

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395433</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/30/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>EMBASSY OF TUNKHANNOCK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>30 VIRGINIA DRIVE TUNKHANNOCK, PA 18657</b>		
STATE LICENSE NUMBER: <b>551002</b>				
(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 0689 SS=G	<p>Based on an abbreviated complaint survey completed on December 30, 2024, it was determined Embassy of Tunkhannock was not in compliance with the following requirements of 42 Part 483 Subpart B Requirements for Long Term Care Facilities and the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 0689	Past noncompliance: no plan of correction required.	<p>Completion Date: <b>01/27/2025</b> Status: <b>APPROVED</b> Date: <b>01/27/2025</b></p>

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 0689  SS=G	Continued from page 1  Based on a review of clinical records, select resident investigative reports, and staff interview, it was determined the facility failed to consistently provide sufficient staff assistance and implement appropriate interventions based on individual resident needs to promote resident safety and prevent falls with serious injuries for one resident out of 7 sampled residents. (Resident 1).  Findings include:  A review of clinical records revealed that Resident 1 was admitted to the facility on March 20, 2024, with diagnosis to include muscles weakness, congestive heart failure (condition that occurs when the heart can't pump enough blood to meet the body's needs) and generalized anxiety disorder (condition that involves excessive and persistent worrying that interferes with daily life).  A Quarterly Minimum Data Set assessment (MDS is part of the U.S. federally mandated process for clinical assessment of all residents in Medicare or	F 0689		

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F 0689  SS=G	Continued from page 2  Medicaid certified nursing homes) dated September 14, 2024, revealed the resident was cognitively impaired with a BIMs score (brief interview for mental status tool is used to get a quick snapshot of how well you are functioning cognitively. It is a required screening tool used in nursing homes to assess cognition) of 4 (0-7 indicating severely cognitively impaired). The assessment indicated the resident was independent with wheelchair use.  A review of the resident's plan of care initially dated July 22, 2024, revealed the resident was at risk for falls related to a decline in functional status and non-compliance with transfers.  A review of a "Fall Risk Evaluation" dated September 3, 2024, identified Resident 1 as at high risk for falls.  A review of a progress notes dated December 19, 2024, at 5:41 PM revealed the resident had a fall in the hallway. The resident was being assisted with transportation to the dining room for dinner when	F 0689		

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F 0689  SS=G	Continued from page 3  the resident fell forward out of her wheelchair and hit her face on the floor. The fall resulted in a 7 cm x 7 cm hematoma (a pool of mostly clotted blood that forms in an organ, tissue, or body space) over her left eye, a 1cm laceration (cut) under her left eye and complaints of pain when trying to move her left arm and shoulder and subsequent transfer to the hospital.  A review of a facility investigative report dated December 19, 2024, at 5:32 PM revealed the resident was being transported by Employee 1 NA (nurse aide) to the dinette for supervised dining. It was indicated the resident pitched herself forward and fell from her wheelchair.  A review of a witness statement from Employee 1 dated December 12, 2024, revealed the employee stated she informed the resident that she would help her to the dining room for dinner. The employee indicate that she started pushing her towards the dining room and then noticed the resident started to lean forward which prompted the employee to stop	F 0689		

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F 0689  SS=G	Continued from page 4  the wheelchair. The employee stated she stopped the wheelchair and the resident lunged forward onto the floor.  A review of hospital records dated December 19, 2024, revealed the resident had an X-ray completed on her left shoulder. The results indicated the resident had a dislocation (when bones separate at a joint) of the left humeral head (the rounded end of the upper arm bone, or humerus, that forms the ball of the shoulder joint).  Further review of the hospital records dated December 19, 2024, revealed the resident had a CT scan (a noninvasive medical imaging procedure that uses Xray and computers to create detailed pictures of the inside of the body) of the head and brain. The results indicated the resident had a comminuted depressed fracture (a broken bone that has broken into three or more pieces and are pressed downward) of the left orbital floor (bone that surrounds the eye) and a suspected nondisplaced fracture (a broken bone where the	F 0689		

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F 0689  SS=G	<p>Continued from page 5</p> <p>pieces of the bone remain aligned and don't move out of place) of the right orbital wall.</p> <p>An interview with the Nursing Home Administrator (NHA) on December 30, 2024, at approximately 1:00 PM revealed all residents should have leg rests in place when being transported by staff in wheelchairs. Furthermore, the NHA stated at the time of the resident's fall leg rests were not in place on the resident's wheelchair.</p> <p>The facility failed to properly utilize leg rests to transport a resident to the dining room resulting in the resident falling from the wheelchair and sustaining a major injury.</p> <p>An interview with the Director of Nursing (DON) and the Nursing Home Administrator (NHA) confirmed the facility failed to implement effective safety measures to prevent Resident 1 from falling, resulting in serious injury and hospital transfer.</p> <p>This deficiency is cited as past non-compliance.</p>	F 0689		

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F 0689  SS=G	Continued from page 6  The facility's corrective action plan included the following: 1. Facility would be unable to change the outcome of the event that occurred with the resident on December 19, 2024.  2. All residents were assessed to determine if they can self-propel at a wheelchair/other ancillary chair level. Residents were audited to determine if leg rests were available for all wheelchairs/other ancillary chairs in the facility. Leg rests were obtained for all wheelchairs that are being utilized by residents. Leg rests bags have been ordered that will attach to all wheelchairs that will hold bilateral leg rests for immediate transport with leg rests.  3. Policy updates to be completed in cooperation with corporate clinical liaison, IDT (interdisciplinary team) and QAPI (quality assurance performance improvement) teams. Education was completed with all staff on December 21, 2024, and ongoing educations for agency personnel, vendors, and	F 0689		

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F 0689  SS=G	Continued from page 7  family members next time they are in the building to ensure that no resident is transported within the facility without leg rests on their chair, unless that resident can self-propel their wheelchair with verbal cues or independently.  4.Audits occur two times weekly by the nursing supervisor/administration to ensure no facility transport is occurring without leg rests to chairs. Audits will also present the ability to educate on the spot and provide supervision in unusual situations of behaviors when residents will not utilize leg rests or are unable to communicate during behavioral outbursts. Audits will continue for 30 days with results to the QA (quality assurance) committee for review, assessment and to ensure compliance with the new policy.  The facility's compliance date was December 21, 2024.  28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing services	F 0689		

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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	Facility cannot retroactively correct past CNA to resident ratios. 2. Facility is focusing on retention of existing nursing assistants and recruitment of new nursing assistants, through efforts of the Human Resources Manager and Nursing Administration. A corporate team has been identified to assist with recruiting efforts for nursing positions. 3. The scheduler has been educated regarding the CNA ratio regulatory requirements. Calculation of the daily CNA ratios will be completed and reviewed for accuracy by the scheduler/designee. Facility acquired OnShift platform for scheduling. Application alerts scheduler, DON, and Administrator when nursing ratios are not scheduled to be met so corrections, additions etc. can be made to meet minimum requirements. 4. Daily ratios will be audited weekly X 4 weeks then monthly X 2 months. Audits will be reviewed at QAPI for compliance	Completion Date: <b>02/03/2025</b> Status: <b>APPROVED</b> Date: <b>01/21/2025</b>
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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 35 shifts out of 42 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.  November 25, 2024 - 5.20 nurse aides on the day shift, versus the required 7.70 for a census of 77. November 25, 2024 - 4.73 nurse aides on the night shift, versus the required 5.13 for a census of 77. November 26, 2024 - 6.90 nurse aides on the evening shift, versus the required 6.91 for a census of 76. November 26, 2024 - 4.43 nurse aides on the night shift, versus the required 5.07 for a census of 76.	P 5520		

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P 5520	Continued from page 2  November 27, 2024 - 6.13 nurse aides on the evening shift, versus the required 6.91 for a census of 76. November 27, 2024 - 4.17 nurse aides on the night shift, versus the required 5.07 for a census of 76. November 28, 2024 - 4.33 nurse aides on the evening shift, versus the required 6.91 for a census of 76. November 28, 2024 - 4.23 nurse aides on the night shift, versus the required 5.07 for a census of 76. November 29, 2024 - 5.77 nurse aides on the day shift, versus the required 7.60 for a census of 76. November 29, 2024 - 5.93 nurse aides on the evening shift, versus the required 6.91 for a census of 76. November 29, 2024 - 7 4.73 nurse aides on the night shift, versus the required 5.07 for a census of 76. November 30, 2024 - 5.77 nurse aides on the day shift, versus the required 7.60 for a census of 76. November 30, 2024 - 5.70 nurse aides on the evening shift, versus the required 6.91 for a census of 76.	P 5520		

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P 5520	Continued from page 3  December 1, 2024 - 5.70 nurse aides on the day shift, versus the required 7.60 for a census of 76. December 1, 2024 - 6.20 nurse aides on the evening shift, versus the required 6.91 for a census of 76. December 20, 2024 - 7.20 nurse aides on the day shift, versus the required 7.90 for a census of 79. December 20, 2024 - 6.30 nurse aides on the evening shift, versus the required 7.18 for a census of 79. December 20, 2024 - 3.13 nurse aides on the night shift, versus required 5.27 for a census of 79. December 21, 2024 - 6.43 nurse aides on the day shift, versus the required 7.90 for a census of 79. December 21, 2024 - 4.27 nurse aides on the evening shift, versus the required 7.09 for a census of 78. December 21, 2024 - 4.63 nurse aides on the night shift, versus the required 5.20 for a census of 78. December 22, 2024 - 7.23 nurse aides on the day shift, versus the required 7.80 for a census of 78. December 22, 2024 - 6.23 nurse aides on the evening shift, versus the required 7.09 for a census	P 5520		

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P 5520	Continued from page 4  of 78. December 22, 2024 - 3.87 nurse aides on the night shift, versus the required 5.20 for a census of 78. December 23, 2024 - 5.27 nurse aides on the day shift, versus the required 7.80 for a census of 78. December 23, 2024 - 6.03 nurse aides on the evening shift, versus the required 7.09 for a census of 78. December 24, 2024 - 7.47 nurse aides on the day shift, versus the required 7.50 for a census of 75. December 24, 2024 - 6.67 nurse aides on the evening shift, versus the required 6.73 for a census of 74. December 24, 2024 - 3.10 nurse aides on the night shift, versus the required 4.87 for a census of 73. December 25, 2024 - 4.67 nurse aides on the day shift, versus the required 7.30 for a census of 73. December 25, 2024 - 5.40 nurse aides on the evening shift, versus the required 6.73 for a census of 74. December 25, 2024 - 2.13 nurse aides on the night shift, versus the required 4.93 for a census of 74. December 26, 2024 - 4.72 nurse aides on the day	P 5520		

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P 5520	Continued from page 5  shift, versus the required 7.40 for a census of 74. December 26, 2024 - 6.17 nurse aides on the evening shift, versus the required 6.73 for a census of 74. December 26, 2024 - 4.30 nurse aides on the night shift, versus the required 4.93 for a census of 74.  On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency.  An interview with the Nursing Home Administrator on December 30, 2024, at approximately 2:30 PM, 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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NAME OF PROVIDER OR SUPPLIER: <b>EMBASSY OF TUNKHANNOCK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>30 VIRGINIA DRIVE TUNKHANNOCK, PA 18657</b>		
STATE LICENSE NUMBER: <b>551002</b>				
(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
P 5530	Continued from page 6  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	Facility cannot retroactively correct past LPN to resident ratios. 2. Facility is focusing on retention of existing LPNs and recruitment of new LPNs, through efforts of the Human Resources Manager and Nursing Administration. An employer team has been established to assist facility in recruitment and marketing for recruitment. LPN rates have been increased per new union contract with Embassy Healthcare, LLC. 3. The scheduler has been educated regarding the LPN ratio regulatory requirements. Calculation of the daily LPN ratios will be completed and reviewed for accuracy by the scheduler/designee. 4. Daily ratios will be audited weekly X 4 weeks then monthly X 3 months. Audits will be reviewed at QAPI for compliance.	Completion Date: <b>02/03/2025</b> Status: <b>APPROVED</b> Date: <b>01/21/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395433</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/30/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>EMBASSY OF TUNKHANNOCK</b>  STATE LICENSE NUMBER: <b>551002</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>30 VIRGINIA DRIVE TUNKHANNOCK, PA 18657</b>		
(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
P 5530	Continued from page 7  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 14 shifts out of 42 reviewed.  Findings include:  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.  November 28, 2024 - 2.19 LPNs on the evening shift, versus the required 2.53 for a census of 76. November 30, 2024 - 1 LPN on the night shift, versus the required 1.90 for a census of 76. December 1, 2024 - 2.16 LPNs on the evening shift, versus the required 2.53 for a census of 76. December 20, 2024 - 2,94 LPNs on the day shift, versus the required 3.16 for a census of 79.	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395433</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/30/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>EMBASSY OF TUNKHANNOCK</b>  STATE LICENSE NUMBER: <b>551002</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>30 VIRGINIA DRIVE TUNKHANNOCK, PA 18657</b>		
(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
P 5530	Continued from page 8  December 20, 2024 - 2.09 LPNs on the evening shift, versus the required 2.63 for a census of 79. December 21, 2024 - 3 LPNs on the day shift, versus the required 3.16 for a census of 79. December 21, 2024 - 2.03 LPNs on the evening shift, versus the required 2.60 for a census of 78. December 22, 2024 - 1.66 LPNs on the day shift, versus the required 3.12 for a census of 78. December 22, 2024 - 2.28 LPNs on the evening shift, versus the required 2.60 for a census of 78. December 24, 2024 - 1 LPN on the night shift, versus the required 1.83 for a census of 73. December 25, 2024 - 2.09 LPNs on the day shift, versus the required 2.92 for a census of 73. December 25, 2024 - 2.13 LPNs on the evening shift, versus the required 2.47 for a census of 74. December 25, 2024 - 1 LPN on the night shift, versus the required 1.85 for a census of 74. December 26, 2024 - 2 LPNs on the evening shift, versus the required 2.47 for a census of 74.  On the above dates mentioned no additional excess higher-level staff were available to compensate this	P 5530		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395433</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/30/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>EMBASSY OF TUNKHANNOCK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>30 VIRGINIA DRIVE TUNKHANNOCK, PA 18657</b>		
STATE LICENSE NUMBER: <b>551002</b>				
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P 5530	Continued from page 9  deficiency.  An interview with the Nursing Home Administrator on December 30, 2024, approximately 2:30 PM, confirmed the facility had not met the required LPN to resident ratios on the above dates.	P 5530		
P 5640		P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395433</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/30/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>EMBASSY OF TUNKHANNOCK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>30 VIRGINIA DRIVE TUNKHANNOCK, PA 18657</b>		
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P 5640	Continued from page 10  Nursing services.  (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.  This REGULATION is not met as evidenced by:	P 5640	Facility cannot retroactively correct past nursing hours. 2. Facility is focusing on retaining current nursing staff and recruitment using in-house recruitment resources and a company team to assist with recruitment, dedicated to only nursing applicants to correct nursing hours. Facility has contracted with 3 staffing agencies to augment facility employees for nursing department. 3. Facility is implementing 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. 4. NHA/designee will audit nursing hours weekly for three weeks then monthly X 3 months. Audits will be reviewed by QA monthly X 3 months to ensure compliance with POC.	Completion Date: <b>02/03/2025</b> Status: <b>APPROVED</b> Date: <b>01/21/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395433</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/30/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>EMBASSY OF TUNKHANNOCK</b>  STATE LICENSE NUMBER: <b>551002</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>30 VIRGINIA DRIVE TUNKHANNOCK, PA 18657</b>		
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P 5640	Continued from page 11  Based on a review of nurse staffing and resident census and staff interview, it was determined that the facility failed to consistently provide minimum general nursing care hours to each resident daily.  Findings include:  A review of the facility's staffing levels revealed that on the following dates the facility failed to provide minimum nurse staffing of 3.2 hours of general nursing care to each resident: November 25, 2024, 2024 - 2.72 direct care nursing hours per resident. November 27, 2024 - 3.12 direct care nursing hours per resident. November 28, 2024 - 2.74 direct care nursing hours per resident. November 29, 2024 - 2.88 direct care nursing hours per resident. November 30, 2024 - 2.69 direct care nursing hours per resident. December 1, 2024 - 2.88 direct care nursing hours per resident.	P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395433</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/30/2024</b>	
NAME OF PROVIDER OR SUPPLIER: <b>EMBASSY OF TUNKHANNOCK</b>  STATE LICENSE NUMBER: <b>551002</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>30 VIRGINIA DRIVE TUNKHANNOCK, PA 18657</b>		
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P 5640	<p>Continued from page 12</p> <p>December 20, 2024 - 2.62 direct care nursing hours per resident. December 21, 2024 - 2.52 direct care nursing hours per resident. December 22, 2024 - 2.59 direct care nursing hours per resident. December 23, 2024 - 2.92 direct care nursing hours per resident. December 24, 2024 - 2.81 direct care nursing hours per resident. December 25, 2024 - 2.14 direct care nursing hours per resident. December 26, 2024 - 2.68 direct care nursing hours per resident.</p> <p>The facility's general nursing hours were below minimum required levels on the dates noted above.</p> <p>An interview with the Nursing Home Administrator on December 30, 2024, at approximately 2:30 PM confirmed the facility failed to consistently provide minimum general nursing care hours to each resident daily.</p>	P 5640		



# Certified End Page

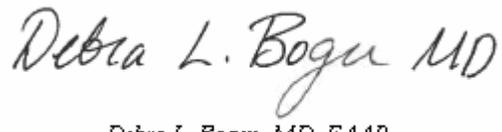
**EMBASSY OF TUNKHANNOCK**

**STATE LICENSE NUMBER: 551002**

**SURVEY EXIT DATE: 12/30/2024**

**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