

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395697                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Embassy of Woodland Park                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>18889 Croghan Pike<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |                                                 |
| F 0675<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Honor each resident's preferences, choices, values and beliefs.</p> <p>Based on review of clinical records, as well as resident interviews and staff interviews, it was determined that the facility failed to ensure that residents were provided appropriately fitting incontinence products for three of 11 residents reviewed (Residents 1, 4, 11). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated July 9, 2026, indicated that the resident was cognitively intact, dependent on two staff for daily care needs including toileting, was frequently incontinent of urine, and weighed 414 pounds. The resident's care plan, dated July 28, 2026, revealed that the resident had an indwelling urinary catheter (tube inserted directly into the bladder for urine drainage). Interview with Resident 1 on July 28, 2026, revealed that the resident had an indwelling urinary catheter. She stated that she has skin shearing on her buttock because the briefs she was made to wear were too small and too tight. She said that she was told the solution was to insert an indwelling urinary catheter. She stated that she has not had the proper sized briefs to wear since the nursing facility changed owners. She stated that she has had to wear a size 2 XL brief, despite her requiring at least a 4 XL brief. A quarterly MDS assessment for Resident 4, dated May 5, 2026, revealed that the resident was cognitively impaired, incontinent of urine and bowel, and weighed 247 pounds. Observations of Resident 4 on July 28, 2026, at 10:15 a.m. revealed that the resident was sitting in her wheelchair and had a large rotund abdomen. A quarterly MDS assessment for Resident 11, dated July 8, 2026, revealed that the resident was cognitively intact, required staff assistance for her activities of daily living, weighed 250 pounds, and that she had an indwelling urinary catheter. Observations of Resident 11 on July 28, 2026, at 10:22 a.m. revealed that she was sitting up in bed and had a large rotund abdomen. Interview with Nurse Aide 1 on July 28, 2026, at 10:25 a.m. confirmed that Residents 1, 4, and 11 all required briefs larger than size 2 XL, however, they were not available for them. She stated that central supply only provided up to size 2 XL briefs for the residents and they were tight. Interview with Central Supply Director and the Nursing Home Administrator on July 28, 2026, at 11:06 a.m. confirmed that the largest size brief their corporate office will permit to be purchased is a 2 XL. 28 Pa. Code 211.10(a)(c)(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(2)(5) Nursing 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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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