

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395569	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Embassy of Hillsdale Park		STREET ADDRESS, CITY, STATE, ZIP CODE 383 Mountain View Drive Hillsdale, PA 15746	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, as well observations and staff interviews, it was determined that the facility failed to maintain an environment free of potential safety hazards related to the facility's hot water temperatures. Findings include:A facility policy for safe water temperatures, dated April 3, 2025, included that water temperatures will be set to temperatures of no more than 120 degrees Fahrenheit (F), or the state's allowable maximum water temperature. Observation made in the bathroom sink in room [ROOM NUMBER] on February 19, 2026, at 12:45 p.m. revealed that the water felt hot to the touch and the temperature was 120.3 degrees F. Interview with Licensed Practical Nurse 1 at the time of this observation revealed that the water was hot to touch and that she was unaware of any reported concerns by residents, staff, or visitors that the water was too hot. Observations of the Maintenance Director checking water temperatures in the shared bathroom sink between rooms [ROOM NUMBERS] on February 19, 2026, at 12:54 p.m. revealed a temperature of 115 degrees F.Observations of the Maintenance Director checking water temperatures in the bathroom sink in the shared hallway bathroom across from room [ROOM NUMBER] on February 19, 2026, at 12:56 p.m. revealed a temperature of 131 degrees F. An interview with the Maintenance Director at the time of these observations confirmed that the water temperature was too hot and should be between 100 and 110 degrees F. Observations of the Maintenance Director checking water temperatures in the bathroom sink in room [ROOM NUMBER] on February 19, 2026, at 1:13 p.m. revealed a temperature of 121.6 degrees F. An interview with the Maintenance Director at the time of the observation confirmed that the water temperature was too hot. Interview with the Maintenance Director on February 19, 2026, at 1:50 p.m. revealed that he has not been notified of any concerns by residents, staff, or visitors that the water was too hot, and that he made adjustments to the mixing valves to correct the hot water temperature. Interview with the Nursing Home Administrator on February 19, 2026, at 2:10 p.m. confirmed that the water temperatures in the residents' room should not have been that high, and that the Maintenance Director had made adjustments to decrease the hot water temperature. 28 Pa. Code 201.14(a) Responsibility of Licensee.28 Pa. Code 201.18(b)(1) Management.28 Pa. Code 211.12(d)(1)(5) Nursing Services.		

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 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 by ensuring that residents' wheelchairs were in good repair for one of 33 residents reviewed (Resident 61). Findings include: The facility's policy for safe and homelike environment dated April 3, 2025, revealed that the facility will provide a safe, clean, comfortable and homelike environment. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 61, dated February 1, 2026, indicated that the resident was cognitively impaired, required assistance from staff for daily care tasks, used a scoot and go wheelchair, and had diagnoses that included Paranoid schizophrenia and dementia. Observations of Resident's 61 scoot and go wheelchair on February 17, 2026, at 12:59 p.m. revealed that the leather on both arm rests had black tape wrapped around them. Observation of Resident's 61 scoot and go wheelchair on February 19, 2026, at 2:25 p.m. revealed that the leather on both arm rests had black tape wrapped around them. Interview with the Nursing Home Administrator on February 19, 2026, at 2:25 p.m. confirmed that Resident 61's scoot and go wheelchair had black tape around the leather armrests should have been repaired or replaced. 28 Pa. Code 201.29(j) Resident rights. 28 Pa. Code 207.2(a) Administrator's responsibility.		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to notify the resident and/or the resident's representative, in writing regarding the reason for transfer to the hospital and failed to notify the ombudsman of the transfer to the hospital, for one of 33 residents reviewed (Resident 5). Findings include: A significant change Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated January 16, 2026, indicated that the resident was cognitively impaired, required assistance from staff for her daily care needs and had diagnoses that included dementia. A nursing note for Resident 5, dated September 7, 2025, revealed that at 1:25 p.m. the resident had a witnessed fall in the hallway resulting in a skin tear to her left ring finger and a reddened area on the left side of her forehead. She was transferred to the hospital and admitted with altered mental status, a head injury, and seizures. Review of Resident 5's clinical record revealed that there was no documented evidence that the resident and legal guardian were notified in writing of the purpose for the resident's transfer, or that the ombudsman was notified regarding her hospitalization of September 7, 2025. Interview with the Nursing Home Administrator on February 20, 2026, at 10:46 a.m. confirmed that there was no documented evidence that Resident 5 and their representative were notified in writing of their transfer to the hospital, or that the ombudsman was notified regarding the hospitalizations. 28 Pa. Code 201.29(j) Resident Rights.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to develop and implement an individualized care plan for one of 33 residents reviewed (Resident 9). Findings include: The facility's policy regarding care plans, dated April 3, 2025, indicated that a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the residents medical, nursing, and mental and psychosocial needs. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 9, dated January 2, 2026, revealed that the resident was cognitively intact, was understood, could understand, and required supervision with care needs. Interview with Resident 9 on February 17, 2026, at 10:42 revealed that she has been having diarrhea for a while, and still has to take medication. A nursing note for Resident 9 dated January 28, 2026, indicated that she had a colonoscopy. Physician's orders for Resident 9, dated October 21, 2025, included an order for the resident to receive 2.5-0.025 milligrams (mg) of Lamotil (an antidiarrheal medication) every six hours as needed for diarrhea. Physician's orders for Resident 9, dated January 28, 2026, included an order for the resident to receive 2.4 grams (gm) of Mesalamine (an anti-inflammatory medication) twice a day for ulcerative colitis (chronic inflammatory bowel disease). There was no documented evidence that a care plan was developed to address Resident 9's chronic diarrhea and ulcerative colitis. Interview with the Nursing Home Administer on February 19, 2026, at 12:13 p.m. confirmed that Resident 9 did not have a care plan to address her chronic diarrhea and ulcerative colitis with medications. 28 Pa. Code 211.11(d) Resident care plan. 28 Pa. Code 211.12(d)(5) Nursing services.		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents received care and treatment in accordance with professional standards of practice, by failing to ensure that physician's orders were followed for one of 33 residents reviewed (Resident 68). Findings include:A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 68, dated December 20, 2025, revealed that the resident was understood and could understand others, was cognitively intact, and had diagnoses that included hypertension (high blood pressure), and heart failure. A care plan, dated June 14, 2024, revealed that staff were to give all cardiac medications as ordered by the physician.Physician's orders for Resident 68, dated July 15, 2025, included an order for the resident to receive 12.5 milligrams (mg) of Coreg (used to treat high blood pressure) two times a day for hypertension. Staff was to hold the medication for a blood pressure reading of less than 90/60 millimeters of mercury (mmHg) or a heart rate less than 60 beats per minute (bpm).Review of Resident 68's Medication Administration Record (MAR) for October and November 2025, and February 2026, revealed that the resident's pulse was less than 60 bpm at 7:00 a.m. on October 1, 4, 5, 9, 14, 15, 22-24, and 27-29, November 1, 2, 5-7, 10-12, 16, 19-21, 25-27, 29, and 30, 2025, and February 3, 4, 7, 8, 11-13, 16-18, 2026; however, there was no documented evidence that Coreg was held as ordered by the physician.Interview with the nursing Home Administrator on February 19, 2026, at 11:32 a.m. confirmed that there was no documented evidence that Resident 68's Coreg was held as ordered on the above dates and times.28 Pa. Code 211.12(d)(1)(5) Nursing Services.		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure the accountability of controlled medications (drugs with the potential to be abused) for one of 33 residents reviewed (Resident 77). Findings include: The facility's policy for storage of controlled medications dated April 3, 2025, revealed that the destruction/disposal of controlled medications should include a licensed nurse and a licensed pharmacist or authorized nurse supervisor. Documentation on the narcotic record will include the name of the resident, medication, prescription number, amount being destroyed, date of disposition and names and signatures of both the persons disposing of the medication. Physician's orders for Resident 77 dated September 13, 2024, included an order for the resident to receive 0.5 milligrams of Lorazepam (controlled medication for anxiety) one time a day. A nursing note for Resident 77 dated December 23, 2025, revealed that the resident ceased to breath at 4:14 a.m. A controlled narcotic sheet for Resident 77, received on December 1, 2025, revealed that 29 doses of Lorazepam were received. On December 22, 2025, the controlled narcotic sheet revealed that 9 doses of Lorazepam were remaining. There was no documented evidence that the remaining 9 doses of Lorazepam were destroyed and verified by two licensed nurses. Interview with the Nursing Home Administrator on February 20, 2026, at 11:35 a.m. confirmed that there was no documented evidence that Resident 77's Lorazepam was destroyed by two licensed nurses per the facility's policy. 28 Pa. Code 211.9(h) Pharmacy Services. 28 Pa. Code 211.12(d)(1) Nursing Services.		

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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. Based on a review of facility policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that medications were properly secured in a medication cart. Findings include: The facility's policy regarding medication storage, dated April 3, 2025, revealed that the facility will maintain and control access to medication carts for licensed and approved personnel. Observations on February 19, 2026, at 2:11 p.m. revealed that Licensed Practical Nurse 2 walked out of the medication room on the ambulatory care unit, leaving the medication cart unlocked and unsupervised inside the medication room and the door to the medication room was held open with a piece of wood. Interview with Licensed Practical Nurse 2 on February 19, 2026, at 2:14 p.m. confirmed that the medication cart was unlocked and unsupervised inside the medication room and the door to the medication room was held open with a piece of wood, and that both should have been locked. An interview with the Nursing Home Administrator on February 19, 2026, at 2:39 p.m. confirmed that the medication cart should have been locked when unsupervised, and the medication room door should have been closed and locked when the medication room was unsupervised. 28 Pa. Code 211.12(d)(1) Nursing Services.		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on a review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents' clinical records were complete and accurately documented for one of 33 residents reviewed (Residents 5). Findings include: A significant change Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated January 16, 2026, indicated that the resident was cognitively impaired, required assistance from staff for her daily care needs, and had diagnoses that included dementia. A physician's order and care plan for Resident 5, dated September 12, 2025, indicated that the resident was to use a bed and chair alarm per the family's request. Observations of Resident 5 on February 17, 2026, at 10:32 a.m. revealed that the resident was in the hallway in his chair and had an alarm in place. Review of the Treatment Administration Records (TAR's) and nurse aide documentation for Resident 5, for November and December 2025, and January and February 2026, revealed that there was no documentation by staff that the resident's bed and chair alarms were in place. Interview with the Nursing Home Administrator on February 20, 2026, at 10:46 a.m. confirmed that there was no documentation in Resident 5's clinical record indicating that the chair and bed alarms were in place. 28 Pa. Code 211.5(f) Clinical Records.		

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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 maintain compliance with nursing home regulations 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 correction for a State Survey and Certification (Department of Health) survey ending March 6, 2025, 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 February 20, 2026, identified repeated deficiencies related the development of individualized care plans, providing quality care, ensuring that the resident's environment was free from accident hazards, and preventing issues with the accountability of controlled medications (drugs with the potential to be abused). The facility's plan of correction for a deficiency regarding the development of individualized care plans, cited during the survey ending March 6, 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 F656, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure that resident's care plans were developed for their individual needs. The facility's plan of correction for a deficiency regarding quality of care, cited during the survey ending March 6, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting 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 ongoing compliance with regulations regarding quality of care. The facility's plans of correction for deficiencies regarding ensuring that the resident environment was free of accident hazards, cited during the surveys ending on March 6, 2025, revealed that audits would be conducted and the results of the audits would be brought before the QAPI committee for further monitoring. The results of the current survey, cited under F689, revealed that the QAPI committee was ineffective in maintaining compliance with the regulation regarding ensuring that the environment was free of accident hazards. The facility's plans of correction for deficiencies regarding the failure to account for controlled medications, cited during the survey ending March 6, 2025, revealed that the facility would complete audits and the results would be reviewed as part of quality assurance. The results of the current survey, cited under F755, revealed that the facility's QAPI committee was ineffective in correcting deficient practices related to the accountability of controlled medications. Refer to F656, F684, F689, F75528 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 interviews with staff, it was determined that the facility failed to maintain professional practices that support infection prevention and control for three of 33 residents reviewed (Residents 7, 11, and 26). Findings include: The facility policy regarding hand hygiene, dated April 3, 2026, included that hand hygiene is a general term for cleaning your hands with soap and water or the use of an antiseptic hand rub. The use of gloves does not replace hand hygiene. If the task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. The facility policy regarding medication administration, dated April 3, 2026, included that medications are administered by licensed nurses or other staff that are licensed to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Wash hands prior to administering medication per facility policy and product. Remove medication from its source, taking care not to touch medication with bare hands. The facility policy regarding enhanced barrier precautions (EBP), dated April 3, 2026, revealed that the facility would implement enhanced barrier precautions for the prevention of transmission of multi-drug-resistant organisms (MDRO). Enhanced barrier precautions refer to the use of a gown and gloves for use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at an increased risk of MDRO acquisition (e.g. residents with wounds or indwelling medical devices). The facility was to make gowns and gloves available immediately outside of the resident's room. High contact care activities include wound care: any skin opening requiring dressing. EBP will be used for the duration of the affected resident's stay in the facility or until resolution of the wound heals or the indwelling medical device is removed. Observation of medication administration for Resident 7 on February 20, 2026, at 6:43 a.m. revealed that Licensed Practical Nurse 3 donned gloves and administered eye drops to the resident. Upon completion of the administration of the eye drops, the Licensed Practical Nurse removed her gloves and proceeded to the medication cart and prepared and administered medications to another resident. Licensed Practical Nurse 3 did not complete hand hygiene after removing her gloves or before preparing and administering medication to the next resident. During an interview with Licensed Practical Nurse 3 on February 20, 2026, at 6:55 a.m. she stated I don't think we have to clean our hands between every resident. I am very careful not to touch anything with my bare hands. Observation of medication administration for Resident 11 on February 20, 2026, at 6:35 a.m. revealed that Licensed Practical Nurse 4 dropped a small white pill on the top of the medication cart when preparing the resident's medication then picked the pill up with her bare hands and placed it in a medication cup with other medications. Licensed Practical Nurse 4 proceeded into the resident's room and administered the medication. Interview with Licensed Practical Nurse 4 at the time of the observation confirmed that she should not have touched the resident's medication with her bare hands. An interview with the Nursing Home Administrator on February 20, 2026, at 7:33 a.m. confirmed that pills should not be touched with bare hands, and that hand hygiene should have been performed after glove removal and before providing meds to the next resident. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 26, dated January 22, 2026, revealed that the resident was cognitively intact, required assistance with daily care needs, had diagnoses that included diabetes and dementia, and had pressure ulcers. Physician's orders for Resident 26 dated June 6, 2025, included an order for the resident to have Enhanced Barrier Precautions in place every shift. Gloves and gowns to be worn when providing wound care: chronic wounds such as pressure ulcers, or diabetic foot ulcers. Physician's orders for Resident 26 dated January 9, 2026, included an order for the resident to have skin prep applied to her left heel every day and evening shift for wound care. Physician's orders for Resident 26 dated January 16, 2026, included an order for the resident to have her right ankle cleansed with 0.125 % Dakin's solution (topical antiseptic to cleanse infected wounds), apply calcium alginate (highly (continued on next page)		

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