STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395433	A. BLDG: 00 B. WING:	04/16/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
EMBASSY OF TUNKHANNOCK STATE LICENSE NUMBER: **551002**	**30 VIRGINIA DRIVE** **TUNKHANNOCK, PA 18657**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 an abbreviated complaint survey completed on April 16, 2025, 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.	F 0000		
F 0605 SS=D		F 0605		

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 0605 SS=D	Continued from page 1 483.10(e)(1), 483.12(a)(2) Right to be Free from Chemical Restraints §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.	F 0605	Facility cannot retroactively correct deficiency. Resident 1's Ativan Gel was discontinued after review from the physician on 4/29/2025. PRN Ativan was ordered by physician beginning 4/30/2025 while facility completes a seven-day tracker of behaviors. Behavior monitoring ordered at the time of the new PRN medication. Care plan updated to reflect current orders. 2. Current residents reviewed for PRN medications, behavioral monitoring and physician assessments with no corrections required. 3. Education provided to physician assistant and medical director regarding PRN medication orders and required assessment of medication. Education provided to nursing staff on behavior documentation and use of non-pharmacological interventions prior to PRN usage. 4. DON/designee will audit daily order summaries for PRN medications and examine use of PRN medications to ensure the	Completion Date: **05/12/2025** Status: **APPROVED** Date: **05/08/2025**

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F 0605 SS=D	Continued from page 2 This REQUIREMENT is not met as evidenced by:	F 0605	regulations for PRN medications are followed X 2 weeks, then monthly X 2 months. Results to be forwarded to QAPI committee to ensure compliance.	

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F 0605 SS=D	Continued from page 3 Based on review of clinical records, select facility policy review, and staff interview it was determined that the facility failed to ensure that one resident out of five sampled was free of chemical restraints used to most readily control the resident's behavior and not required to treat the resident's medical symptoms (Resident 1). Findings include: A review of the Facility's Policy labeled "Restraint Free Environment" last reviewed by the facility on June 1, 2024, reviewed on April 15, 2025, at approximately 1:30PM defines a chemical restraint as any medication that is used for discipline or staff convenience, and not required to treat medical symptoms. The policy further revealed the resident's medical record must include documentation that less restrictive alternatives were attempted to treat the medical symptom but were ineffective, ongoing re-evaluation of the need for the restraint and the effectiveness of the restraint in treating the medical symptom.	F 0605		

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F 0605 SS=D	Continued from page 4 A review of Resident 1's clinical record revealed admission to the facility on March 4, 2024, with diagnoses to include vascular dementia with behavioral disturbance (a condition caused by impaired blood flow, characterized by poor judgement and memory impacting daily functioning) and anxiety disorder (a disorder characterized by excessive worry and fear that can significantly impact daily life.) A Quarterly Minimum Data Set assessment (MDS- a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated February 11, 2025, revealed the resident was severely cognitively impaired with no BIMS score available (brief interview for mental status, a tool to assess the resident's attention, orientation and ability to register and recall new information). A review of the resident's clinical record revealed the following orders:	F 0605		

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F 0605 SS=D	Continued from page 5 November 22, 2024- Compound lorazepam gel (Ativan a benzodiazepine antianxiety medication topical gel in semisolid form dispensed through a pump mechanism that allows for easy application to the skin for absorption of the medication) apply to wrist topically at 1:00PM daily. January 3,2025- Compound lorazepam gel apply to wrist topically every 8 hours as needed (PRN) for anxiety, in addition to the lorazepam gel being applied in the afternoon at 1:00 PM. In addition to these orders the resident was also prescribed Depakote 750 mg (a medication used to manage agitation and other behavioral symptoms) via oral route daily and Zoloft 25mg via oral route daily (a selective Serotonin Reuptake inhibitor medication used to manage mood and behavioral symptoms in people with dementia). A review of the medication administration record revealed the resident was administered the as needed dose (PRN) lorazepam gel in addition to the	F 0605		

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F 0605 SS=D	Continued from page 6 1:00PM dose of lorazepam gel on the following dates without any supporting documentation of increased anxiety or behaviors: January 6, 2025, at 07:54 AM January 7, 2025, at 02:40AM January 9, 2025, at 07:11PM January 23, 2025, at 07:52PM January 27,2025 at 6:26 PM February 8, 2025, at 3:09 PM February 10, 2025, at 6:27PM February 15, 2025, at 5:53 PM A review of the resident's clinical record revealed the resident had no contraindication for taking oral medications. Further record review revealed that all other medications administered to the resident were administered via the oral route. Observation of the resident on April 15, 2025, at 09:00AM revealed the resident sleeping in the common area of the facility, not easily arousable. A second observation at approximately 10:30AM	F 0605		

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F 0605 SS=D	Continued from page 7 revealed the same. A third observation at 12:30 PM revealed the resident awake and communicating with other residents. During an interview with the Director of Nursing (DON) on April 15, 2025, at 09:00AM, the DON stated the lorazepam gel had been initiated in November 2024 due to the resident refusing oral lorazepam. However, the facility failed to provide any documented evidence the resident was unable to tolerate oral medications. The resident's current psychotropic medications, Depakote and Zoloft, were both administered orally without documented difficulty. The use of lorazepam gel in this case, in the absence of documented behaviors, medical symptoms, or an inability to take oral medications, suggests the medication was not used for the treatment of a specific medical condition, thus constituting a chemical restraint. Because the resident was assessed as severely	F 0605		

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F 0605 SS=D	Continued from page 8 cognitively impaired, she lacked the capacity to make informed decisions or express refusal regarding her medication regimen. The lorazepam gel was applied to the resident's skin on the wrist without evidence of consent or objection, despite the absence of documented medical symptoms at the time of administration. This prevented the resident from participating in decisions about her care and eliminated any ability to refuse the medication, further supporting the classification of the lorazepam gel as a chemical restraint. Further review of a facility policy labeled "Medication Regimen Review" last reviewed by the facility June 1, 2024, revealed PRN (as needed) medications are limited to 14 days. To extend a PRN order past 14 days, the prescriber must document their rationale in the medical record and indicate the duration for the PRN order. The resident's clinical record failed to contain evidence the prescriber had a documented rationale in the medical record for the extended period of the	F 0605		

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F 0605 SS=D	Continued from page 9 as needed medication (PRN) administration past 14 days. An interview with Employee 1 NA (nurse aide) revealed the resident is usually groggy and not easily arousable until around 12:00PM each day. He revealed the resident would display certain behaviors usually in the afternoon. The facility failed to show evidence a less restrictive alternative treatment was attempted based on an appropriate assessment, care planning by the interdisciplinary team, and physician documentation of the medical symptoms. The resident's clinical record failed to contain evidence the facility staff and/or physician had identified, to the extent possible, and addressed the potential underlying causes of Resident 1's behavior such as environmental factors and over stimulation. During an interview with the Director of Nursing (DON) on April 15, 2025, at approximately	F 0605		

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F 0605 SS=D	Continued from page 10 12:00PM, the DON confirmed the facility failed to provide documented evidence the resident was experiencing symptoms that would warrant nursing staff to administer the as needed (PRN) medication or the resident was unable to tolerate an oral method of medication administration. 28 Pa. Code 211.12 (d)(1)(2)(5) Nursing Services 28 Pa. Code 211.8 (e) Use of restraints 28 Pa. Code 211.5(i)(ii)(viii)(xi) Clinical records 28 Pa. Code 211.9(b)(2) Pharmacy services 28 Pa. Code 211.2(3) Physician Services	F 0605		
F 0687 SS=D		F 0687		

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F 0687 SS=D	Continued from page 11 483.25(b)(2)(i)(ii) Foot Care §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is not met as evidenced by:	F 0687	Facility cannot retroactively correct deficiency for Resident 1. Investigation concluded that facility podiatry service vendor sent consent to treat to POA X 3 with unsuccessful return. Guardian contacted regarding podiatry service and consult. Facility successful on consent and physician orders. Podiatrist scheduled to provide service to Resident 1 on 5/13/2025. 2. Current residents reviewed to ensure all residents and POAs have been educated to podiatry services and required documents have been obtained for service provider to ensure timely service. 3. Education provided to admissions director, nursing staff and social worker for Podiatry service with provider. A revolving schedule of resident services has already been occurring, and new residents are being scheduled for examination and treatment. Nursing will report to SS director and nursing administration when a resident requires podiatry services outside of the scheduled time frame.	Completion Date: **05/14/2025** Status: **APPROVED** Date: **05/08/2025**

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F 0687 SS=D	Continued from page 12	F 0687	4. SS/designee will audit podiatry services monthly x 4 months to ensure all residents who have signed consents have been seen by podiatry with facility service provider.	

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F 0687 SS=D	Continued from page 13 Based on observation, select facility policy review, review of clinical records, and staff and resident interview, it was determined the facility failed to consistently provide timely and necessary foot care for one of eight residents sampled (Resident 1). Findings include: A review of the Facility's "Ancillary Staff" Policy last reviewed January 1, 2025, revealed it is the facility's responsibility to assist resident in obtaining routine and emergency ancillary services as needed including Podiatry. The policy then explains podiatry services include everything from toenail trimming to foot exams. A review of Resident 1's clinical record revealed admission to the facility on March 4, 2024, with diagnoses to include vascular dementia with behavioral disturbance (a condition caused by impaired blood flow, characterized by poor judgement and memory impacting daily functioning) and anxiety disorder (a disorder characterized by	F 0687		

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F 0687 SS=D	Continued from page 14 excessive worry and fear that can significantly impact daily life.) A Quarterly Minimum Data Set assessment (MDS- a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated February 11, 2025, revealed the resident was severely cognitively impaired with no BIMS score available (brief interview for mental status, a tool to assess the resident's attention, orientation and ability to register and recall new information). On April 16, 2025, at approximately 09:30AM, observation of Resident 1 revealed the toenails on the right foot were long, extending beyond the tips of the toes with evidence of redness around the sides of the toenails. A review of Resident 1's clinical record showed the resident was seen by Podiatry on June 10, 2024, revealing thickening and discoloration of the toenails. The diagnosis from podiatry was onychomycosis (a fungal infection of the toenails) with a treatment of	F 0687		

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F 0687 SS=D	Continued from page 15 debridement (a medical procedure on the above date. Further review revealed the resident was seen by Podiatry again on August 19, 2024, revealing the resident complained of painful, thick toenails. The exam revealed thickening, yellow, brittle nails. The diagnosis from podiatry was onychomycosis with a treatment of debridement on the above date August 19, 2024. Further clinical record review revealed the resident has not been seen by Podiatry since August 19, 2024. Interview with the Director of Nursing (DON) at approximately 1:00PM revealed the facility switched podiatry providers on September 1, 2024. The DON confirmed the resident has not received routine podiatry care as of April 16, 2025. 28 Pa. Code 211.12 (c)(d)(3)(5) Nursing Services	F 0687		

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F 0687 SS=D	Continued from page 16	F 0687		

Certified End Page

EMBASSY OF TUNKHANNOCK

STATE LICENSE NUMBER: 551002

SURVEY EXIT DATE: 04/16/2025

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
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