

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>02/11/2025</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  Based on a revisit and abbreviated complaint survey completed on February 11, 2025, at Embassy of Tunkhannock it was determined that there were no federal deficiencies cited under 42 CFR Part 483 Subpart B Requirements for Long Term Care as they relate to the health portion of the survey process, however, the facility was not in compliance with 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	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. Union SEIU has extended a free tuition for nurse aides as hired in ancillary 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>03/25/2025</b> Status: <b>APPROVED</b> Date: <b>03/06/2025</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 15 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.  February 4, 2025- 7.13 nurse aides on the day shift, versus the required 7.50 for a census of 75.  February 4, 2025- 5.23 nurse aides on the evening shift, versus the required 6.91 for a census of 76.  February 5, 2025 - 6.73 nurse aides on the evening shift, versus the required 7.00 for a census of 77.	P 5520		

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P 5520	Continued from page 2  February 5, 2025- 3.70 nurse aides on the night shift, versus the required 5.13 for a census of 77.  February 6, 2025 - 6.10 nurse aides on the day shift, versus the required 7.70 for a census of 77.  February 6, 2025 - 6.07 nurse aides on the evening shift, versus the required 6.91 for a census of 76.  February 6, 2025- 4.70 nurse aides on the night shift, versus the required 5.07 for a census of 76.  February 7, 2025- 7.17 nurse aides on the day shift, versus the required 7.60 for a census of 76.  February 7, 2025- 4.20 nurse aides on the night shift, versus the required 5.07 for a census of 76.  February 8, 2025- 4.87 nurse aides on the evening shift, versus the required 7.00 for a census of 77.  February 8, 2025- 2.93 nurse aides on the evening shift, versus the required 5.13 for a census of 77.	P 5520		

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P 5520	Continued from page 3  February 9, 2025- 5.13 nurse aides on the day shift, versus the required 7.60 for a census of 76.  February 9, 2025- 4.37 nurse aides on the evening shift, versus the required 6.91 for a census of 76.  February 10, 2025 - 7.10 nurse aides on the day shift, versus the required 7.60 for a census of 76.  February 10, 2025- 5.57 nurse aides on the evening shift, versus the required 6.91 for a census of 76.  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 February 11, 2025, at approximately 12:30PM, confirmed the facility had not met the required nurse aide to resident ratios on the above dates.	P 5520		

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P 5640	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5640	<p>Facility cannot retroactively correct past nursing hours.</p> <p>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.</p> <p>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.</p> <p>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</p>	<p>Completion Date: <b>03/25/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>03/06/2025</b></p>

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P 5640	Continued from page 5  Based on a review of nurse staffing and resident census and staff interview, it was determined 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:  February 4, 2025 - 2.94 direct care nursing hours per resident.  February 5, 2025- 2.95 direct care nursing hours per resident.  February 6, 2025- 2.80 direct care nursing hours per resident.  February 7, 2025- 3.04 direct care nursing hours per resident.	P 5640		

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P 5640	Continued from page 6  February 8, 2025- 2.69 direct care nursing hours per resident.  February 9, 2025- 2.70 direct care nursing hours per resident.  February 10, 2025- 2.97 direct care nursing hours per resident.  The facility's general nursing hours were below minimum required levels on the dates noted above.  An interview with the Nursing Home Administrator on February 11, 2025, at approximately 12:30PM confirmed the facility failed to consistently provide minimum general nursing care hours to each resident daily.	P 5640		



# Certified End Page

**EMBASSY OF TUNKHANNOCK**  
**STATE LICENSE NUMBER: 551002**  
**SURVEY EXIT DATE: 02/11/2025**

**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