

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Meadow View Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 Park Street Montrose, PA 18801	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interviews, it was determined the facility failed to develop a person-centered care plan that included individual behavioral management for one resident out of 9 sampled (Resident 1).</p> <p>Findings include:</p> <p>A review of the clinical record revealed Resident 1 was admitted to the facility on [DATE], with diagnoses to include alcohol abuse, adjustment disorder, depression and anxiety and a below the knee amputation (surgical removal of leg below the knee).</p> <p>A review of an admission Minimum Data Set assessment (Minimum Data Set - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated April 20, 2025 revealed him to be moderately, cognitively impaired with a BIMS assessment score of 10 (Brief Interview for Mental Status- a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information, a score of 8-12 indicates moderate cognitive impairment) had verbal behaviors towards others, required staff assistance with activities of daily living and utilized a wheelchair for ambulation.</p> <p>Nursing progress notes from the date of admission reflected an ongoing pattern of behavioral concerns. Documentation dated April 15, 2025, at 2:58 PM indicated that Resident 1 was sent to the emergency room after verbally threatening his roommate over control of the television. Additional progress notes documented that Resident 1 continued to exhibit escalating verbal and physical behaviors. On April 20, 2025, at 9:02 PM, Resident 1 reportedly told a nurse aide that he was going to smash the glasses off her face and wished he had a gun to shoot her.</p> <p>On April 28, 2025, at 1:15 PM, nursing and therapy staff observed Resident 1 and Resident 2, both seated in wheelchairs in Resident 1's room. Resident 1 was witnessed holding Resident 2's penis and moving it in an up-and-down motion. Resident 2 was immediately removed from the room.</p> <p>Further documentation dated May 1, 2025, at 7:25 PM noted that Resident 1 continued to be monitored for behaviors. The entry stated that staff had to repeatedly remove Resident 1 from the lobby area due to his close proximity to Resident 2 and attempts by Resident 2 to inappropriately touch Resident 1.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Meadow View Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 Park Street Montrose, PA 18801	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's clinical record revealed he was admitted on [DATE], with diagnoses including cerebral infarction (stroke), anxiety, and mild cognitive impairment. A Quarterly MDS assessment dated [DATE], revealed Resident 2 had a BIMS score of 9 (indicating mild cognitive impairment), exhibited no behavioral symptoms, and used a wheelchair for ambulation.</p> <p>A review of Resident 1's care plan revealed an entry dated April 16, 2025, addressing verbal aggression toward others. Another care plan problem initiated on April 29, 2025, stated the resident exhibits desire to be sexually expressive but verbally denies same. However, there was no evidence at the time of survey that the care plan had been revised to reflect the ongoing behavioral incidents involving Resident 2 or to implement individualized interventions to mitigate risk and protect resident safety.</p> <p>During an interview on May 13, 2025, at approximately 1:30 PM, the Nursing Home Administrator and Director of Nursing confirmed the facility failed to ensure Resident 1's care plan was updated to address ongoing behavioral incidents and that the care plan did not adequately reflect person-centered approaches or risk management strategies related to his interactions with Resident 2.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services.</p>		