

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395588	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/16/2025
NAME OF PROVIDER OR SUPPLIER: EMBASSY OF PARK AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE: 14714 PARK AVENUE EXTENSION MEADVILLE, PA 16335		
STATE LICENSE NUMBER: 131702				
(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 Based on an Emergency Preparedness Survey completed on December 16, 2025, it was determined that Embassy of Park Avenue had 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.

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EMBASSY OF PARK AVENUE
STATE LICENSE NUMBER: 131702
SURVEY EXIT DATE: 12/16/2025

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, FAAP
Secretary of Health



Pennsylvania
Department of Health

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NAME OF PROVIDER OR SUPPLIER: EMBASSY OF PARK AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE: 14714 PARK AVENUE EXTENSION MEADVILLE, PA 16335		
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #131702 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 16, 2025, it was determined that Embassy of Park Avenue 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).</p> <p>This is a one-story, Type III (000), unprotected, ordinary building, that is fully sprinklered.</p>	K 0000		

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NAME OF PROVIDER OR SUPPLIER: EMBASSY OF PARK AVENUE STATE LICENSE NUMBER: 131702		STREET ADDRESS, CITY, STATE, ZIP CODE: 14714 PARK AVENUE EXTENSION MEADVILLE, PA 16335		
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K 0923 SS=E	<p>NFPA 101 Gas Equipment - Cylinder and Container Storage</p> <p>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p>	K 0923	<p>At the time of surveyor identification, the unsecured oxygen cylinder was secured and the facility's oxygen cylinders were rearranged in the designed oxygen storage closets throughout the facility to ensure that the East and North oxygen storage closets did not have over 300 cubic feet of oxygen cylinders stored. No further action is needed.</p> <p>All staff will be re-educated that the oxygen cylinders must be secured appropriately and that there cannot be more than 300 cubic feet of oxygen cylinders stored in any of the oxygen storage closets. The Maintenance Director will do weekly monitoring throughout the facility to ensure that all the oxygen cylinders are secured appropriately and that none of the oxygen storage closets have over 300 cubic feet of oxygen cylinders stored. On identification, unsecured oxygen cylinders will be secured and if needed oxygen cylinders will be removed from storage closets to ensure that there is no more than 300 cubic feet of oxygen cylinders stored in any one oxygen storage closet.</p>	<p>Completion Date: 01/12/2026 Status: APPROVED Date: 12/22/2025</p>

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NAME OF PROVIDER OR SUPPLIER: EMBASSY OF PARK AVENUE STATE LICENSE NUMBER: 131702		STREET ADDRESS, CITY, STATE, ZIP CODE: 14714 PARK AVENUE EXTENSION MEADVILLE, PA 16335		
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K 0923 SS=E	Continued from page 2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain gas equipment requirements in two of three nurse station closets. Findings include: Observation on December 16, 2025 between 9:20 a.m. and 11:00 a.m., revealed the north and east oxygen storage closets were not designed and constructed to have over 300 cubic feet of oxygen cylinders stored. The east oxygen closet also had one cylinder unsecured at the time of the survey. Interview with the maintenance supervisor on December 16, 2025, at 11:00 a.m., confirmed the deficiencies at the time of the survey.	K 0923		



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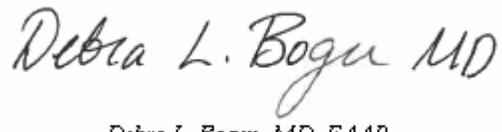
EMBASSY OF PARK AVENUE

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SURVEY EXIT DATE: 12/16/2025

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NAME OF PROVIDER OR SUPPLIER: EMBASSY OF PARK AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE: 14714 PARK AVENUE EXTENSION MEADVILLE, PA 16335		
STATE LICENSE NUMBER: 131702				
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #131702 Component 02 Bed Addition with Basement</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 16, 2025, it was determined that Embassy of Park Avenue had no deficiencies identified under the 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).</p> <p>This is a one-story, Type II (000), unprotected, non-combustible building, with a partial basement, that is fully sprinklered.</p>	K 0000		

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #131702 Component 03 OT/PT Addition</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 16, 2025, it was determined that Embassy of Park Avenue 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).</p> <p>This is a one-story, Type II (000), unprotected, non-combustible building, that is fully sprinklered.</p>	K 0000		
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K 0271 SS=E	NFPA 101 Discharge from Exits Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by:	K 0271	At the time of surveyor identification, the buildup of snow and ice was removed from the first floor therapy entrance door and surface in order to permit the exit door to open to its fullest width in order allow a safe evacuation in the event of an emergency. No further action is required. All staff will be re-educated that all surfaces, exit discharges, exit locations, and entrance accesses must be maintained free of the buildup of ice and snow in order to maintain a continuous means of egress in case of emergency. The Maintenance Director will do weekly monitoring throughout the facility to ensure that all surfaces, exit discharges, exit locations, and entrance accesses are maintained free of the buildup of ice and snow. On identification, any buildup of snow or ice will be removed.	Completion Date: 01/12/2026 Status: APPROVED Date: 12/22/2025

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K 0271 SS=E	Continued from page 2 Based on observation and interview, the facility failed to maintain the means of egress in one location, affecting one of two floors. Findings include: Observation on December 16, 2025 at 11:45 a.m., revealed the first floor therapy exit door had a buildup of ice and snow that did not permit the exit door to open to its fullest width. The surface was also not maintained to allow a safe evacuation in the event of an emergency. Interview with the maintenance supervisor on December 16, 2025, at 11:45 a.m., confirmed the means of egress deficiency at the time of the survey.	K 0271		



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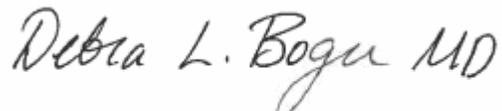
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