

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 06/11/2025
NAME OF PROVIDER OR SUPPLIER Embassy of Hearthside		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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of select facility policies and procedures, clinical record review, and staff interview, it was determined that the facility failed to thoroughly investigate and report to the appropriate agencies an allegation of resident-to-resident physical abuse for one of five records reviewed (Resident 1).</p> <p>Findings include:</p> <p>The current facility policy entitled Abuse, Neglect, and Exploitation, revealed an immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Investigation of alleged abuse includes identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, or others who might have knowledge of the allegations. The facility will have written procedures that include reporting of all alleged violations to the Administrator, state agency, adult protective services, and to all other required agencies (law enforcement when applicable) within specified timeframes. Report immediately, but not later than two hours after the allegation is made if the events that cause the allegation involve abuse, or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse, and do not result in serious bodily injury.</p> <p>The current facility policy entitled Compliance with Reporting Allegations of Abuse, Neglect, or Exploitation, revealed it is the policy of the facility to report all allegations of abuse, neglect, exploitation, or mistreatment are reported immediately to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed timeframes. When suspicion or reports of abuse, neglect, or exploitation occur, the licensed nurse will respond to the needs of the resident and protect him or her from further incident, notify the Administrator or designee, notify the attending physician, resident's family, and Medical Director. The nurse will monitor and document the resident's condition, including response to treatment or nursing interventions, and document actions taken in the medical record. The licensed nurse will complete an incident report. The Administrator or designee will notify the appropriate agencies immediately, or as soon as possible but no later than 24 hours after discovery, obtain statements from direct care staff, and within five days of the incident, report sufficient information to describe the results of the investigation, and indicate any corrective actions taken.</p> <p>(continued on next page)</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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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Resident 1 on June 11, 2025, at 10:34 AM revealed that on May 17, 2025, at approximately 9:00 PM, Resident 2 entered his room and was rummaging through his closet. Resident 1 stated when he yelled at Resident 2 to stop, Resident 2 approached Resident 1's bed hitting his arm, and grabbing Resident 1's cell phone out of his hand. Resident 1 stated Resident 2 threw his cell phone, hitting Resident 1 in the face, just below his eye. Resident 1 stated he told the licensed practical nurse who entered the room and the registered nurse in charge what happened. Resident 1 stated he told the nurses he wanted the police called. Resident 1 indicated the staff told him that they wanted him to wait until Monday to call the police, until the Administrator could do her own investigation. Resident 1 stated that no one has done an investigation into his concern. or interviewed him. Resident 1 stated that he has text message correspondence with the Nursing Home Administrator pertaining to the incident.</p> <p>Observation of Resident 1's text correspondence with the Nursing Home Administrator revealed a text message dated June 5, 2025, noting the alleged assault happened two and a half weeks ago and no one has been in to talk to him about the incident.</p> <p>Interview with the Nursing Home Administrator over the phone and Employee 2 (assistant director of nursing) on June 11, 2025, at 11:30 AM, confirmed that the facility did not investigate or report to the appropriate authorities Resident 1's allegation of resident-to-resident physical abuse. The Nursing Home Administrator revealed that they did not thoroughly investigate and report Resident 1's allegation because there were no witnesses to the incident.</p> <p>During an interview with Employee 1 (licensed practical nurse) on June 11, 2025, at 12:02 PM, she confirmed [NAME] made the same allegation of resident-to-resident physical abuse to her on May 17, 2025. Employee 1 stated she notified the registered nurse of the allegation. Employee 1 confirmed when she entered the room Resident 1's phone was across the room.</p> <p>Interview with Employee 2 and Employee 3 (social service) on June 11, 2025, at 1:30 PM confirmed that the facility did not complete an investigation, obtain witness statements, notify law enforcement, or notify the Department of Health related to Resident 1's allegation of abuse.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 201.18(b)(1)(3)(e)(1) Management</p> <p>28 Pa Code 201.19(8) Personnel policies and procedures</p>		