STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Woodland Park	18889 Croghan Pike Orbisonia, PA 17243

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 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 facility policy and 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 five residents reviewed (Resident 4). Findings include: The facility's policy regarding medication administration, dated March 13, 2025, indicated that medications are to be administered by licensed nurses in accordance with professional standards. Staff are to compare the medication source (bubble pack, vial, etc) with the Medication Administration Record (MAR) to verify the resident name, medication name, form, dose, route, and time. The staff are to observe resident consumption of the medication. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 4, dated February 2, 2025, indicated that the resident was cognitively impaired, required assistance from staff for daily care needs, and had constipation and dementia. A care plan for Resident 4, dated April 29, 2024, revealed that the resident was at risk for constipation and complained of gas pains at times. Staff were to administer medications as ordered by the physician. Physician's orders for Resident 4, dated September 10, 2024, included an order for the resident to receive 8. 6-50 milligrams of senna-docusate sodium (stool softening medication) with instructions to give three tablets by mouth once time a day for constipation at 8:00 p.m. Observations of Resident 4 on April 4, 2025, at 4:24 p.m., revealed that she was lying down in bed, and there was a medication cup with three red pills and a cup of water on the over-bed table. Resident 4 sat up and took the pills. Interview with Licensed Practical Nurse 1 on March 1, 2025, at 4:47 p.m. confirmed that she left the medication at bed side, and it was to be administered in the evening. She identified the medication as senna-docusate. Interview with the Director of Nursing on April 1, 2025, at 5:17 p.m. confirmed that licensed staff responsible for medication administration should administer the medication at the physician-ordered time. (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: 395697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Woodland Park	18889 Croghan Pike Orbisonia, PA 17243

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(1)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to store medication appropriately for one of five residents reviewed (Resident 4). Findings include: The facility's policy regarding medication administration, dated March 13, 2025, indicated that medications are to be administered by licensed nurses in accordance with professional standards. Staff are to compare the medication source (bubble pack, vial, etc) with the Medication Administration Record (MAR) to verify the resident name, medication name, form, dose, route, and time. The staff are to observe resident consumption of the medication. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 4, dated February 2, 2025, indicated that the resident was cognitively impaired, required assistance from staff for daily care needs, and had constipation and dementia. A care plan for Resident 4, dated April 29, 2024, revealed that the resident was at risk for constipation and complained of gas pains at times. Staff were to administer medications as ordered by the physician. Physician's orders for Resident 4, dated September 10, 2024, included an order for the resident to receive 8. 6-50 milligrams of senna-docusate sodium (stool softening medication) with instructions to give three tablets by mouth once time a day for constipation at 8:00 p.m. Observations of Resident 4 on April 4, 2025, at 4:24 p.m. revealed that she in room [ROOM NUMBER] bed A on the locked memory unit of the facility. She was lying down in bed, and there was a medication cup with three red, round tablets and a cup of water on the over-bed table. Resident 4 sat up and took the pills. Interview with Licensed Practical Nurse 1 on March 1, 2025, at 4:47 p.m. confirmed that she left the medication at bed side and she should not have. Interview with the Director of Nursing on April 1, 2025, at 5:07 p.m. confirmed that licensed staff responsible for medication administration should remain with the resident and observe the resident ingest the medication, and not leave it at bedside. 28 Pa. Code 211.9(a)(1) Pharmacy Services. 28 Pa. Code 211.12(d)(1) Nursing Services.