

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395519	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Green Meadows Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 283 East Lancaster Avenue Malvern, PA 19355	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22502</p> <p>Based on clinical record review and staff interview it was determined that the facility failed to ensure that the pharmacy provided medications timely for two of four residents reviewed (Residents 1 and 3).</p> <p>Findings include:</p> <p>Review of Resident 1's clinical record revealed Resident 1 was admitted [DATE], with diagnoses of but not limited to hypertension (high blood pressure), hyperlipidemia (high levels of fats in the blood), COPD (chronic obstructive pulmonary disease - progressive lung disease characterized by chronic respiratory symptoms and airflow limitation), and surgical aftercare following aortocoronary bypass graft (heart bypass surgery - procedure to restore blood flow to areas of the heart),</p> <p>Review of physician's admissions orders revealed a start date of March 30, 2025, for the following medications: Metoprolol Succinate ER (extended release) 50 MG (milligrams), one tablet by mouth twice a day for hypertension (high blood pressure), Spironolactone Oral Tablet 25 MG, one tablet by mouth one time a day for Hypertension, Ezetimibe Oral Tablet 10 MG one tablet by mouth one time a day for hyperlipidemia (high cholesterol), Anoro Ellipta Inhalation Aerosol one puff inhale orally one time a day for COPD/shortness of breath/wheezing, guaifenesin ER Oral Tablet 600 mg one tablet by mouth two times a day for cough/acute bronchitis, Clopidogrel Bisulfate Oral Tablet 75 mg one tablet by mouth one time a day for ASHD (atherosclerotic heart disease)/history of long term anticoagulant (blood thinner) use, and Viactiv Calcium Immune Oral Tablet Chewable one tablet by mouth one time a day for supplement.</p> <p>Review of the March 2025 Medication Administration Record (MAR) revealed that the above medications were not administered as ordered.</p> <p>Review of orders administration note of March 30, 2025, revealed staff were waiting for delivery for the above medications.</p> <p>Review of Resident 3's clinical record revealed that Resident was admitted [DATE], with a diagnosis of , but not limited to hypopituitarism (decreased secretion of one of the hormones normally produced by the pituitary gland).</p> <p>(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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of physician admission orders revealed a start date of April 16, 2025, for Desmopressin Acetate Oral Tablet 0.1 MG one tablet by mouth two times a day for hypopituitarism and Hydrocortisone Oral Tablet 5 MG 0.5 tablet by mouth two times a day for hypopituitarism.</p> <p>Review of the April 2025 MAR revealed that the above medications were not administered as ordered.</p> <p>Review of orders administration note of April 16, 2025, revealed staff were awaiting pharmacy.</p> <p>Interview with the Director of Nursing on April 30, 2025, at 12:15 p.m. confirmed that Residents 1 and 3 did not receive their medications as ordered because they were not available from the pharmacy.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p> <p>Previously cited 10/9/24</p>