

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  08/19/2025
NAME OF PROVIDER OR SUPPLIER  Embassy of Woodland Park		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on review of facility policies and observations, as well as staff interviews, it was determined that the facility failed to serve food items at appetizing temperatures. The facility's current policy regarding food temperatures, dated March 13, 2025, indicated that the serving temperature of hot food at point of service should have a temperature of greater than or equal to 120 degrees Fahrenheit (F). The menu for Monday, August 19, 2025, revealed that the lunch meal included baked fish, broccoli rice casserole, seasoned broccoli, and frosted cake. Observations in the main kitchen service area on August 19, 2025, revealed that the food cart to the 100 unit left the main kitchen at 11:54 a.m. and arrived on the 100 unit at 11:55 a.m. Trays were passed to the residents in their rooms and the last resident was served at 12:08 p.m. At 12:08 p.m. the temperature of the seasoned broccoli was 111.0 degrees F. The broccoli was lukewarm and did not taste appetizing. Interview with the Dietary Manager on August 19, 2025 at the time of the observation confirmed that the broccoli should have been hotter. 28 Pa. Code 211.6(b) Dietary Services.</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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