

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395868	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Embassy of Hearthsides		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0772</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have an agreement with an approved laboratory to obtain services, if on-site laboratory services aren't provided.</p> <p>29512</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to obtain laboratory work as ordered by the physician for five of seven residents reviewed (Residents 1, 3, 4, 6, and 7).</p> <p>Findings include:</p> <p>Review of the facility's contracted laboratory order sheet revealed that a Dermatology panel included skin testing for <i>Sarcoptes scabiei</i> (the mite that causes scabies).</p> <p>Clinical record review for Resident 1 revealed that on October 27, 2024, at 9:53 PM staff indicated that they had a continuing itchy rash with raised areas. On October 29, 2024, there was a physician's order for staff to obtain a Dermatology panel.</p> <p>Review of Resident 1's Dermatology panel results dated October 30, 2024, revealed that the facility's contracted laboratory did not test for <i>Sarcoptes scabiei</i> or report the results of the <i>Sarcoptes scabiei</i> test to the facility.</p> <p>Clinical record review for Resident 3, 4, 6, and 7 revealed that on October 29, 2024, there was a physician's order for staff to obtain a Dermatology panel.</p> <p>Review of Resident 3, 4, 6, and 7's Dermatology panel results date October 30, 2024, revealed that the facility's contracted laboratory did not test for <i>Sarcoptes scabiei</i> or report the results of the <i>Sarcoptes scabiei</i> test to the facility.</p> <p>There was no documentation indicating that the facility obtained a full Dermatology panel (which included testing for <i>Sarcoptes scabiei</i>) for Residents 1, 3, 4, 6, and 7 per their physician's order. The facility also failed to identify that Residents 1, 3, 4, 6, and 7's Dermatology panel results did not include testing for <i>Sarcoptes scabiei</i> until review by the surveyor on November 13, 2024, (14 days later).</p> <p>The surveyor reviewed the above findings with the Nursing Home Administrator on November 13, 2024, at 1:55 PM.</p> <p>28 Pa. Code 211.12(d)(1)(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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