STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395433	A. Building B. Wing	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Tunkhannock	30 Virginia Drive Tunkhannock, PA 18657

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, select facility policy, and staff interviews, it was determined the facility failed to timely identify changes in nutritional parameters, implement appropriate nutritional interventions, and notify the attending physician and the resident's responsible party of a significant weight loss for one of 18 sampled residents (Resident 5).Findings included: A review of a facility policy entitled Weight Policy, last reviewed by the facility January 23, 2026, indicated resident weights would be obtained in a timely and accurate manner, and documented and responded to appropriately. Upon admission or readmission weights will be obtained and documented. The resident will be weighed every week for the following three (3) weeks, then monthly unless ordered otherwise by the medical doctor (MD) or nurse practitioner (NP) or the registered dietitian (RD). If a weight showed the same or greater variance, a nurse would verify the weight was obtained correctly. Significant weight losses of 5 percent in one month, 7.5 percent in three months, and/or 10 percent over six months will be tracked by the RD. The RD will work with the facility staff during the routine weight meeting to review resident weight changes and determine any additional interventions for the resident's weight change. The MD and responsible party (RP) will be made aware of significant changes in weight, and the RD or MD may order specific nutritional interventions, supplements, or other interventions if indicated. A review of Resident 5's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses that included generalized muscle a reduction in muscle strength affecting multiple muscle groups) irritable bowel syndrome (IBS, a disorder affecting the stomach and intestines that may cause abdominal pain, bloating, diarrhea, or constipation), and major depressive disorder (a mental health condition characterized by persistent low mood and loss of interest in usual activities). A review of Resident 5's comprehensive care plan, initiated January 12, 2024, identified nutritional problems or potential nutritional problems related to advanced age, mechanically altered diet texture, and mild protein store depletion (a condition in which the body's protein reserves are reduced). Goals included maintaining weight, avoiding significant weight changes, and consuming 75 percent of meals served. Planned interventions included providing the diet as ordered, obtaining weekly weights, and RD evaluation with recommendations as needed. A review of physician orders revealed an order dated December 15, 2025, at 1:53 AM, for weekly weights. A review of Resident 5's weight record revealed the following documented weights:December 21, 2025, at 1:05 PM: 120.5 poundsDecember 28, 2025, at 10:03 AM: 121.5 poundsJanuary 4, 2026: 121.5 poundsJanuary 11, 2026, at 10:32 AM: 105 poundsThe January 11, 2026, weight reflected a loss of 16.5 pounds, representing approximately 13.5 percent body weight loss in one week. The clinical record failed to reveal documentation that a reweight was obtained to verify this significant change. Review of a weight change note completed by the facility's remote RD (the RD works offsite and is not routinely physically present in the facility and provides dietary oversight though electronic record review and communication with staff) dated January 15, 2026, at 3:19 PM, in response to a (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Embassy of Tunkhannock		STREET ADDRESS, CITY, STATE, ZIP CODE 30 Virginia Drive Tunkhannock, PA 18657	

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	weight warning for the January 11, 2026, value. The RD documented a weight loss of 13.2 percent (16 pounds) greater than one month and 9.1 percent (10.5 pounds) in three months and recommended that a reweight be obtained due to significant weight loss. Resident 5's weight had not been rechecked until January 16, 2026, at 1:43 PM, when the resident's weight was recorded as 106 pounds and continued to reflect a significant weight loss. A subsequent RD note dated January 16, 2026, at 4:39 PM, documented a significant weight loss of 12.4 percent (15 pounds) in less than 30 days and 8.2 percent (9.5 pounds) in three months. The note documented the resident's body mass index (BMI), which is a measure of weight relative to height used to screen nutritional risk, as 20.7 (within normal range). The RD recommended fortified foods with all meals and a 4 ounce nutritional shake (a high-calorie, high-protein supplement) with lunch and dinner. An RD progress note dated January 23, 2026, at 2:21 PM, documented the resident's weight from January 18, 2026, was 106.2 pounds and noted the resident was tolerating a mechanical soft diet with thin liquids and consuming approximately 75 percent of meals served. The RD documented the resident was to receive 4-ounce nutritional shakes with lunch and dinner. However, the clinical record failed to reveal documented evidence that the recommended nutritional interventions, including the 4-ounce nutritional shakes with lunch and dinner, were implemented in a timely manner following the identification of the significant weight loss on January 11, 2026. Additionally, the clinical record failed to reveal documented evidence that Resident 5's attending physician and responsible party were notified of the significant weight loss. Further review of the weight record revealed a recorded weight of 104 pounds on January 25, 2026, representing an additional weight loss of 2.2 pounds from the previous recorded weight. During an interview with the Director of Nursing (DON) on January 29, 2026, at 2:13 PM, the above findings were reviewed. The Director of Nursing confirmed that no additional documentation could be provided to demonstrate timely notification of the MD and responsible party regarding the resident's significant weight loss or timely implementation of nutritional interventions. The Director of Nursing also confirmed that reweights were not completed in a timely manner. Cross Ref. F943 28 Pa Code 211.10 (c) Resident care policies. 28 Pa. Code 211.12 (c)(d)(3)(5) Nursing services.