

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: 01/09/2025
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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 0000	INITIAL COMMENT Based on a revisit survey completed on January 9, 2025, it was determined that Embassy of Scranton corrected the federal deficiencies cited during the survey of December 13, 2024, under 42 CFR Part 483 Subpart B Requirements for Long Term Care however remained out of compliance under the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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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P 5520	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>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</p> <p>The facility is focusing on retaining current nursing staff. We have only 1 CNA opening at this time, so calls offs have been the ongoing issue.</p> <p>The facility has implemented staff incentives for current and new staff as well as reinforcing the facility call off policy to deter unnecessary call offs. NHA or designee will educate staff on incentives and call off policy.</p> <p>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.</p>	<p>Completion Date: 01/28/2025 Status: APPROVED Date: 01/27/2025</p>
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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 dates the facility failed to provide minimum nurse aide staff of 1:10 on the day shift, 1:11 on the evening shift, and 1:15 on the night shift based on the facility's census. January 3, 2025 - 6 nurse aides on the evening shift, versus the required 6.91 for a census of 76. January 5, 2025 - 7.30 nurse aides on the day shift, versus the required 7.50 for a census of 75. On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency.	P 5520		

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P 5520	Continued from page 2 An interview with the Nursing Home Administrator on January 9, 2025, at approximately 9:15 AM, confirmed the facility had not met the required nurse aide to resident ratios on the above dates.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 3 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	The facility will provide staffing ratio of one Licensed Practical Nurse per 25 residents on day shift, one Licensed Practical Nurse to 30 residents on evening shift, and one Licensed Practical Nurse per 40 residents on overnight shift. All facility residents have the potential to be affected by this practice. The facility is focusing on retaining current nursing staff. We have zero LPN openings at this time, so calls offs have been the ongoing issue. The facility has implemented staff incentives for current and new staff as well as reinforcing the facility call off policy to deter unnecessary call offs. NHA or designee will educate staff on incentives and call off policy. Administrator/designee during weekday daily review of nursing schedules will audit to ensure License Practical Nurse ratios are	Completion Date: 01/28/2025 Status: APPROVED Date: 01/27/2025

Pennsylvania Department of Health

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P 5530	Continued from page 4	P 5530	maintained. Results of these audits will be discussed at the monthly QAPI meeting for further review and recommendations.		

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P 5530	<p>Continued from page 5</p> <p>Based on a review of nurse staffing and staff interview, it was determined that the facility failed to ensure the minimum licensed practical nurse staff to resident ratio was provided on each shift for one shift out of 21 reviewed.</p> <p>Findings include:</p> <p>A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum licensed practical nurse (LPN) staff of 1:25 on the day shift, 1:30 on the evening shift, and 1:40 on the night shift based on the facility's census.</p> <p>January 4, 2025 - 1.50 LPNs on the night shift, versus the required 1.88 for a census of 75. On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency.</p> <p>An interview with the Nursing Home Administrator on January 9, 2025, approximately 9:15 AM,</p>	P 5530		

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P 5530	Continued from page 6 confirmed the facility had not met the required LPN to resident ratios on the above dates.	P 5530			



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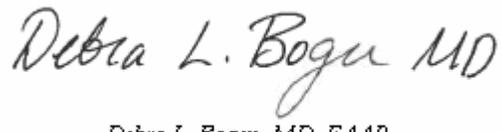
EMBASSY OF SCRANTON

STATE LICENSE NUMBER: 010102

SURVEY EXIT DATE: 01/09/2025

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