

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395296	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2025
NAME OF PROVIDER OR SUPPLIER  Meadowview Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9209 Ridge Pike White Marsh, PA 19128	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, reviews of clinical records, facility policies and procedures, and interviews with staff and residents, it was determined that the facility failed to follow physician orders for one of eight residents' clinical records reviewed. (Resident R2) Findings include: Review of Resident R2's clinical record revealed the resident was admitted to the facility on July 10, 2025, with diagnosis of Combined Systolic and Diastolic Heart Failure (a condition where the heart has difficulty both pumping blood out [systolic dysfunction] and filling with blood [diastolic dysfunction]), Pericardial Effusion (a condition where excess fluid accumulates in the pericardium, the sac-like structure that surrounds the heart), Pleural Effusion (a condition where excess fluid accumulates in the space between the lungs [pleural cavity and the chest wall], and Thrombocytopenia (a condition characterized by a low platelet count in the blood. Platelets are essential for blood clotting, so their deficiency can lead to excessive bleeding and bruising). Review of Resident R2's clinical record revealed a form, Pennsylvania Orders for Life Sustaining Treatment (POLST), dated [DATE], that indicated the resident's code status as DNR (Do Not Attempt Resuscitation). Review of Resident R2's electronic clinical record revealed a physician order, dated [DATE], indicated; Do Not Resuscitate (DNR). Review of the Nursing Progress note for Resident R2, by a Licensed Nurse, Employee E5, dated [DATE], indicated as follows: Around 0300, during rounds, [Resident R2's] roommate notified this nurse that resident did not look well. Upon entering room, [Resident R2] was noted with slow shallow breathing. SpO2: 84 (SpO2 is oxygen saturation, it is a measurement of the percentage of hemoglobin in the blood that is saturated with oxygen, for a healthy individual, the normal SpO2 should be between 96% to 99%). [Resident R2] was given with Oxygen via mask. Nursing supervisor was called to assess resident. Before nursing supervisor could enter unit, [Resident R2] was noted with foam coming from mouth and unresponsive. Code Blue/911 was immediately called (Code Blue refers to a hospital medical emergency requiring immediate resuscitation for a patient in cardiac or respiratory arrest). CPR initiated by nursing staff until/during paramedics' arrival (CPR, or cardiopulmonary resuscitation, is a life-saving emergency procedure performed when a person's heart has stopped beating or their breathing has ceased). [Resident R2] was given 4-5 rounds of epi but was unsuccessful (epi is a medical abbreviation for epinephrine, also known as adrenaline. In a cardiac arrest, epinephrine is administered to increase blood pressure and heart rate, which helps improve blood flow to the heart and brain). TOD (Time of Death) was called by Physician. Call was placed to emergency contact. The nurse spoke with resident's sister to inform family of resident's untimely passing and for further arrangements for pick-up. On [DATE], at 1:22 p.m., interview with the Director of Nursing confirmed that the facility failed to implement the Physician Order pertaining to Resident R2's code status/ DNR status. 28 Pa Code 201.18(a)(b)(1)(3) Management 28 Pa Code 211.12(d)(5) Nursing services</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
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