

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Newport Meadows Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 41 Newport Avenue Christiana, PA 17509	

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 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47968</p> <p>Based on review of the clinical record, and staff interview, it was determined that the facility failed to ensure that physician's orders for immediate care were obtained at the time of admission for one of three residents reviewed (Resident R2).</p> <p>Findings include:</p> <p>Review of R2's hospital discharge documentation dated February 29, 2024, revealed follow up appointments to include Nephrology, resident should continue dialysis on Tuesday, Thursday, and Saturday.</p> <p>Review of R2's clinical records revealed an admission MDS dated [DATE], documenting resident receives dialysis treatments.</p> <p>Further review of R2's clinical records revealed a care plan date March 1, 2024, documenting R2 has renal insufficiency and on dialysis three times a week related to end stage disease.</p> <p>Review of R2's clinical records revealed physician's admission orders that failed to include orders for dialysis.</p> <p>Interview with the NHA and Assistant NHA on March 11, 2024, at 3:10 p.m. confirmed that the physician's admission orders did not include orders for dialysis three days per week.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code: 201.18(b)(1) Management</p> <p>28 Pa. Code: 211.5(f) Clinical records</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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