

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 06/23/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on review of facility policies, clinical records, observations, shower schedules, as well as staff and resident interviews, it was determined that the facility failed to ensure that residents were provided with showers as scheduled for one of 11 residents reviewed (Residents 11). Findings include: An annual Minimum Data Set (MDS) assessment (a mandatory assessment of a resident's abilities and care needs) for Resident 11, dated May 20, 2026, revealed that the resident was cognitively impaired, was usually able to understand others, was dependent on staff for showers/bathing, was incontinent of bowel and bladder, and had diagnoses that included cerebrovascular disease. The current care plan for Resident 11 revealed that it was very important that she choose between a tub bath, shower, bed bath, or sponge bath. Resident 11 preferred to have a bath/shower on the evening shift. Observations of Resident 11 on June 17, 2026, at 3:15 p.m. revealed that she was fully dressed and sitting in the hallway in her wheelchair. Review of the activities of daily living (ADL) documentation for Resident 11 for May and June 2026, revealed that she preferred a shower once a week on Fridays on the evening shift. However, bed baths were documented as given on May 1, May 8, May 29, and June 12 in the ADLS documentation. There was no documented evidence that the resident refused her showers on the dates listed. Interview with the Director of Nursing on June 17, 2026, at 5:21 p.m. confirmed that there was no documented evidence that Resident 11 received and/or refused her showers on the above-mentioned dates as preferred 28 Pa. Code 211.12(d)(5) Nursing services.		

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