

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  12/03/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on review of facility's policy, observation, clinical records review and staff interviews, it was determined that the facility failed to ensure incontinent care was provided for one of two residents reviewed (Resident 1). Findings include: A review of the facility's policy titled Urinary Continence and Incontinence - Assessment and Management, dated 2001, revealed that the staff and management will appropriately screen for, and manage, individuals with urinary incontinence. The staff will provide appropriate services and treatment to help residents restore or improve bladder function and prevent urinary tract infections to the extent possible. A review of Resident 1's Quarterly MDS Minimum Data Set (MDS - A standardized assessment tool that measures health status in long-term care residents) dated August 12, 2025, revealed resident was frequently incontinent of bladder and was dependent with toileting. An observation conducted on October 30, 2025, at 11:00 a.m., in the presence of unlicensed Employee E3 revealed resident laying in bed wearing a blue gown, with disheveled hair. Additional observations revealed resident's incontinence brief was soaked with dark yellow/light brown urine. An interview conducted with Nursing Employee E3 on October 30, 2025, at 11:05 a.m. revealed that she/he was the resident's morning aide. Nursing Employee E3 reported that she got in today at 7:00 a.m. but had to pass breakfast tray then prepare residents scheduled for hair salon in the morning. Employee E3 confirmed that she/he has not provided incontinent care to Resident 1 since 7:00 a.m. Employee E3 reported that the night shift must have provided incontinent care but not sure when. A review of the Resident 1's task revealed that Resident 1 was last observed incontinent on October 30, 2025, at 1:08 a.m. The same documentation revealed that at 1:08 a.m., toileting hygiene was marked as not applicable. An interview with the Director of Nursing on October 30, 2025, at 2:00 p.m., confirmed that Resident 1 was not provided with incontinent care timely. The facility failed to ensure Resident 1 was provided with incontinent care as needed. 28 Pa. Code 211.10(c) Resident Care Policies 28 Pa. Code 211.12(c)(d)(3) 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395403
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