STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395519	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Meadows Nursing & Rehabilitation Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on clincal record review, observations, and staff and resident interviews it was determined the facitliy failed to provided services that meet professional standards for one of one residents reviewed. (Resdient 1)Findings include:Review of facility's policy Medication Administration, stated .18 Administer medications as ordered in accordance with manufacturer specifications.19 Observe resident consumption of medication.Review of Resident 1's diagnosis sheet revealed diagnoses type 2 diabetes (insufficient production of insulin, causing high blood sugar) and chronic systolic(congestive)heart failure (excessive body/lung fluid caused by a weakened heart muscle).Observations were made in Resident 1's room on June 29, 2026, at 9:43 am, of a cup filled with medications set on the table in front of Resident 1.Interview with Resident 1 on June 29, 2026, at 9:43am, stated I did not know the medication was there.Review of Resident 1's active care plan failed to reveal a care plan for self-administration of medication.Observations made with the Director of Nursing on June 29, 2026, at 10:12am confirmed the cup filled with medications set on the table should not have been left in front of Resident 1. Interview with Director of Nursing on June 29, 2026, at 10:12am revealed that the nurses are expected to observe resident consumption of medication.Review of physician orders revealed the following medications were administered on June 29, 2026:Prednisone Oral Tablet 5mg (inflammatory, autoimmune, and allergic conditions)Aspirin Low Dose Oral Tablet Delayed Release 81mg (used to treat pain and reduce fever or inflammation.)Pantoprazole Sodium Oral Tablet Delayed Release 40 MG (used to reduce stomach acid); Ezetimibe Oral Tablet 10mg (cholesterol medication)Mycophenolate Mofetil Oral Capsule 250mg (prevent organ transplant rejection and treat certain autoimmune)Clopidogrel Bisulfate Oral Tablet 75 mg (antiplatelet medication used to prevent blood clots)Isosorbide Dinitrate Oral Tablet 10mg (medication used to prevent and treat angina by dilating blood vessels)Tums Oral Tablet Chewable 500 mg (Antacid)Lamotrigine Oral Tablet 150 mg (used to treat epilepsy and stabilize mood in bipolar disorder)Tacrolimus Oral Capsule 1 mg (used to prevent organ rejection in transplant patients)Amoxicillin-Potclavulanate Oral Tablet 875-125mg (prescribed to treat bacterial infections); Doxycycline Hyclate Oral Capsule 100 mg (an antibiotic used to treat a wide range of bacterial infections)Sertraline HCl Oral Tablet 100mg (treats depression, anxiety and other mental health conditions). Review of Resident 1's Medication Administration Record (MAR) dated June 29, 2026, revealed that the Registered Nurse Employee 3 administered the above medication and failed to observe Resident 1's consumption of the medication.Interview with the Nursing Home Administrator on June 29, 2026, at 2:00pm confirmed the above findings.28 Pa. Code 211.12(d)(5) Nursing services.

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