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	12/11/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on review of a facility policy, observations, and staff interview, it was determined that the facility failed to ensure that food was stored in accordance with standards for food safety in a resident pantry in two of four refrigerators reviewed (Rehab Unit and North Unit). Findings include: Review of facility policy entitled Use and Storage of Food Brought in by Family or Visitors, dated 8/29/25, revealed that The facility may refrigerate labeled and dated prepared items in the nourishment refrigerator; The prepared food must be consumed by the resident within 3 days; If not consumed within 3 days, food will be thrown away by facility staff; All items not maintained are subjected to being thrown away if not removed by the resident and/or resident representative. Observations on 12/8/25, at 11:57 a.m. of a refrigerator in the Rehab Unit used for residents revealed three single serve containers of cottage cheese with a resident name and expiration date of 11/24/25, and one can of Celsius-Retro Vibe drink without a resident name or date. During an interview on 12/8/25, at the time of observation, Registered Nurse Employee E1 confirmed that food items in the resident refrigerator contained items that were not labeled as required, and/or items that were expired. Observations on 12/8/25, at 3:45 p.m. of a refrigerator in the North Unit used for residents revealed one bottle of orange juice with a resident name and expiration date of 6/15/25, and one bottle of Hazelnut coffee creamer with a resident name and expiration date of 11/15/25. During an interview on 12/8/25, at the time of observation, Nursing Assistant Employee E2 confirmed that food items in the resident refrigerator contained items that were expired. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management

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