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	07/01/2026

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interviews, it was determined that the facility failed to ensure a safe and functional environment on two of two nursing units observed ([NAME] and University) and for one of five residents reviewed (Resident 1). Findings include: During an interview with Resident 1, on July 1, 2026, at 11:12 AM he stated that the faucet in his room was broken. Concurrent observation revealed that the hot water handle had been replaced with an alternate knob that seemed to be secured on the previous hardware. The alternate knob, which wiggled and flopped up and down when attempting to turn the water on and off, also did not function normally to turn water on and off, sometimes functioning and sometimes required spinning the handle around multiple times. Observation of the [NAME] unit shower room on July 1, 2026, at 11:27 AM revealed that the shower faucet handle was installed incorrectly, with hot water indicator supplying cold water, and the cold indicator supplying hot water. Concurrent interview with Employee 4, nurse aide, confirmed that the faucet handle was installed with the temperature indicators reversed. Observation of the University shower room on July 1, 2026, at 11:39 AM, revealed that there was no drain cover over the shower drain. Concurrent interview with Employee 1, nurse aide, confirmed there was no drain cover present. The above information was reviewed with the Nursing Home Administrator and the Director of Nursing on July 1, 2026, at 2:30 PM. 28 Pa. Code 201.18 (b) (3) Management.

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