

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395456	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER Embassy of Wyoming Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 50 N. Pennsylvania Ave. Wilkes Barre, PA 18701	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, it was determined the facility did not provide a clean, comfortable, and homelike environment for residents on three of three floors observed. Findings include: An observation conducted on March 12, 2026, at 9:15 AM in resident room [ROOM NUMBER] revealed the floor contained visible dust, food particles, debris, and dirt located under and around the resident's bed, including the area near the window and between beds. Red-colored liquid droplets were observed dispersed across the floor surface. The flooring along the perimeter walls appeared discolored. The baseboards were observed to be detached and falling away from the wall, exposing unpainted wall surfaces beneath. An observation conducted on March 12, 2026, at 9:20 AM throughout the third-floor hallways revealed multiple stains on the floors. Debris was observed throughout the hallways, including crushed food particles, straw wrappers, and empty sugar packets. Splatters of a white liquid substance were observed on the hallway floors. An observation conducted on March 12, 2026, at 9:40 AM of the third-floor dining area revealed food debris on the floor beneath a dining table. A follow-up observation on March 12, 2026, at 12:00 PM revealed the same food debris remained present beneath the table. An observation conducted on March 12, 2026, at 12:00 PM in the third-floor hallway across from the nurse's station revealed a handrail bent downward toward the floor. The handrail was loosely attached to the wall with four screws. Two holes were observed in the wall at the location of the handrail. The handrail had chipped and peeling paint. An observation conducted on March 12, 2026, at 12:30 PM in the front day room on the second floor revealed two beds stored in the corner of the room. An observation conducted on March 12, 2026, at 1:00 PM in the first-floor library revealed brown stains on the wall and a gouged area with missing paint located above the baseboard. During an interview on March 12, 2026, at 2:30 PM, the above observations were reviewed with the Nursing Home Administrator. 28 Pa. Code 201.18 (e)(1) Management. 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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>Based on a review of facility policy, prior survey findings, the facility's Plan of Correction (POC), and observations made during the revisit survey, it was determined the facility failed to implement and sustain an effective Quality Assurance and Performance Improvement (QAPI) program that identified, monitored, and corrected ongoing deficient practice related to environmental cleanliness and maintenance. Findings included: Quality Assurance and Performance Improvement (QAPI), which is a systematic and ongoing process used by a facility to identify problems, implement corrective actions, and ensure those actions are effective and sustained over time, was reviewed. A review of the facility policy titled Quality Assurance Performance Improvement, last reviewed by the facility on January 23, 2026, revealed the facility will develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on outcomes of care and quality of life. The facilities' QAPI program shall address all systems of care and management practices, include clinical care, quality of life, and resident choices, utilize the best available evidence to design and measure indicators of quality, and have facility goals that reflect the process of care and facility operation that have been shown to be predictive of desired outcomes for residents and reflect the complexities of the services provided at the facility. A review of the survey completed January 30, 2026, revealed the facility was previously cited for failing to maintain a safe, clean, comfortable, and homelike environment throughout the facility whereas the facility failed to provide housekeeping services to maintain a clean and orderly environment throughout the facility. A review of the facility's submitted Plan of Correction (POC), which is the facility's written plan describing how it will correct identified deficiencies, prevent recurrence, and monitor ongoing compliance, with a completion date of March 10, 2026, revealed the facility implemented corrective actions that included cleaning identified areas, re-educating environmental services staff, conducting routine audits of resident rooms and common areas, and reporting audit results to the QAPI committee for ongoing monitoring and evaluation. However, observations conducted throughout the facility during the revisit survey on March 12, 2026, revealed continued concerns with environmental cleanliness and maintenance across multiple floors, including resident rooms, hallways, dining areas, and common spaces. These findings were consistent with previously cited concerns and demonstrated that corrective actions were not sustained. The continued presence of environmental concerns after implementation of the Plan of Correction demonstrated that the facility's QAPI program failed to effectively monitor the identified problem, analyze the underlying causes, and ensure that corrective actions were consistently implemented and maintained. The facility's QAPI monitoring activities failed to identify the recurrence of deficient practice related to housekeeping and maintenance and failed to ensure that previously implemented corrective actions resulted in sustained compliance with regulatory requirements. Refer F584 28 Pa. Code 201.18(e)(4) Management. 28 Pa Code 211.10 (c)(d) Resident care policies.</p>		