STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395588	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Park Avenue	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)
F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to ensure that the attending physician documented required visits by writing, signing, and dating a physician progress note for each visit for six of six residents reviewed (Residents R4, R7, R8, R9, 10, and R11) and failed to ensure that the physician signs and dates all orders during each of his/her visits for one of size residents reviewed (Resident R11). Findings include: A facility Policy entitled Physician Visit and Physician Delegation dated 3/5/26, revealed The physician should see the Resident within 30-day of initial admission to the facility, The physician should date, write, and sign a progress note for each visit and The physician should sign and date all orders except for the flu and pneumococcal vaccines. Resident R4's clinical record revealed an admission date of 11/1/25, with diagnoses that included Osteoarthritis (Occurs when protective cartilage that cushions the ends of the bones wears down over time leading to pain, stiffness, and reduced mobility. Commonly affected joints include the hands, knees, hips, and spine), Congestive Heart Failure (CHF - a long-term condition that happens when your heart can't pump blood well enough to give your body a normal supply causing blood and fluids collect in your lungs and legs over time), and Atrial Fibrillation (A-Fib - irregular and often rapid heartbeat that can lead to stroke, heart failure, and other complications). Resident R4's clinical record revealed a physician progress note dated 1/12/26, and not again until 6/2/26, a period of 141 days. Resident R7's clinical record revealed an admission date of 4/23/26, with diagnoses that included Diabetes (a health condition caused by the body's inability to produce enough insulin), Osteoarthritis, and CHF. Resident R7's clinical record lacked evidence of a physician progress note being completed until 6/2/26, a period of 40 days after admission. Resident R8's clinical record revealed an admission date of 5/18/24, with diagnoses that included A-Fib, High Blood Pressure, and Cervical disc Disorder with Myelopathy (A condition in which degeneration or injury to one or more intervertebral discs in the next [cervical spine] leads to compression or irritation of the spinal cord resulting in myelopathy, which is a disorder of the spinal cord that affects motor, sensory, and autonomic functions). Resident R8's clinical record revealed a physician progress note dated 2/16/26, and not again until 6/2/26, a period of 106 days. Resident R9's clinical record revealed an admission date of 6/6/25, with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD - a condition that prevents airflow to the lungs resulting in difficulty breathing), Transient Ischemic Attack (TIA - occurs when there is a brief interruption of blood flow to a part of the brain, leading to symptoms similar to those of a stroke that are temporary, typically lasting only a few minutes to a maximum of 24-hours), and High Blood Pressure. Resident R9's clinical record revealed a physician progress note dated 1/5/26, and not again until 6/2/26, a period of 148 days. Resident R10's clinical record revealed an admission date of 1/7/25, with diagnoses that included CHF, A-Fib, and Parkinson's Disease (a movement disorder of the nervous system that may result in tremors, stiffness, slowing of movement, and trouble with balance that worsens over time). Resident R10's clinical record revealed a physician progress note dated 3/19/26, and not again until 6/1/26, a period of 74 days. Resident R11's clinical record revealed an admission date of 12/24/25, with diagnoses that included Protein Calorie Malnutrition (occurs when the body does not receive enough protein and (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	energy [calories] to maintain normal tissue structure and function. It can result from inadequate dietary intake, increased nutrient requirements, or conditions that impair nutrient absorption such as chronic illness), CHF, and A-Fib. Resident R11's clinical record revealed a physician progress note dated 2/16/26, and not again until 6/1/26, a period of 106 days. Resident R11's clinical record revealed his/her admission orders weren't signed by the physician until 2/2/26, which is 40 days after his/her admission to the facility. During an interview on 6/9/26, at 2:24 p.m. the Director of Nursing confirmed that Resident R4, R7, R8, R9, R10, and R11's clinical records lacked evidence of the required physician progress notes at the time of review and that Resident R11's physician orders were not signed at the time of or within thirty days of admission as required. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.2 (d)(8) Medical director 28 Pa. Code 211.5 (f)(ii)(iv) Medical records

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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 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that the resident and his/her doctor meet face-to-face at all required visits. Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to ensure the physician alternated required resident visits with the nurse practitioner or physician's assistant for four of six residents reviewed (Residents R4, R8, R9, and R10). Findings include: A facility Policy entitled Physician Visit and Physician Delegation dated 3/5/26, revealed The physician should assign alternate physician or physician extender to make visits as appropriate by State Law and At the option of the physician, required visits in SNF's (skilled nursing facilities) after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner, or clinical nurse specialist that is acting within scope of practice defined by State law and under the supervision of the physician. Resident R4's clinical record revealed an admission date of 11/1/25, with diagnoses that included Osteoarthritis (Occurs when protective cartilage that cushions the ends of the bones wears down over time leading to pain, stiffness, and reduced mobility. Commonly affected joints include the hands, knees, hips, and spine), Congestive Heart Failure (CHF - a long-term condition that happens when your heart can't pump blood well enough to give your body a normal supply causing blood and fluids collect in your lungs and legs over time), and Atrial Fibrillation (A-Fib - irregular and often rapid heartbeat that can lead to stroke, heart failure, and other complications). Resident R4's clinical record revealed physician progress notes signed by the nurse practitioner dated 12/8/25, and 1/12/26. The clinical record lacked evidence of progress notes being alternated between the physician and the nurse practitioner as required. Resident R8's clinical record revealed an admission date of 5/18/24, with diagnoses that included A-Fib, High Blood Pressure, and Cervical disc Disorder with Myelopathy (A condition in which degeneration or injury to one or more intervertebral discs in the next [cervical spine] leads to compression or irritation of the spinal cord resulting in myelopathy, which is a disorder of the spinal cord that affects motor, sensory, and autonomic functions). C Resident R8's clinical record revealed physician progress notes signed by the nurse practitioner dated 10/13/25, 12/18/25, and 2/16/26. The clinical record lacked evidence of progress notes being alternated between the physician and the nurse practitioner as required. Resident R9's clinical record revealed an admission date of 6/6/25, with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD - a condition that prevents airflow to the lungs resulting in difficulty breathing), Transient Ischemic Attack (TIA - occurs when there is a brief interruption of blood flow to a part of the brain, leading to symptoms similar to those of a stroke that are temporary, typically lasting only a few minutes to a maximum of 24-hours), and High Blood Pressure. Resident R9's clinical record revealed physician progress notes signed by the nurse practitioner dated 11/24/25, and 1/5/26. The clinical record lacked evidence of progress notes being alternated between the physician and the nurse practitioner as required. Resident R10's clinical record revealed an admission date of 1/7/25, with diagnoses that included CHF, A-Fib, and Parkinson's Disease (a movement disorder of the nervous system that may result in tremors, stiffness, slowing of movement, and trouble with balance that worsens over time). Resident R10's clinical record revealed physician progress notes signed by the nurse practitioner dated 12/8/25, 1/8/126, 1/21/26, 2/16/26, and 3/19/26. The clinical record lacked evidence of progress notes being alternated between the physician and the nurse practitioner as required. During an interview on 6/9/26, at 2:24 p.m. the Director of Nursing confirmed that Resident R4, R8, R9, and R12's clinical record lacked evidence of alternating visits between the physician and nurse practitioner as required. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.2 (d)(8) Medical director 28 Pa. Code 211.5 (f)(ii)(iv) Medical records