

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 09/10/2025
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Number of residents sampled: Number of residents cited: Based upon review of facility policy and procedure and observation, it was determined that the facility failed to ensure appropriate storage and labeling of medications in three of four medication carts observed (Chestnut Medication Cart 2, Evergreen Medication Cart, and Birch Medication Cart 1). Findings include: Review of facility policy and procedure titled Medication Labeling and Storage revealed multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial. Review of manufacturer information for Dorzolamide Eye drops (medication used for glaucoma treatment) revealed Dorzolamide eye drops should be discarded 28 days after opening. Review of manufacturer information for Latanoprost Eye drops (medication used for glaucoma treatment) revealed Latanoprost eye drops should be discarded six weeks after opening. Observation of the Chestnut Medication Cart 2 on September 9, 2025, at 11:15 a.m. revealed one open vial of Lispro insulin with an expiration date of September 8, 2025. Observation of the Evergreen Medication Cart on September 9, 2025, at 11:25 a.m. revealed an open and undated container of Dorzolamide eye drops. Observation of the Birch Medication Cart 1 on September 9, 2025, at 11:32 a.m. revealed a vial of Lispro insulin with an open date of August 2, 2025, and no expiration date. This medication expired on August 29, 2025. Further observation of the Birch Medication Cart revealed an open container of Latanoprost eye drops with no open and no expiration date. The above information was conveyed to the Nursing Home Administrator on September 10, 2025, at 1:00 p.m. 28 Pa. Code 211.12(c)(d)(3) Nursing Services Previously cited 9/25/2024, 11/10/2024		

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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F 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled: Number of residents cited: Based upon interview and clinical record review, it was determined that the facility failed to ensure appropriate notification was provided to a resident prior to a room change for one of twenty-five residents reviewed (Resident 16). Findings include: Review of Resident 16's diagnosis list revealed diagnoses including major depressive disorder (major loss of interest in pleasurable activities, characterized by changes in sleep patterns, appetite and/or daily routine), diabetes mellitus (failure of the body to produce insulin to enable sugar to pass through the bloodstream to cells for nourishment), and bladder cancer. Review of Resident 16's progress notes revealed that Resident 16 was sent to the hospital on August 11, 2025, related to abdominal pain. Further review of Resident 16's progress notes dated August 14, 2025, revealed resident arrived from hospital via stretcher with 2 attendants and taken to room [ROOM NUMBER] for admission, upon seeing [resident's] room had been changed, [resident] began hollering that [resident] was not going into that room. Resident continued to scream, reorienting to the situation as this is the room given [resident] in the admission process, [resident] continued to scream, reminded [resident] choice was to accept the room or return to the hospital [resident] stated, take me back; attendants exited building with [resident] on the stretcher to return to hospital. Interview with Resident 16 on September 8, 2025, at 1:00 p.m. revealed Resident 16 was not informed of his room change prior to the room change. This interview further revealed that Resident 16's room was changed while Resident 16 was a patient in the hospital. Interview with the Nursing Home Administrator on September 9, 2025, at 11:00 a.m. confirmed that Resident 16's room was changed while Resident 16 was in the hospital. The interview further confirmed that Resident 16 was not notified of the room change prior to the facility assigning the resident to a different room. 28 Pa. Code 201.18(b)(1)(2) Management Previously cited 9/25/2024 28 Pa. Code 201.29(a)(b)(c) Resident Rights Previously cited 9/25/2024		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, it was determined that the facility failed to ensure that privacy curtains were clean on one of five units (Dogwood unit). Findings include: The facility failed to ensure a clean and homelike environment by not ensuring privacy curtains were clean when visibly soiled. Observations made on September 7, 2025, at 12:15 p.m., of 12 rooms on the Dogwood unit, revealed that nine of the residents' rooms had privacy curtains that were stained with brown and/or red substances, the rooms of Resident 7, Resident 22, Resident 47, Resident 50, Resident 53, Resident 54, Resident 56, Resident 59, Resident 68, Resident 78, Resident 88, Resident 94, Resident 108, Resident 112, Resident 121, and Resident 123. During an interview on September 9, 2025, at approximately 1:30 p.m., when the above was presented the Nursing Home Administrator (NHA) stated she would investigate the matter. During phone interview on September 15, 2025, at 10:20 am, the Director of Nursing (DON) stated housekeeping usually cleans the privacy curtains upon discharge of a resident or when notified the curtains are visibly soiled. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(3) (e)(3) Management. 28 Pa. Code 207.2(a) Administrator's responsibility		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Number of residents sampled: Number of residents cited: Based on facility policy and procedure review, clinical record review, observation, and staff interview, it was determined that the facility failed to follow physician orders and appropriately monitor fluid intake for one of one resident reviewed (Resident 3) Findings include: Review of the facility policy titled Encourage and Restricting Fluids (2001) states: Licensed staff will document on the eMAR (electronic medication administration record) yes or no if the fluid restriction is accepted or not accepted by the resident. Clinical medical record review for Resident 3 identified an active physician's order, dated March 17, 2025, for a 1500 ml (milliliter) fluid restriction. The order specified the following distribution: 7 a.m.-3 p.m. nursing: 330 ml; 3 p.m.-11 p.m. nursing: 330 ml; 11 p.m.-7 a.m. nursing: 120 ml. Dietary allocations were as follows: breakfast 360 ml, lunch 240 ml, and dinner 120 ml, for a total of 1500 ml within a 24-hour period. Review of the clinical medical record further identified the following diagnoses: acute on chronic diastolic congestive heart failure (a medical condition where the heart cannot pump blood effectively, causing fluid buildup in the lungs and other parts of the body), end-stage renal disease (ESRD, final stage of chronic kidney disease where the kidneys can no longer function well enough to meet the body's needs), and type 2 diabetes mellitus with hyperglycemia (The body does not use insulin properly and/or does not make enough insulin, leading to high blood sugar). Review of Resident R3's August MAR documented staff entries indicating yes or no to reflect whether Resident R3 was compliant with the prescribed fluid restriction. An interview with Licensed Practical Nurse (LPN) E3, conducted on September 10, 2025, at approximately 11:46 a.m., revealed that staff are instructed to document only yes or no regarding compliance with the fluid restriction, without recording the actual amount of fluid consumed. LPN E3 stated, By looking at the MAR you are not able to tell if Resident R3 is consuming 500 ml a day or 1500 ml a day, only that they are not going over 1500 ml over a 24-hour period. An interview with the Registered Dietitian (RD), conducted on September 10, 2025, at approximately 12:24 p.m., revealed that the RD is unable to accurately assess Resident R3's actual fluid intake due to the limitations of the facility's documentation practices. An interview conducted on September 10, 2025, at 1:32 p.m. with the Director of Nursing (DON) and Assistant Director of Nursing (ADON) confirmed the above findings. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.5(f) Clinical records 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services		

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F 0582 Level of Harm - Potential for minimal harm Residents Affected - Many	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Number of residents sampled: Number of residents cited: Based on review of facility records and interview with staff, it was determined that the facility failed to provide a Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) to the resident or resident's representative when Medicare services ended for two of two residents (Residents 7 and 72). Findings include: Review of facility documentation revealed that Resident 7's last covered day of Medicare Part A services was July 11, 2025. Review of the SNF beneficiary Protection Notification Review revealed that the SNF ABN form was not provided. Documentation indicated we sent it to the family by mail. Never got it back. The facility was unable to provide any further documentation to indicate that the resident or resident's representative was made aware of potential non-coverage and the option to continue services with the beneficiary accepting financial liability for those services. Review of facility documentation revealed that Resident 72's last covered day of Medicare Part A services was July 24, 2025. Review of the SNF beneficiary Protection Notification Review revealed that the SNF ABN form was not provided. Documentation indicated we sent it to the family by mail. Never got it back. The facility was unable to provide any further documentation to indicate that the resident or resident's representative was made aware of potential non-coverage and the option to continue services with the beneficiary accepting financial liability for those services. Interview with the Nursing Home Administrator on September 10, 2025, at 12:48 p.m. confirmed that there was no evidence that Residents 2 and 72 were provided with the SNF ABN. 28 Pa. Code: 201.14(a) Responsibility of licensee. Previously cited 7/22/25, 9/25/24 28 Pa. Code 201.18(b)(2)(3) Management Previously cited 9/25/24		