STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395697	A. Building B. Wing	04/08/2026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on a review of facility documents, clinical records and observations, as well as resident and staff interviews, it was determined that the facility failed to maintain resident dignity for two of seven residents reviewed (Resident 3 and Resident 4) with incontinent briefs. Findings include: The facility's current NGB & Bariatric briefs height and weight sizing chart indicated that residents would be ordered briefs based on their height and weight. Size 1/Medium: 100-150 pounds; Size 2/Large: 130-230 pounds; Size 3/XL: 210-345 pounds; Size A/Bariatric: 320-385 pounds; Size B/Bariatric: 360-440 pounds; and Size C could be used for waist sizes 90-110 inches. Observations during an interview with Resident 3 on April 8, 2026, at 11:52 a.m. revealed that she was wearing two incontinence briefs (size 2) that had been taped together by staff to fit around her. Resident 3 revealed that she was embarrassed that her briefs did not fit and stated that she had a new electric wheelchair she would like to use but was worried that the briefs would leak if she had an incontinence episode. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated March 17, 2026, revealed that the resident was understood, could understood others, was cognitively intact, required assistance from staff for daily care needs, was frequently incontinent of urine, and utilized electric wheelchair for mobility, and weighed 400 pounds. A care plan for Resident 3, dated October 20, 2025, revealed that it was very important that she go outside when the weather was good, and that her power wheelchair was to be used when out of bed. The NGB and Bariatric briefs height and weight sizing chart indicated that Resident 3 was to have size B/Bariatric (360-440 pounds) briefs. However, it was noted that chux pads (an absorbent disposable incontinence pad that is placed under a resident while in bed) were delivered to Resident 3 and not size B/Bariatric briefs. Observations during an interview with Resident 4 on April 8, 2026, at 1:12 p.m. revealed that the resident was in bed and was not wearing a brief that fit. Staff had cut the fastening off the side of a size 2/Large brief, so it would not scratch her. Only size 2/Large briefs were observed in Resident 4's room. A quarterly MDS assessment for Resident 4, dated March 11, 2026, revealed that the resident was always understood, always understood others, was cognitively intact, required assistance from staff for daily care needs, was always incontinent of urine and weighed 218 pounds. The NGB and Bariatric briefs height and weight sizing chart indicated that Resident 4 was to have size 3/XL briefs. Interview with Licensed Practical Nurse 1 on April 8, 2026, at 5:45 p.m. confirmed that Resident 4 was currently wearing a size 2/L, and that there were no size 3/XL available at this time. Interview with the Nursing Home Administrator and Director of Nursing on April 8, 2026, at 6:10 p.m. confirmed that the facility should supply incontinence briefs with the appropriate fit for the residents that require incontinence briefs, and also confirmed that bariatric residents (residents over 300 pounds) should be ordered briefs and not just incontinence pads. 28 Pa. Code 201.29(j) Resident Rights.

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