

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395706	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Embassy of East Mountain		STREET ADDRESS, CITY, STATE, ZIP CODE 101 East Mountain Drive Wilkes-Barre, PA 18702	

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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records and residents' financial account records and staff interview, it was determined the facility failed to return the personal funds of one discharged resident (Resident CR1) within 30 days of discharge, for one of 12 residents reviewed.</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident CR1 was admitted to the facility on [DATE], and discharged on January 2, 2025.</p> <p>A review of the resident's financial account statement, provided by the facility and dated June 1, 2025, revealed a credit balance of \$12,743.00 remained on the account, indicating funds belonging to Resident CR1 had not been disbursed within 30 days of the resident's discharge.</p> <p>Further review included an email, provided to the surveyor, from the Regional Business Office Manager (RBOM) dated May 29, 2025, which stated the facility's Business Office Manager was terminated on March 4, 2025, due to poor performance. The RBOM subsequently assumed responsibility for financial operations at this facility and two others. The RBOM acknowledged that the resident's refund had not been processed in a timely manner and that the refund was now scheduled to be issued on June 5, 2025.</p> <p>During an interview with the Director of Nursing on May 29, 2025, at 10:45 AM, it was confirmed that Resident CR1's personal funds were not returned within the required 30-day period following discharge from the facility.</p> <p>28 Pa. Code: 201.18 (b)(2)(e)(1) Management.</p> <p>28 Pa. Code 201.29(a) Resident rights</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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