additional applications. Retreatment should only be considered 7 to 14 days after the initial application if live mites are demonstrated to remain. Documented adverse reactions include burning, stinging, itching, redness, rash, and skin inflammation. The prescribing information warns that repeated or excessive use may increase the risk of skin irritation and other adverse skin reactions. Observation of Resident 2 on July 15, 2026, at 11:35 AM revealed widespread bright red circular areas involving the upper and lower extremities and sacral area (the lower back and upper buttocks). The affected areas appeared crusted and scabbed, demonstrated extensive scratching, and contained dried blood. During an interview on July 15, 2026, at 11:15 AM, the facility's Infection Preventionist stated they believed Resident 2 had already been cleared of scabies. The Infection Preventionist acknowledged the resident was never placed on transmission-based precautions because both the Infection Preventionist and Director of Nursing believed the resident did not have scabies. During an interview on July 15, 2026, at 2:10 PM, the Director of Nursing stated the physician order should not have directed permethrin treatment for 10 days and acknowledged the order had been entered incorrectly. The Director of Nursing confirmed nursing staff continued administering the medication without recognizing the error and further stated Resident 2 did not have scabies and the medication should have been discontinued. The facility administered permethrin cream without documented clinical evidence supporting its use and continued treatment beyond accepted prescribing recommendations. As a result, Resident 2 received unnecessary medication without an adequate clinical indication and for an excessive duration, exposing the resident to avoidable adverse medication effects, including worsening skin irritation. These findings were reviewed with the Director of Nursing and the Nursing Home Administrator on July 15, 2026, at 3:30 PM. 28 Pa. Code 211.10 (c)(d) Resident care policies.28 Pa. Code 211.12 (d)(1)(5) Nursing services.28 Pa. Code 211.9 (a)(1)(d) Pharmacy services.		