STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395868	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Hearthside	450 Waupelani Drive State College, PA 16801

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 29512 Based on clinical record review and staff interview, it was determined that the facility failed to ensure complete and accurate clinical documentation for five of five residents reviewed (Residents 1, 2, 3, 4, and 5). Findings include: Clinical record review for Residents 1, 2, 3, 4, and 5 revealed that staff failed to consistently document (leaving several blank areas or areas that indicated not applicable) on their ADL Task Documentation form (Activities of Daily Living, a document staff use to indicate the Resident's self-performance and staff support needed while completing a task and/or receiving care) that indicated staff provided ADL care, such as bed mobility, transfers, skin care, eating assistance, continence status and care, and resident behaviors, on the following dates: Resident 1 August 1, 3, 6, 8, 11, 13, 15, 17, 18, 20, 25, 26, 27, 28, and 31, 2024 September 2, 4, 5, 6, 12, 13 and 17, 2024 Resident 2 August 6 and 9, 2024 September 2, 4, 5, 6, 9, 12 and 17, 2024 Resident 3 August 17, 20, 21, 22, 24, 25, 26, 29, and 31, 2024 September 2, 4, 5, 6, 12, 13 and 17, 2024 Resident 4 August 1, 5, 7, 8, 11, 14, 17, 21, 22, 24, 25, 26, 28, and 31, 2024 (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395868	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Hearthside	450 Waupelani Drive State College, PA 16801

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	September 2, 4, 6, 9, and 11, 2024 Resident 5 August 4, 6, 16, 18, 21, 23, and 25, 2024 September 8, 9, 13 and 16, 2024 This surveyor reviewed the above information during an interview on September 17, 2024, at 1:45 PM with the Nursing Home Administrator and Director of Nursing (DON). The DON revealed that the residents received care and confirmed that staff failed to document the provision of ADL care. The DON indicated that their corporate office recently removed all the portable electronic devices when the facility switched to a new ADL documentation system and had not provided the facility any additional electronic devices to assist the nurse aide staff with their documentation. 28 Pa. Code 211.5 (f) Medical records 28 Pa. Code 211.12(d)(1)(5) Nursing services