

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)         |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>395433</b>                      | (X2) MULTIPLE CONSTRUCTION:<br>A. BLDG: __-_____<br>B. WING: _____                                   | (X3) DATE SURVEY COMPLETED:<br><br><b>03/31/2025</b> |
|--|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER:<br><b>EMBASSY OF TUNKHANNOCK</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE:<br><b>30 VIRGINIA DRIVE<br/>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                                   |
| E 0000   | INITIAL COMMENT<br><br>Based on an Emergency Preparedness Survey completed on March 31, 2025, at Embassy of Tunkhannock, it was determined there were no deficiencies identified with the requirements of 42 CFR 483.73. | E 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.



# Certified End Page

**EMBASSY OF TUNKHANNOCK**

**STATE LICENSE NUMBER: 551002**

**SURVEY EXIT DATE: 03/31/2025**

**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

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| K 0000   | INITIAL COMMENT<br><br>Facility ID# 551002<br>Component 01<br>Main Building<br>Based on a Medicare/Medicaid Recertification Survey completed on March 31, 2025, it was determined that Embassy of Tunkhannock was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).<br>This is a one story, Type II (000), unprotected, noncombustible building, that is fully sprinklered. | K 0000   |  |  |
| K 0324<br>SS=C   |   | K 0324   |  |  |

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TITLE:

(X6) DATE:

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| K 0324<br><br>SS=C  | Continued from page 1<br><br>NFPA 101 Cooking Facilities<br><br>Cooking Facilities<br>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:<br>* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2<br>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or<br>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.<br>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.<br>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2<br><br>This REQUIREMENT is not met as evidenced by: | K 0324   | Facility cannot retroactively correct deficiency<br><br>Education provided to Maintenance Director on annual inspections for Ansul system<br><br>Maintenance Director scheduled inspection for 4/25/2025 of the automated fire suppression Ansul system. Vendor educated as to importance of timely inspections as scheduled each 6-month interval.<br><br>NHA/designee will review inspection binder including Ansul system biannually to ensure all inspections are completed. Results to the QA committee to ensure compliance. | Completion Date:<br><b>04/25/2025</b><br>Status:<br><b>APPROVED</b><br>Date:<br><b>04/17/2025</b> |
|   |  |  |  |   |

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| K 0324<br><br>SS=C   | Continued from page 2<br><br>Based on documentation review and interview, it was determined the facility failed to maintain cooking facilities in one instance, affecting one of one floor.<br><br>Findings include:<br><br>1. Observation on March 31, 2025, at 12:22 p.m., revealed the facility lacked one of two required ansul system inspections for the preceding twelve month period.<br><br>Exit interview with the Facility Administrator and the Facilities Manager on March 31, 2025, between 12:30 p.m., and 12:35 p.m., confirmed the cooking facilities deficiency. | K 0324   |  |  |
| K 0919<br><br>SS=E   |  | K 0919   |  |  |

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| K 0919<br><br>SS=E   | Continued from page 3<br><br>NFPA 101 Electrical Equipment - Other<br><br>Electrical Equipment - Other<br>List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99)<br><br>This REQUIREMENT is not met as evidenced by: | K 0919   | Facility cannot retroactively correct deficiency<br><br>Facility audit of all junction boxes completed by maintenance director. All junction boxes were secured. Junction box cited during survey corrected at time of survey<br><br>Education provided to maintenance staff on security of junction boxes. Maintenance director/designee to audit junction boxes monthly X 3 months with results sent to the QA committee to ensure compliance. | Completion Date:<br><b>04/28/2025</b><br>Status:<br><b>APPROVED</b><br>Date:<br><b>04/18/2025</b> |
|  |  |  |  |   |

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| K 0919<br><br>SS=E   | Continued from page 4<br><br>Based on observation and interview, it was determined the facility failed to maintain electrical systems in one instance, affecting one of one floor.<br><br>Findings include:<br><br>1. Observation on March 31, 2025, at 11:55 a.m., revealed an unsecured junction box, located above the suspended ceiling assembly, within Room 104.<br><br>Exit interview with the Facility Administrator and the Facilities Manager on March 31, 2025, between 12:30 p.m., and 12:35 p.m., confirmed the electrical systems deficiency. | K 0919   |  |  |

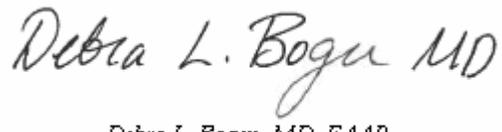


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