

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395273	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/13/2024
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NAME OF PROVIDER OR SUPPLIER: EMBASSY OF SCRANTON	STREET ADDRESS, CITY, STATE, ZIP CODE: 824 ADAMS AVENUE SCRANTON, PA 18510
STATE LICENSE NUMBER: 010102	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0684 SS=D	Based on a revisit survey completed on December 13, 2024, it was determined Embassy of Scranton corrected the deficiencies cited during the survey of November 1, 2024, but continued to be out of compliance with the following requirements of 42 CFR Part 483 Subpart B Requirements for Long Term Care and the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0684 SS=D	Continued from page 1 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	The facility is not able to retroactively correct the citations for residents 6 and 7. Medication administration times will be reviewed for current residents and adjusted to ensure medications can be delivered on time. If medications are not delivered on time, the physician or physician extender will be notified. Residents with new IV medications/treatments will be reviewed to ensure that the delivery of the ordered medication/treatment and the insertion of the intravenous line are in place to deliver the IV medication/treatment timely. If this cannot occur, the physician or physician extender will be notified. The ADON/designee will re-educate licensed nursing staff on the facility's Medication Administration policy and the Notification of Changes policy. The DON/designee will audit medication administration times	Completion Date: 01/02/2025 Status: APPROVED Date: 12/20/2024

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F 0684 SS=D	Continued from page 2	F 0684	weekly to ensure timely delivery of medication per physician's order, and if not delivered timely that the physician was notified. The DON/designee will also Review new orders for IV medications/treatments to ensure they are initiated per the physician order, or if this cannot be delivered timely that the physician or physician extender is notified. These audits will be discussed at the monthly QAPI meeting for further review and recommendations.	

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F 0684 SS=D	Continued from page 3 Based on a review of select facility policy, clinical records, and staff and resident interviews, it was determined the facility failed to ensure residents receive treatment and care in accordance with professional standards of practice, including prompt notification to the physician regarding changes in treatment for one out of 11 sampled residents (Resident 6) and the timely administration of medication in accordance with the physician's orders for one out of 11 sampled residents (Resident 7). Findings include: A review of the facility policy titled "Notification of Changes," dated June 1, 2024, revealed the purpose of the policy is to ensure the facility promptly informs the resident and consults the resident's physician when there is a change requiring notification. The policy indicates circumstances that involve notification of the physician include circumstances that require a need to alter treatment. A clinical record review revealed Resident 6 was	F 0684		

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F 0684 SS=D	Continued from page 4 admitted to the facility on November 10, 2023, with diagnoses that included sepsis (a condition that occurs when the body's immune system has an extreme response to an infection or injury) and acute kidney failure (a condition where the body's kidneys suddenly are not able to function to meet the body's needs). A physician's progress note dated November 29, 2024, at 7:47 AM revealed that Resident 6 was seen for an acute visit and indicated the resident had very slight leukocytosis (a high white blood cell count, which can indicate a range of conditions, including infections, inflammation, injury, and immune system disorders). According to the note it indicated "He (the resident) offers no urinary or infection symptoms; however, monitor closely, as the resident does fall into urosepsis (when an untreated infection spreads to the kidney) quickly. If symptoms arise, we will treat for the same". A progress note dated December 1, 2024, at 8:26 PM revealed Resident 6 has complaints of vomiting	F 0684		

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F 0684 SS=D	Continued from page 5 and some body aches. The physician and CRNP were notified. A progress note dated December 1, 2024, at 8:55 PM, revealed new physician orders from Employee 1, Certified Registered Nurse Practitioner (CRNP), received for STAT (orders or treatment that is needed quickly) blood work, urinalysis, and culture and sensitivity with directions to start intravenous normal saline solution at 1:00 AM. After results obtained, start Zosyn (an antibiotic medication) 3.375 every 8 hours for seven days. A physician's order for Resident 6 to receive intravenous fluid normal saline 09% solution with directions to use 1000 ml every shift for 100 ml an hour was initiated on December 1, 2024, at 11:00 PM. However, the earliest estimated time for an external company to initiate intravenous access line for Resident 6 was 11:00 AM on December 2, 2024. A review of the Medication Administration Record	F 0684		

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F 0684 SS=D	<p>Continued from page 6</p> <p>dated December 2024 revealed Resident 6 did not receive intravenous fluid normal saline 09% solution on December 1, 2024, or on December 2, 2024, during the AM shift.</p> <p>Further review of the clinical record revealed no documented evidence the physician or the CRNP were notified that an intravenous line was not able to be inserted until December 2, 2024, with an estimated time of 11:00 AM.</p> <p>A progress note dated December 2, 2024, at 4:27 AM revealed Resident 6 vomited a small amount of fluid which contained grapes.</p> <p>A progress note dated December 2, 2024, at 6:50 AM revealed that intravenous fluid normal saline 09% solution with directions to use 1000 ml every shift for 100 ml an hour was not administered because the facility was waiting on the external company to start an intravenous line at 11:00 AM.</p> <p>A progress note dated December 2, 2024, at 7:04</p>	F 0684		

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F 0684 SS=D	Continued from page 7 AM revealed Resident 6 was incontinent of a large amount of loose stool. A progress note dated December 2, 2024, at 1:07 PM revealed the external company successfully obtained intravenous access for Resident 6. Further review of the clinical record revealed Resident 6 did not receive his first dose of intravenous fluid normal saline 09% solution with directions to use 1000 ml until December 2, 2024, at 7:51 PM (18 hours following the initiation of physician's STAT orders). There was no documented evidence in the clinical record indicating the physician or CRNP were contacted to report the delay in treatment. During an interview on December 13, 2024, at approximately 11:15 AM, Employee 1, Certified Registered Nurse Practitioner (CRNP), indicated she ordered STAT blood work, blood culture, urinalysis, and culture and sensitivity and to initiate intravenous normal saline solution on December 2,	F 0684		

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F 0684 SS=D	Continued from page 8 2024, at 1:00 AM. Employee 1, CRNP, confirmed the facility failed to notify her of any changes in Resident 6's condition or the delay in initiating the STAT orders for Resident 6's intravenous normal saline solution. During an interview on December 13, 2024, at approximately 11:30 AM, the Director of Nursing (DON) confirmed there was no documented evidence indicating the physician or CRNP were notified that Resident 6 was vomiting, incontinent of large amounts of loose stool, or the 18-hour delay of ordered intravenous fluids. The DON confirmed it is the facility's responsibility to ensure the physician and/or CRNP is promptly consulted and notified regarding a change of treatment. A review of the facility policy titled "Medication Administration," dated August 22, 2022, revealed medications are administered by licensed nurses or other staff who are legally authorized to do so in this state {Pennsylvania}, as ordered by the physician and in accordance with professional standards of	F 0684		

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F 0684 SS=D	Continued from page 9 practice. The policy indicates that medications are to be administered within 60 minutes prior to or after the scheduled time unless otherwise ordered by a physician. A clinical record review revealed Resident 7 was admitted to the facility on June 14, 2024, with diagnoses that included chronic kidney disease (gradual loss of kidney function). A review of a quarterly Minimum Data Set assessment (MDS-a federally mandated standardized assessment process conducted periodically to plan resident care) dated November 9, 2024, revealed that Resident 7 is cognitively intact with a BIMS score of 15 (Brief Interview for Mental Status-a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13-15 indicates cognition is intact). A clinical record review revealed physician's orders	F 0684		

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F 0684 SS=D	Continued from page 10 for Resident 7 to receive: Apixaban oral tablet 2.5 mg (an anticoagulant medication) with direction to give by mouth two times a day related to the presence of a cardiac pacemaker initiated on October 11, 2024. Lidocan External Patch (lidocaine topical patch used to treat pain) with directions to apply to the back topically in the morning for back pain initiated on October 12, 2024. Lidocan External Patch 4% (lidocaine) with directions to apply to the left inner upper thigh topically in the morning for pain initiated on October 12, 2024. Bromfenac Sodium Ophthalmic Solution 0.07% with directions to instill 1 drop in both eyes in the morning for eye pain or swelling initiated on October 12, 2024. Carbidopa-Levodopa Oral tablet 25-100 mg (a	F 0684		

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F 0684 SS=D	Continued from page 11 central nervous system agent) with directions to give 1 tablet by mouth three times a day related to Parkinson's disease initiated on October 22, 2024. A Medication Administration Audit Report for November 26, 2024, through December 13, 2024, revealed Resident 7 received Apixaban oral tablet 2.5 mg (an anticoagulant medication) with direction to give by mouth two times a day {at 11:00 AM and 8:00 PM} related to the presence of a cardiac pacemaker over 60 minutes past the physician's scheduled administration order time on the following dates: Resident 7 received Apixaban oral tablet 2.5 mg 11:00 AM dose on December 3, 2024, at 2:09 PM (2 hours and 9 minutes late). Resident 7 received Apixaban oral tablet 2.5 mg 11:00 AM dose on December 8, 2024, at 1:03 PM (1 hour and 3 minutes late) Resident 7 received Apixaban oral tablet 2.5 mg	F 0684		

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F 0684 SS=D	Continued from page 12 11:00 AM dose on December 9, 2024, at 1:08 PM (1 hour and 8 minutes late) A review of Resident 7's Medication Administration Record dated December 2024 revealed Resident 7 received his 8:00 PM doses of Apixaban oral tablet 2.5 mg at the scheduled time on December 3, 8, and 9, 2024. A Medication Administration Audit Report for November 26, 2024, through December 13, 2024, revealed Resident 7 received Lidocan External Patch (Lidocaine) with directions to apply to the back topically in the morning {at 8:00 AM} for back pain was administered over 60 minutes past the physician's scheduled order time on the following date: Resident 7 received Lidocan External Patch (to back) on December 12, 2024, at 11:44 AM (2 hours and 44 minutes late). A Medication Administration Audit Report for	F 0684		

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F 0684 SS=D	Continued from page 13 November 26, 2024, through December 13, 2024, revealed Resident 7 received Lidocan (trademark) External Patch 4% (lidocaine) with directions to apply to the left inner upper thigh topically in the morning {at 8:00 AM} for pain was administered over 60 minutes past the physician's scheduled order time on the following date: Resident 7 received Lidocan (trademark) External Patch 4% (to left inner upper thigh) 8:00 AM dose on December 12, 2024, at 11:44 AM (2 hours and 44 minutes late). A Medication Administration Audit Report for November 26, 2024, through December 13, 2024, revealed Resident 7 received Bromfenac Sodium Ophthalmic Solution 0.07% with directions to instill 1 drop in both eyes in the morning {at 9:00 AM} for eye pain or swelling was administered over 60 minutes past the physician's scheduled order time on the following date: Resident 7 received Bromfenac Sodium Ophthalmic	F 0684		

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F 0684 SS=D	Continued from page 14 Solution 0.07% 9:00 AM dose on December 12, 2024, at 11:44 AM (1 hour and 44 minutes late). A Medication Administration Audit Report for November 26, 2024, through December 13, 2024, revealed Resident 7 received Carbidopa-Levodopa Oral tablet 25-100 mg with directions to give 1 tablet by mouth three times a day related to Parkinson's disease {at 8:00 AM, 12:00 PM, and 8:00 PM} related to Parkinson's 60 minutes past the physician's scheduled administration order time on the following dates: Resident 7 received Carbidopa-Levodopa oral tablet 25-100 mg 12:00 PM dose on December 3, 2024, at 2:09 PM (1 hour and 9 minutes late). According to the Medication Administration Record dated December 2024, Resident 7 received his next Carbidopa-Levodopa oral tablet 25-100 mg dose at 8:00 PM as scheduled on December 3, 2024. Resident 7 received Carbidopa-Levodopa oral	F 0684		

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F 0684 SS=D	Continued from page 15 tablet 25-100 mg 8:00 AM dose on December 12, 2024, at 11:44 AM (2 hours and 44 minutes late). According to the Medication Administration Record dated December 2024, Resident 7 received his next Carbidopa-Levodopa oral tablet 25-100 mg dose at 12:00 PM as scheduled on December 12, 2024 which was administered shortly after his 8:00 AM dose not allowing proper time between administration as ordered. Resident 7 received Carbidopa-Levodopa oral tablet 25-100 mg 8:00 AM dose on December 13, 2024, at 10:00 AM (1 hour late). According to the Medication Administration Record dated December 2024, Resident 7 received his next Carbidopa-Levodopa oral tablet 25-100 mg dose at 12:00 PM as scheduled on December 13, 2024. The delay in medication administration for the Resident 7's Carbidopa -Levodopa medication resulted in doses being given closer together than the	F 0684		

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F 0684 SS=D	<p>Continued from page 16</p> <p>prescribed intervals, potentially compromising the effectiveness of the medications and potentially negatively affecting the resident's health.</p> <p>During an interview on December 13, 2024, at 12:10 AM, Resident 7 indicated that he has concerns that he receives medication for pain later than scheduled. He explained that it takes some time after he receives the medication to get relief. Resident 7 indicated that he is frustrated that his medications are late about two to three times every week.</p> <p>During an interview on December 13, 2024, at approximately 1:00 PM, the Director of Nursing (DON) confirmed that Resident 7 received medications over an hour past the scheduled administration times per the physician's orders. The DON confirmed that it is the facility's responsibility to ensure that licensed nurses administered medications in accordance with physician's orders.</p>	F 0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395273	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 12/13/2024
NAME OF PROVIDER OR SUPPLIER: EMBASSY OF SCRANTON STATE LICENSE NUMBER: 010102			STREET ADDRESS, CITY, STATE, ZIP CODE: 824 ADAMS AVENUE SCRANTON, PA 18510		
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F 0684 SS=D	Continued from page 17 28 Pa. Code 211.10 (c) Resident care policies. 28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing services.	F 0684			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395273	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/13/2024
NAME OF PROVIDER OR SUPPLIER: EMBASSY OF SCRANTON STATE LICENSE NUMBER: 010102		STREET ADDRESS, CITY, STATE, ZIP CODE: 824 ADAMS AVENUE SCRANTON, PA 18510		
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P 5520	Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	The facility will provide staffing ratio based on July 1, 2024, regulation of one nurse aide per 10 residents on the day shift, one nurse aide per 11 residents during the evening shift, and one nurse aide per 15 residents during the night shift. All facility residents could be affected by this practice. The administrator, the nurse management team, and the nursing scheduler will be re-educated concerning CNA minimal staffing ratios and the appropriate response to unplanned variations in ratios. Administrator/designee during weekday daily review of nursing schedules will audit to ensure Certified Nurse Aide ratios are maintained. Results of these audits will be discussed at the monthly QAPI meeting for further review and recommendations.	Completion Date: 01/02/2025 Status: APPROVED Date: 12/20/2024
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395273	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/13/2024
NAME OF PROVIDER OR SUPPLIER: EMBASSY OF SCRANTON STATE LICENSE NUMBER: 010102		STREET ADDRESS, CITY, STATE, ZIP CODE: 824 ADAMS AVENUE SCRANTON, PA 18510		
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P 5520	Continued from page 1 Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum nurse aide staff to resident ratio was provided on each shift for 2 shifts out of 21 reviewed. Findings include: A review of the facility's weekly staffing records revealed that on the following date the facility failed to provide minimum nurse aide staff of 1:10 on the day shift, based on the facility's census: December 8, 2024- 8.00 NAs on the day shift, versus the required 8.20 for a census of 82. A review of the facility's weekly staffing records revealed that on the following date the facility failed to provide minimum nurse aide staff of 1:15 on the night shift, based on the facility's census: December 8, 2024- 4.25 NAs on the night shift, versus the required 5.47 for a census of 82.	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395273	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 12/13/2024
NAME OF PROVIDER OR SUPPLIER: EMBASSY OF SCRANTON STATE LICENSE NUMBER: 010102			STREET ADDRESS, CITY, STATE, ZIP CODE: 824 ADAMS AVENUE SCRANTON, PA 18510		
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P 5520	Continued from page 2 On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency. An interview with the Director of Nursing, on December 13, 2024, at approximately 1:00 PM, confirmed the facility had not met the required nurse aide to resident ratios on the above dates.	P 5520			



Certified End Page

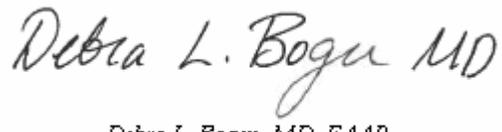
EMBASSY OF SCRANTON

STATE LICENSE NUMBER: 010102

SURVEY EXIT DATE: 12/13/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY