

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395588	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2026
NAME OF PROVIDER OR SUPPLIER Embassy of Park Avenue		STREET ADDRESS, CITY, STATE, ZIP CODE 14714 Park Ave Extension Meadville, PA 16335	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on review of facility policies, observations, and resident and staff interviews, it was determined that the facility failed to implement dignified feeding practices and to maintain resident dignity for seven of 18 residents interviewed (Residents R7, R8, R9, R15, R16, R24, and R25). Findings include: Review of facility policy entitled Resident Environmental Quality dated 8/29/25, revealed it is the policy of this facility to be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary and comfortable environment for residents. Review of facility policy entitled Paper Products in the Dietary Department dated 8/29/25, revealed To ensure safe, sanitary, and high-quality food service operations by prohibiting the use of paper products (e.g., paper plates, bowls, cups, and disposable utensils) within the dietary department. This policy supports infection control, regulatory compliance, cost management, and resident dignity. Paper products are not permitted for use in food preparation, plating, or service within the dietary department except in approved emergency situations. Review of Resident Council meeting minutes and food committee minutes from 12/30/25, revealed resident concerns of food is cold and sometimes hard. Interviews on 2/18/26, between 11:30 a.m. and 5:30 p.m. with Residents R9, R16, R24 and R25 revealed that they have been receiving meals in Styrofoam containers on occasion for the last few weeks and the food is often cold as a result. The residents identified above revealed they are aware meals were being served in Styrofoam containers at dinner a few times this week due to a water issue, but unaware why meals were served in Styrofoam for the past few weeks on occasion. Resident R8 indicated that when meals are served in a disposable container, they are cold and not worthy of eating, so he/she typically orders out. Resident R8 stated, When I see a disposable container coming, I just order out. Interviews with Resident R15 on 2/19/26, at 12:00 p.m. and Resident R7 on 2/19/26, at 2:30 p.m. revealed that meals have been served in Styrofoam containers more often, and food is cold and does not taste good. Interviews on 2/18/26, between 2:00 p.m. and 5:30 p.m. with Licensed Practical Nurses (LPN) Employees E2 and E3, and interviews on 2/19/26, between 11:30 a.m. and 3:00 p.m. with LPN Employees E1, E5, and Certified Nursing Assistants (CNA) Employees E4 and E6 revealed evening and weekend meals have been served on Styrofoam quite a few times in the last few weeks. Interviews on 2/18/26, between 11:00 a.m. and 4:00 p.m. with [NAME] Employees E6 and E10 revealed that Styrofoam has been used sometimes for the dinner meals mainly due to staffing. Interview with Nursing Home Administrator (NHA) and Director of Nursing (DON) on 2/19/26, at 3:30 p.m. confirmed that Styrofoam containers have been used on occasion for the past few weeks for resident's meals. 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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<p>F 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>Based on a review of facility policy, clinical and facility records, and resident and staff interviews, it was determined that the facility failed to provide a shower/bath as resident preference for seven of 13 residents reviewed (Residents R8, R9, R19, R20, R21, R22, and R23). Findings include: A facility policy entitled Personal Care Procedure dated 8/29/25, revealed it is the policy of this facility to provide/assist resident care and hygiene to each resident based on their individual status and needs. This includes such things as baths/showers (may be a bed bath), oral care (mouth care, denture care) resident grooming and peri-care/catheter care. Our residents are different in terms of how much resident care they can do their own. Some residents: can take care of their own resident care needs without our help, others need a little help, some need a lot of help with this care, and still others can do nothing on their own and are dependent on staff to provide all of their resident care to them. Independent Residents - provide privacy, and assist as needed. (May need help with setting up supplies, or to reach body parts. Self-care and independence should be encouraged but not forced. Bath/showers may be given at any time the resident chooses. They may be done in the morning, before bed or any other time of the resident's preference. A shower may only be necessary 2-3 times per week if the resident choose this. More showers can be given per resident request. A bed bath should be given on days a resident does not get a shower per their preference. Residents who are incontinent of urine and/or stool and those that perspire a lot may need to be given personal hygiene more than once a day. Refusals - If resident refuses care, encourage but don't threaten or force. Re-offer care at a later time. Attempt to identify reason for refusal - modify schedule or procedure when possible when medical/safety parameters to honor resident preferences. Keep responsible party aware of patterns of refusal. Resident R8's clinical record revealed an admission date of 6/16/25, with diagnoses that included epilepsy (a chronic neurological disorder that involves unprovoked recurring seizures), Crohn's disease (a chronic inflammatory bowel disease), cerebral infarction (a life threatening medical emergency where blood flow to part of the brain is blocked causing brain tissue to die), monoplegia of upper limb following cerebral infarction (loss of muscle function of one arm caused by cerebral infarction). Resident R8's clinical record revealed that during 1/21/26, through 2/19/26, he/she was offered a shower/bath on 1/23/26, 1/30/26, 2/10/26, and 2/13/26. An interview with Resident R8 on 2/18/26, at 12:30 p.m. revealed he/she would like to have a shower everyday but would be satisfied with one twice weekly, which is his/her schedule. Resident R8 indicated he/she has not received a shower since last Friday 2/13/26, but should have received a shower on Tuesday 2/17/26. Resident R8 stated, I would love to get a shower every day. I can do it myself, but not allowed for safety reasons. I got myself in trouble when I was on the other unit, when I showered by myself. The showers were in our rooms. Resident R8 was observed with greasy hair. Resident R9's clinical record revealed an admission date of 7/19/22, with diagnoses that included atrial fibrillation (an irregular and often rapid heart rhythm), diabetes mellitus (a chronic disease that affects how blood sugar is regulated resulting in high levels in the blood stream), morbid obesity (severely overweight resulting in chronic health conditions), and cardiac heart failure (a condition when the heart cannot pump enough blood allowing fluid to build up in the lungs and body). Resident R9's clinical record revealed that during 1/21/26, through 2/19/26, he/she was offered a shower/bath on 1/21/26, 1/25/26, 2/08/26, 2/11/26, and 2/15/26. An interview with Resident R9 on 2/18/26, at 12:15 p.m. revealed he/she should receive his/her shower on Sundays and Wednesdays, however, did not receive his/her shower on Wednesday 2/18/26, due to no hot water situation/available in the facility. A review of facility documentation for showers for 2/18/26, revealed Resident R9</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>refused. An interview with Resident R9 on 2/19/26, at 12:30 p.m. revealed Resident R9 did not refuse his/her shower on 2/18/26. Further review of residents to receive showers/baths on 2/18/26, revealed Residents R19, R20, R21, R22, and R23 did not receive a shower/bath, but received a bed bath instead due to no hot water situation/available indicated by Certified Nursing Assistant (CNA) Employee E11 during an interview on 2/18/26, at 11:45 a.m. and Licensed Practical Nurse (LPN) Employee E12 during an interview on 2/18/26, at 12:00 p.m. Interview on 2/18/26, at approximately 1:00 p.m. with the Maintenance Director further confirmed that hot water was available for above noted residents' showers/baths. Interview with the Nursing Home Administrator (NHA) on 2/19/26, at 2:15 p.m. confirmed Residents R9, R19, R20, R21, R22, and R23 did not receive their shower/bath on 2/18/26, per each residents' preference. Interview with the Director of Nursing (DON) on 2/19/26, at 2:30 p.m. further confirmed that Resident R9 should have received a bath/shower at least twice weekly per his/her preference, and the facility lacked evidence that Resident R9 received a bath/shower twice weekly per his/her preference. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.12 (d) (1)(5) Nursing services</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Based on review of facility policies, facility records, observations, and resident and staff interviews, it was determined that the facility failed to ensure meals were prepared and served in accordance with planned menus and failed to note or update menu changes and notify residents of a change to the posted menu for five of 18 residents interviewed (Residents R7, R11, R16, R24 and R25). Findings include: Review of a facility policy dated 8/29/25, entitled Menu change policy revealed To ensure that all menu changes within the skilled nursing facility support resident preferences, nutritional adequacy, regulatory compliance, and safe food-service operations; any change to the posted or planned menu must be intentional, documented, and communicated to residents and staff; substitutions must be of equal nutritional value and meet resident preferences and dietary restrictions; menu changes require documentation on the monthly menu substitution log; menu changes must be communicated to the dietary staff during pre-meal huddles, nursing staff, residents via menu board or general communication. Interviews on 2/18/26, between 11:30 a.m. and 5:30 p.m. with Residents R7, R11, R16, R24 and R25 revealed that they have lately received foods that were not on the menu and were not notified of the changes prior to being served. Interview with LPN Employee E3 on 2/23/26, at approximately 11:00 a.m. revealed that he/she has noticed some food substitutions on resident trays at mealtimes without the kitchen advising the nursing staff or residents of the changes. During a confidential interview on 2/18/26, at approximately 10:00 a.m. it was revealed that cabbage was provided to 12-15 residents last week due to running out of the brussels sprouts and that the residents were not notified of the food substitution. It was also revealed that some food items ordered were not received at the facility. As a result there have been necessary substitutions to the menu due to those items not received and residents aren't notified of those changes. During a confidential interview on 2/19/26, at 11: 00 a.m. it was revealed that food is ordered twice a week for the facility and over the last few weeks, items ordered have been removed or substituted. Cream of broccoli soup was on the menu for dinner 2/23/26 with an anticipated delivery date of 2/19/26. The soup was not delivered as ordered and subsequently ordered again. Substitutions have to be made to the menu due to items not being received and without resident notification. During a confidential interview on 2/18/26, at 3:00 p.m. it was revealed that substitutions to the menu have been made over the last few weeks due to not receiving needed food items that were ordered. Mashed potatoes were served in place of biscuit mix for pot pie and pears instead of apples for dessert. Menus were not updated and residents not notified of the changes. During a follow-up confidential interview on 2/23/26, at 10:35 a.m. it was confirmed that the facility failed to follow planned menus, complete documentation on the monthly menu substitution log, update the menus, or alert residents of changes in the menu. 28 Pa. Code 201.18(b)(3) Management 28 Pa. Code 211.6(a) Dietary services</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>Based on review of facility policy, observations, and staff interview, it was determined the facility failed to properly maintain safe operation of essential equipment in the main kitchen and prevent excessive buildup of frost in the walk-in freezer. Findings include: Review of facility policy entitled Freezer with a policy review date of 8/29/25, indicated that all walk-in freezers shall be cleaned at least every six months; remove excess ice build-up; report any damage or any need of repair to the Maintenance Department. Observations of the walk-in freezer in the Main Kitchen on 2/18/26, at 10:30 a.m. revealed areas with an accumulation of ice including on the ceiling that extended out from the condenser to the other side of the walk-in-freezer, as well as multiple areas on the floor by the entrance to the freezer. Ice accumulation was observed on frozen food item boxes on the top of the shelves to the right and left of the entrance door. Condenser coils were observed frozen in ice. During an interview on 2/18/26, at the time of observation, the Dietary Manager confirmed that there was an accumulation of ice to include on the ceiling that extended out from the condenser to the other side of the walk-in-freezer, as well as multiple areas on the floor by the entrance to the freezer; ice accumulation was observed on frozen food item boxes on the top of the shelves to the right and left of the entrance door; and condenser coils were observed frozen in ice, and that the ice should be removed. 28 Pa. Code 201.14(a) Responsibility of licensee28 Pa. Code 201.18(b)(1)(3) Management28 Pa. Code 201.18(e)(2.1) Management</p>		