STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395297	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Huntingdon Park	1229 Warm Springs Avenue Huntingdon, PA 16652

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on review of facility policy and clinical record reviews, as well as staff interviews, it was determined that the facility failed to ensure that physicians orders regarding medication administration were followed for three of 47 residents reviewed (Residents 2, 63, and 85). Findings include:The facility policy for medication administration dated July 10, 2025, included that medications are administered by licensed nurses, or other staff that are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice.A Quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated February 5, 2026, revealed that the resident was cognitively impaired, could understand, was understood, required assistance with personal care needs, had diagnoses that included high blood pressure and heart disease. A care plan for Resident 2 dated February 9, 2023, revealed that she had an alteration in her cardiovascular system (heart) due to high blood pressure, and medications were to be administered as ordered.Physician's orders for Resident 2 dated November 28, 2025, included an order for the resident to receive 50 milligrams (mg) of Atenolol (a medication to treat high blood pressure) daily at 8:00 p.m and to hold the medication if the resident's systolic blood pressure (top number in the blood pressure) was less than 110 mm/Hg.Review of the Medication Administration Record (MAR) for Resident 2 dated November 2025, December 2025, January 2026, February 2026, and March 2026 revealed that there were no blood pressures taken prior to the 8:00 p.m. administration of atenolol from November 28, 2025, to March 3, 2026Physician's orders for Resident 2, dated November 28, 2025, included an order for the resident to receive 1 mg of Doxazosyn Mesylate (a medication to treat high blood pressure) two times a day at 8:00 a.m. and 4:00 p.m. and to hold the medication if the resident's systolic blood pressure was less than 110 mm/Hg.Review of the MAR for Resident 2 dated November and December, 2025 and January, February and March, 2026 revealed that the resident received 1 mg of doxazosin mesylate on January 23, 2026 at 4:00 p.m. when the blood pressure was 80/52 mm/Hg at 4:00 p.m.; on February 9, 2025 at 4:00 p.m. when the blood pressure was 107/43 mm/Hg; on February 13, 2026, at 4:00 p.m. when the blood pressure was 106/76 mm/Hg; on February 17, 2026, at 4:00 p.m. when a blood pressure was not taken, and on February 18, 2026, at 4:00 p.m. when the blood pressure was 104/58 mm/Hg.Interview with the Regional Consultant/Acting Director of Nursing on March 4, 2026, at 1:26 p.m. confirmed that the physician's orders for Resident 2's atenolol and doxazosin mesylate were not administered as ordered on the above dates and times.An annual MDS assessment for Resident 63, dated February 17, 2026, revealed that the resident was cognitively impaired, could usually understand, was usually understood, required assistance with personal care needs, had diagnoses that included Alzheimer's. A care plan for Resident 63 dated May 27, 2025. revealed that she had dementia and that medications were to be administered as ordered.Physician's orders for Resident 63 dated December 8, 2025, included an order for the resident to have 3 mg of Rexulti (an antipsychotic used to treat agitation associated with Alzheimer's) daily.Review of the Medication Administration Record (MAR) for Resident 63 dated December, 2025 revealed that from December 8, 2025 through December 20, 2025, the resident received 3.5 mg of Rexulti daily.A nursing note for Resident 63 dated December 21, 2025, at 1:28 p.m. revealed that the practitioner was made aware that the resident had been ordered 3.5 mg (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of Rexulti instead of the 3.0 mg that was recommended by psychiatry. New orders were received to ensure the correct dose of 3.0 mg Rexulti was ordered. Interview with the Regional Consultant/Acting Director of Nursing on March 5, 2026, at 10:24 a.m. confirmed that the incorrect dose of Rexulti was ordered on December 8, 2026, and that the resident should have been receiving 3.0 mg on the above dates instead of 3.5mg Rexulti. A quarterly MDS assessment for Resident 85, dated January 9, 2026, revealed that the resident was cognitively impaired, could understand, was understood, required assistance with personal care needs, had diagnoses that included Diabetes Mellitus, and was taking a hypoglycemic mediation that included insulin. A care plan for Resident 85 dated October 17, 2022, revealed that she was at risk for hyperglycemia (high blood glucose) and hypoglycemia (low blood glucose)Physician's orders for Resident 85 dated September 19, 2025, included for the resident to have 14 units of Humalog (Insulin Lispro - rapid acting medication to treat high blood glucose) injected subcutaneously (under the skin) once a day at 8:30 a.m. for Type II Diabetes (body resists insulin or fails to produce enough, causing high blood sugar); and 17 units of Humalog injected subcutaneously twice a day at 12:30 p.m., and 5:30 p.m. for Type II Diabetes. Review of the Medication Administration Record (MAR) for Resident 85 dated January and February 2026 revealed that the medication record was coded 13 - insulin not required on January 2, 2026 at 8:30 a.m.; January 3, 2026 at 8:30 a.m. and 5:30 p.m.; January 6, 2026, at 8:30 a.m. and 5:30 p.m.; January 9, 2026, at 8:30 a.m.; January 11, 2026, at 8:30 a.m.; January 12, 2026, at 8:30 a.m.; January 13, 2026, at 8:30 a.m.; January 14, 2026, at 12:30 p.m. and 5:30 p.m.; January 15, 2026, at 8:30 a.m. and 5:30 p.m.; January 17, 2026, at 5:30 p.m.; January 20, 2026, at 12:30 p.m.; January 22, 2026, at 8:30 a.m. and 12:30 p.m.; January 23, 2026, at 8:30 a.m. and 12:30 p.m.; January 25, 2026, at 8:30 a.m. and 5:30 p.m.; January 26, 2026, at 8:30 a.m.; January 27, 2026, at 12:30 p.m. and 5:30 p.m.; January 28, 2026, at 8:30 a.m. and 12:30 p.m.; January 31, 2026, at 8:30 a.m. and 5:30 p.m.; February 1, 2026 at 8:30 a.m., 12:30 p.m., and 5:30 p.m.; February 3, 2026 at 12:30 p.m. and 5:30 p.m.; February 4, 2026 at 8:30 a.m. and 5:30 p.m.; February 5, 2026 at 8:30 a.m.; February 6, 2026 at 8:30 a.m.; February 8, 2026 at 5:30 p.m.; and February 9, 2026 at 8:30 a.m., 12:30 p.m., and 5:30 p.m.Interview with the Regional Consultant/Acting Director of Nursing on March 5, 2026, at 2:32 p.m. revealed that the physician's orders for Resident 85's insulin were not administered as ordered. There were no parameters for the insulin, the physician was not notified when the insulin was not administered. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on review of planned, written menus, as well as observations and staff interviews, it was determined that the facility failed to follow their pre-approved planned menu. Findings included:Interview with Resident 44 on March 4, 2026, at 3:30 p.m. revealed that her pureed food never tastes good. Interview with Resident 87 on March 4, 2026, at 3:30 p.m. revealed that her pureed food tastes off and not right. Review of the posted menus for the lunch meal on Wednesday, March 4, 2026, revealed that residents were to receive BBQ glazed meatloaf, mashed potatoes, green beans, fruit cup, peanut butter brownie, 2% milk, and unsweetened iced tea.Observations of a test tray for the lunch meal service on March 4, 2026 revealed that the pureed meat was not pureed BBQ meatloaf, it was a pureed angus beef patty. The pureed menu indicated pureed BBQ meatloaf, pureed mashed potatoes, pureed green beans, apple sauce, and chocolate pudding. The meatloaf and the pureed angus beef did not taste similar at all.Observations of the second floor hallway outside of the second floor dining room on March 4, 2026, at 2:01 p.m. revealed that only the regular menu was posted. Observations of the third floor hallway outside of the third floor dining room on March 4, 2026, at 2:04 p.m. revealed that only the regular menu was posted. Interview with the Dietary Director on March 4, 2026, at 12:10 p.m. revealed that all of the pureed food was frozen and that the only pureed food made on site was the mashed potatoes. If there was beef on the menu the residents who are to have pureed would receive frozen pureed beef because that is what is available. The pureed beef was not pureed meatloaf.Interview with the Consultant Dietitian March 4, 2026, at 1:28 p.m. revealed that menus were completed by a food service company. The food was provided from an off-site commissary where it is prepared and the taste of the pureed and regular tray should be similar. Interview with the Nursing Home Administrator March 4, 2026, at 2:20 p.m. indicated that the facility does not have any control over the kitchen services.28 Pa. Code 211.6(a) Dietary Service

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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 facility policies, observations, and staff interviews, it was determined that the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety.Findings Include:A facility policy regarding food storage, dated July 10, 2025, revealed that foods that are stored on ladder/speed racks must be fully covered to prevent contamination from airborne contaminates as well as dripping condensation. Either use a bag that covers the entire cart, or cover each individually.Observations of the walk in cooler on March 2, 2026, at 9:58 a.m. revealed an uncovered wheeled tray cart. The top tray had individual cookies on Styrofoam plates that were not wrapped and were open to air. The tray below the cookies was individual servings of pureed pears that were not wrapped and were open to air. Interview with the Dietary Director on March 2, 2026, at 10:03 a.m. confirmed that food should be coveredObservations and Interview with the Dietary Director on March 2, 2026, at 10:03 a.m. revealed approximately nine packages of frozen chicken thighs in sealed plastic bags in a dry sink, thawing for the next day's meal. The Dietary Director said that they should be thawing in the cooler and directed staff to put the meat in the cooler as it should not be left in the sink to thaw.Observations of the facility's dishwasher on March 5, 2026 at 9:34 a.m. revealed that it was a high temperature dishwasher that was converted to a low temp dishwasher with chemical sanitization. There were two dietary staff in the dish room washing dishes at that time. The Dietary Director made multiple attempts to test the sanitization level of the water, but the testing strips remained white with no indication of sanitizer in the water. Interview with the Dietary Manager at the time of the observation confirmed that the chemicals were just checked the day before when the dishwasher was serviced, and feels that the problem was with the test strips. However, he had his staff prepare the three basin sinks for hand washing. 28 Pa. Code 211.6(f) Dietary Services.28 Pa. Code 207.4 Ice Containers and Storage.

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on clinical record reviews, observations, and staff interviews, it was determined that the facility failed to maintain the dignity of two of 47 residents reviewed (Residents 35, 52) who had an indwelling urinary catheter. Findings include:An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 35, dated February 19, 2026, indicated that the resident was cognitively intact and that he had an indwelling urinary catheter. A care plan for Resident 35, dated February 14, 2026, revealed that the resident had an indwelling catheter.Physician's orders for Resident 35, dated February 15, 2026, included an order for the resident to have a Urinary catheter. Observations of Resident 35 on March 2, 2026 at 10:39 a.m. revealed the resident sitting up in his wheelchair with his urinary catheter drainage bag attached to the underside of his chair and visible from the hallway and not inside a privacy bag.Observations of Resident 35 on March 3, 2026 at 1:53 p.m. revealed the resident sitting up in his wheelchair with his urinary catheter drainage bag attached to the side of his chair and visible from the hallway and not inside a privacy bag.Observations of Resident 35 on March 4, 2026 at 3:30 p.m. revealed that the resident was in his wheelchair returning from the first floor activity room with other residents and his urinary catheter was exposed to the other residents and not in a privacy bag.Interview with Nurse Aide 1 confirmed that Resident 35's urinary catheter drainage bag did not have a cover or privacy bag on it, and it should have. Interview with Licensed Practical Nurse 2 on March 4, 2026 at 3:36 p.m. confirmed that Resident 35's urinary catheter was exposed and should not have been.A quarterly MDS assessment for Resident 52, dated December 16, 2025, indicated that the resident was cognitively intact and that she had an indwelling urinary catheter. The resident's care plan, dated June 24, 2025, indicated that the resident had an indwelling urinary catheter. Physician's orders for Resident 52, dated February 22, 2026, included an order for the resident to have a urinary catheter.Observations of Resident 52 on March 6, 2026 at from 2:00 p.m. to 3:30 p.m. revealed that she was sitting in the hall with other residents and her urinary catheter drainage bag was hanging from her chair, exposed to other residents, with no privacy bag on it.Interview with Licensed Practical Nurse 2 on March 6, 2026 at 3:36 p.m. revealed that Resident 52's urinary catheter bag should have had a privacy cover on it.Interview with the Director of Nursing on March 5, 2026 at 9:10 a.m. confirmed that Residents 35 and 52's did not have a dignity bag on their urinary catheter drainage bags at the time of the observations, and they should have.28 Pa. Code 201.29(c) Resident Rights.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observations and staff interviews, it was determined that the facility failed to provide a clean and homelike environment in residents' rooms for one of 47 residents reviewed (Resident 13) and in the second floor shower room. Findings include:An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 13, dated January 5, 2026, revealed that the resident was cognitively intact and that she ambulated with a wheeled walker.Observations in Resident 13's room on March 2, 2026 at 10:59 a.m. revealed that a large floor tile was missing in front of the resident's chair. Observations in the second floor shower room on March 3, 2026 at 10:59 a.m. revealed that there were several tiles missing from the shower floor around the drain. The areas that were missing the floor tiles were observed to contain a slimy black removable substance.Interview with the Maintenance Director on March 5, 2026 at 12:10 p.m., revealed that the missing floor tiles should be replaced in Resident 13's room and in the shower room and that the shower should be sanitized.28 Pa. Code 207.2(a) Administrator's responsibility.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on review of policies, clinical records, and information provided by the facility, as well as staff interviews, it was determined that the facility failed to ensure that a thorough investigation was completed into the resident's concerns during food committee.Findings include:A facility policy regarding dated July 10, 2025, concerns/grievances revealed Social Services and designee will instruct facility to submit to the social services director that all concerns received will be investigated with in 72 hours following receipt of the concern. Within seven days following the receipt of the concern, the facility will inform the complainant.Food committee meeting minutes dated December 17, 2025 revealed that the residents wanted anything other than chicken, and again on January 21, 2026, residents were tired of chicken and sweet potatoes.There was no documented evidence that the residents' concerns about too much chicken were addressed. The current menu cycle has chicken being served 15 times over 21 days. Chicken is served for lunch every Monday, Tuesday, and Friday in addition to every Wednesday and Saturday for dinner. Interview with the Dietary Director of the hospital on March 4, 2026, at 12:10 p.m. indicated that he was not aware of any concerns with the food. In the past, the former administrator would communicate with him. Interview with the Activity Director on March 4, 2026, at 2:23 p.m. confirmed that the residents said there was a lot of chicken on the menu, however she did not fill out a grievance form for the concern. She revealed that the dietary director had not attended any of the food committee meetings in the past five months.Interview with the Nursing Home Administrator on March 4, 2026, at 2:23 p.m. confirmed that the dietary concerns should have been documented on a form, given to dietary, and if there was no response, he was to be made aware.28 Pa. Code 201.29(i) Resident Rights.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Based on review of policies, clinical records and investigative reports, as well as observations and staff interviews, it was determined that the facility failed to ensure that residents were free from any physical restraints not required to treat the resident's medical symptoms for one of 47 residents reviewed (Resident 48).Findings include:The facility's policy on restraints, dated July 10, 2025, indicated that restraints included any manual method or physical or mechanical device, material or equipment that restricts freedom of movement or access of the resident to their body.A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 48, dated February 4, 2026, revealed that the resident was severely cognitively impaired, required assistance from staff for daily care needs, and had diagnoses osteoarthritis of the knee and intellectual disabilities. Observations on March 2, 2026, at 11:32 a.m. revealed that Resident 48 was seated at a table in the second floor dining room in a broda chair (specialized wheelchair) and the locks on the back two wheels were engaged. Resident 48 was trying to push her chair away from the table. Resident 48 had a wooden puzzle that she threw on the floor. A visitor picked it up and returned it to her. At 11:56 a.m. Licensed Practical Nurse 3 entered the dining room and unlocked one and then the other wheel breaks on Resident 48's chair. Interview with Licensed Practical Nurse 3 at the time of the observation, revealed that the breaks were on to keep her from rolling backwards as the building was old and uneven. Licensed Practical Nurse 3 confirmed that both locks were engaged preventing Resident 48 from moving. Observations on March 5, 2026, at 11:07 a.m. revealed Resident 48 was sitting in dining room, with an activity in front of her. She was not interested in the activity in front of her, but she had a book on her lap. She was not trying to push back from the table and was not rolling backwards. When a staff member assisted another resident to a dining table Resident 48 then used her hands to push away from the table and she self propelled by using her hands to pull herself along the table.Interview with the Regional Consultant/Acting Director of Nursing on March 5, 2026 at 10:24 p.m. revealed that she was unable to find where the resident was documented to have her broda chair locked. 28 Pa. Code 201.18(e)(1) Management.28 Pa. Code 201.29(j) Resident rights.28 Pa. Code 211.8(a) Use of restraints.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. Based on clinical record review and staff interview, it was determined that the facility failed to ensure that residents were assessed and received trauma-informed care to eliminate or mitigate triggers for residents with the diagnosis of Post Traumatic Stress Disorder (PTSD) (a mental and behavioral disorder that develops related to a terrifying event) for one of 47 residents reviewed (Resident 11).Findings include: An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 11, dated November 20, 2025, indicated that the resident was cognitively impaired, was dependent on staff for daily care needs, and had diagnoses that included depression, anxiety, and PTSD. There was no documented evidence that the facility identified Resident 11's specific triggers that could re-traumatize the resident or implement measures as to how facility staff could prevent or minimize triggers from occurring, and there was no documented evidence of a care plan for PTSD. Interview with the Acting Director of Nursing and Regional Consultant on March 5, 2026, at 9:06 a.m. revealed that she believed Resident 11 did not trigger for PTSD due to the family's statement that they did not believe he had it, so they did not assess for triggers or create a care plan for PTSD.28 Pa Code 201.24(e)(4) admission Policy. 28 Pa Code 211.12(a)(d)(3)(5) Nursing Services. 28 Pa. Code 211.16(a) Social Services.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on review of personnel files, as well as staff interviews, it was determined that the facility failed to ensure that nurse aide performance evaluations were completed at least annually for three of five nurse aides reviewed (Nurse Aide 4, Nurse Aide 5, and Nurse Aide 6). Findings include:Review of Nurse Aide 4's personnel file revealed that she was hired July 14, 2010. There was no evidence that Nurse Aide 4 had a performance evaluation completed since July of 2024.Review of Nurse Aide 5's personnel file revealed that she was hired June 1, 2017 There was no evidence that Nurse Aide 5 had a performance evaluation completed since July of 2024.Review of Nurse Aide 6's personnel file revealed that she was hired June 14, 2011. There was no evidence that Nurse Aide 6 had a performance evaluation completed since August 2024. Interview with the Nursing Home Administrator on March 4, 2026 at 10:38 a.m. confirmed that performance evaluations were not completed for Nurses Aides 4, 5, and 6 since 2024 and that they should be done annually.28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1)(3) Management. 28 Pa. Code 201.18(e)(1) Management.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, as well as observations and staff interviews, it was determined that the facility failed to properly date medications after they were opened in two of two medication carts reviewed (First floor and second floor carts), and failed to discard expired medical supplies (Residents 46, 72, 80, 82). Findings include: The facility's policy regarding medication storage dated [DATE], revealed that medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. The facility's policy regarding medication disposal dated [DATE], revealed that the nursing staff will date multidose vials and discard opened vials as outlined to decrease the risk of contamination and bacterial or fungal growth from multidose vials. Observation on the second floor medication cart long hall on [DATE] at 10:40 a.m. revealed a Novolog KwikPen (insulin) for Resident 80 was opened on [DATE], and should have been discarded 28 days after that date per manufacturer's instructions. Interview with Licensed Practical Nurse (LPN) 3 on [DATE], at 10:40 a.m. confirmed that the Novolog KwikPen was expired and should have been discarded. Observations in the first floor long hall medication cart on [DATE], at 11:41 a.m. revealed one Ozempic pen (helps regulate blood sugar) for Resident 82 that was opened with no date, one Lantus pen (insulin) for Resident 72 that was opened with no date, and one Basaglar pen (insulin) for Resident 46 that was opened on [DATE], and should have been discarded after 28 days per manufacturer's instructions. Interview with LPN 7, On [DATE], at 11:41 a.m. confirmed that the Ozempic pen for Resident 82 should have been labeled with the date it was opened, the Lantus pen for Resident 72 should have been labeled with the date it was opened, and the Basaglar pen for Resident 46 that was opened on [DATE] should have been discarded after 28 days per manufacturer's instructions. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 80, dated [DATE], revealed that the resident was cognitively intact, utilizes walker and/or wheelchair for mobility required assistance for care, and had diagnoses of diabetes mellitus 2 (body cannot regulate blood sugar) and heart failure. Physician's orders for Resident 80, dated [DATE], included five units of Novolog insulin subcutaneously with meals. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for resident 82 dated [DATE], revealed that the resident was cognitively intact, utilized wheelchair or walker for mobility, required assistance for care, and had diabetes mellitus type 2. Physician's orders for Resident 82, dated February 27, 2026, included 0.5 milligrams of Ozempic (diabetic medication) subcutaneously (under the skin) one time a day every Friday related to type 2 diabetes. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 72, dated [DATE], revealed that the resident was severely cognitively impaired, utilizes walker or wheelchair for mobility, and requires assistance for care, and has diabetes mellitus 2 and dementia. Physician's orders for Resident 72, dated [DATE], included 20 units of Lantus insulin subcutaneously one time a day related to type 2 diabetes mellitus. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 46, dated February 20, 2026, revealed that the resident was severely cognitively impaired, utilizes walker or wheelchair for mobility, and required assistance for care., and had diagnoses of diabetes mellitus 2 and stroke with right-sided weakness. Physician's orders for Resident 46, dated [DATE], included eight units of Basaglar subcutaneously one time a day for diabetes mellitus type 2. Interview with Director of Nursing on [DATE], at 11:18 a.m. confirmed that the Novolog pen should have been discarded as it was past the 28 days from opening. Interview with Director of Nursing on [DATE], at 12:21 p.m. confirmed that the Ozempic and Lantus should have been labeled with the date they were opened, and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395297	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Huntingdon Park	1229 Warm Springs Avenue Huntingdon, PA 16652

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the Basaglar should have been discarded as it was past the 28 days from opening. 28 Pa. Code 211.9(a)(1) Pharmacy Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on facility policy, clinical record reviews, observations, and staff and resident interviews, it was determined that the facility failed to honor food preferences for one of 47 residents reviewed (Resident 26).Findings include: The facility's policy regarding nutrition services, dated July 10, 2025, for Patient Menu Selection indicated the purpose is to ensure patients' preferences are taken into consideration when menu selections are placed. Patient food preferences are respected and appropriate dietary substitutions are made. Situations might include patients with strong likes/dislikes, patients hospitalized for long lengths of time, ethnic food preferences and those observing cultural or religious dietary laws. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 26, dated December 17, 2025, indicated that the resident was cognitively intact, required assistance with care, and was independent with eating after set-up. A nutritional care plan for Resident 26, dated March 16, 2025, indicated that the resident was at risk for significant weight loss related to recent inadequate intakes and frequent meal refusals. Intervention included to provide favorite foods within diet. The current dietary management food preferences sheet for Resident 26 indicated that she disliked broccoli. Observations of Resident 26 in her room during the lunch meal on March 2, 2026, at 11:35 a.m. revealed that her tray included broccoli, and she stated, I do not like broccoli. The resident's meal ticket, dated March 2, 2026, indicated that the resident disliked broccoli. Interview with the Dietary Director on March 3, 2026, at 2:05 p.m. confirmed that Resident 26 should have been provided another vegetable option and should not have received broccoli on her meal tray. 28 Pa. Code 201.18(b)(1) Management. 28 Pa. Code 211.6(b) Dietary services. 28 Pa. Code 211.6(b) Dietary services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395297	A. Building B. Wing	03/05/2026

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies. Findings include:The facility's deficiencies and plans of corrections for a State Survey and Certification (Department of Health) survey ending April 10, 2025, and complaint surveys ending August 19, 2025 and February 10, 2026, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending March 5, 2026, identified repeated deficiencies related to quality of care, food storage/prepare/serve-sanitary, and infection control.The facility's plan of correction for a deficiency regarding quality care, cited during the surveys ending April 10, 2025, August 19, 2025, and February 10, 2026, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F684, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure that quality care was provided.The facility's plan of correction for a deficiency regarding food storage/prepare/serve-sanitary, cited during the surveys ending April 10, 2025, August 19, 2025, and February 10, 2026, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F812, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure that food was stored/prepared/served sanitarily.The facility's plan of correction for a deficiency regarding infection control, cited during the survey ending April 10, 2025, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F880, revealed that the facility's QAPI committee failed to successfully implement their plan to regarding infection control.Refer to F684, F812, F880.28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(e)(1) Management.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that appropriate signage was posted for a resident with special infection control isolation needs for three of 47 residents reviewed (Residents 35, 89, 90). Findings include:The facility's policy regarding isolation precautions, dated July 10, 2025, indicated that isolation precautions were to be implemented when a resident had an indwelling catheter and staff were to post the appropriate isolation sign on the room entrance door.An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 35, dated February 19, 2026, revealed that the resident was cognitively intact and that he had an indwelling urinary catheter. The resident's care plan, dated February 14, 2026, indicated that the resident had a Foley catheter. Physician's orders for Resident 35, dated February 15, 2026, included an order for the resident to have a urinary catheter.An admission MDS assessment for Resident 89, dated February 28, 2026, revealed that the resident was cognitively intact and that he had an indwelling urinary catheter. The resident's care plan, dated February 24, 2026, indicated that the resident had a Foley catheter. Physician's orders for Resident 89, dated February 25, 2026, included an order for the resident to have a urinary catheter.An admission MDS assessment for Resident 90, dated March 3, 2026, revealed that the resident was cognitively impaired and that he had an indwelling urinary catheter. The resident's care plan, dated February 28, 2026, indicated that the resident had a Foley catheter. Physician's orders for Resident 90, dated February 28, 2026, included an order for the resident to have a urinary catheter.Observations of Residents 35, 89, and 90 on March 2, 2026 at 10:39 a.m. and again on March 3, 2026 at 11:21 a.m. revealed that the residents were in their rooms, and there was no enhanced barrier precaution signs posted at the entrance to the resident's rooms. Interview with Licensed Practical Nurse 8 on March 3, 2026 at 10:48 a.m. confirmed that there was no signage on the door to indicate Residents 35, 89, or 90 were on enhanced barrier precautions, but there should have been.Interview with the Infection Control Nurse on March 3, 2026 at 10:55 a.m. confirmed that there should have been infection control signs by Residents 35, 89, and 90's rooms. 28 Pa. Code 211.12(d)(1)(5) Nursing services.