

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 03/05/2026
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, medical records, and staff interview the facility failed to maintain medication administration records that were complete and accurate for one out of three residents reviewed (Resident 1). Findings include: Review of Resident 1's latest annual MDS (Minimum Data Set - a comprehensive evaluation of a resident's functional, medical, psychosocial, and cognitive status) dated December 12, 2025 revealed that Resident 1 was re-admitted to the facility on [DATE] with multiple diagnoses including: bladder cancer, diabetes mellitus, depression, adjustment disorder with mixed anxiety and depressed mood, insomnia due to mental disorder, acquired absence of right leg below the knee, chronic pain syndrome, and lumbago with sciatica, unspecified side. Resident 1's BIMS (Brief Interview of Mental Status - a standardized tool to evaluate a resident's cognitive status) was a 15 (indicating the resident is cognitively intact). Review of facility policy titled Administering Pain Medications, undated, revealed: Document the following in the resident's medical record: 1. Results of the pain assessment; 2. Medication; 3. Dose; 4. Route of administration; and 5. Results of the medication (adverse or desired). Review of Resident 1's February 2026 MAR (Medication Administration Record) revealed an order for Oxycodone HCL (a controlled medication used for moderate to severe pain) oral tablet 15MG, give 1 tablet by mouth every 8 hours as needed for chronic pain, moderate, severe with a start date of January 16, 2026 and an end date of February 16, 2026. Review of Resident 1's Individual Patient Controlled Substance Administration Record for 30 doses of Oxycodone revealed the following: February 2, 2026, one dose administered at 00:00 (midnight), 9:00AM, and 4:00PM. Only one dose is documented in the resident's EMR at 5:55AM. February 3, 2026, one dose administered at 00:00 (midnight), 7:50AM, 3:20PM, and 11:20PM. The 7:50AM dose is not recorded in the resident's EMR. February 4, 2026, one dose administered at 8:00AM, 3:05PM, and 11:00PM. The 8:00AM dose is not recorded in the resident's EMR. February 6, 2026, one dose administered at 4:15PM and 11:30PM. The 11:30PM dose is not recorded in the resident's EMR. February 11, 2026, one dose administered at 5:30AM, 1:30PM, and 9:00PM. The 1:30PM dose was not recorded in the resident's EMR. February 15, 2026, one dose administered at 7:00AM, 4:00PM and 11:15PM. The 7:00AM dose was not recorded in the resident's EMR. Review of Resident 1's February 2026 MAR revealed the order for the Oxycodone every eight hours was changed to every six hours due to the resident having a surgical procedure. The new order for Oxycodone HCL oral tablet 15MG, give 1 tablet by mouth every 6 hours as needed for chronic pain, moderate severe was entered on February 16, 2026 and had a duration of 5 days (end date February 21, 2026). Review of Resident 1's Patient Controlled Substance Administration Record for 30 doses of Oxycodone revealed the following: February 17, 2026, one dose administered at 3:00AM, 8:00AM, 2:00PM, and 9:00PM. The resident's EMR revealed one dose administered at 3:00AM, 9:11AM, 3:00PM, and 9:00PM. February 21, 2026, one dose administered at 4:00AM, 10:00AM, 4:00PM, and 10:00PM. The 4:00PM and 10:00PM doses were not recorded in the resident's EMR. Review of Resident 1's February 2026 MAR revealed the order for Oxycodone every six hours was discontinued and the order for Oxycodone HCL oral tablet 15MG, give 1 tablet by mouth every 8 hours as needed for chronic pain, (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
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>moderate severe was entered on February 21, 2026 with no stop date. Review of Resident 1's Patient Controlled Substance Administration Record for 30 doses of Oxycodone revealed the following:February 23, 2026, one dose administered at 4:15AM, 12:30PM, and 8:30PM. The 12:30PM and 8:30PM doses were not recorded in the resident's EMR. February 25, 2026, one dose administered at 4:00AM, 12:30PM, and 8:00PM. The 8:00PM dose was not recorded in the resident's EMR.March 4, 2026, one dose administered at 4:20AM, 12:00PM, and 7:30PM. The 4:20AM dose was not recorded in the resident's EMR.Findings were reviewed with the DON on 3/5/2026 at approximately 2:20PM, who agreed that the documentation in the EMR was incomplete in that it did not reflect the documentation in the Patient Controlled Substance Administration Record. 28 Pa. Code 211.5(f) Clinical records</p>		