

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 10/09/2024
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 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>37789</p> <p>Based on review of facility policy, observation, and clinical record review, it was determined that the facility failed to provide documented evidence that consisted, adequate catheter care was provided to one of seven residents reviewed for catheters (Resident 94).</p> <p>Findings include:</p> <p>Review of facility policy, Catheter Care, implemented March 1, 2024, revealed: Catheter care will be performed every shift and as needed by nursing personnel .Document care and report any concerns noted to the nurse on duty.</p> <p>Observation of Resident 94 on October 7, 2024, at approximately 12:30 p.m. revealed the resident had a suprapubic catheter (tube that drains urine from the bladder through a small incision in the abdomen).</p> <p>Review of Resident 94's clinical record failed to reveal documented evidence that staff were providing catheter care.</p> <p>Interview with the Director of Nursing on October 9, 2024, at approximately 11:15 a.m. confirmed there was no documented evidence of catheter care for Resident 94's suprapubic catheter.</p> <p>28 Pa Code 211.12(d)(5) 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
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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>30934</p> <p>Based on clinical record review and staff interview it was determined the facility failed to report results for laboratory studies to the ordering physician timely for one of 40 residents reviewed. (Resident 22)</p> <p>Findings Include:</p> <p>Review of Resident 22's Physician orders revealed an order dated September 11, 2024 for a UA C+S (test of urine to determine if there is a Urinary Tract Infection).</p> <p>Review of Resident 22's Laboratory report for the UA C+S revealed the report was final and was reported on September 15, 2024. Review of Resident 22's Progress Notes revealed a nursing entry on September 18, 2024 stating the results were posted and reported to the physician who ordered antibiotics to treat the urinary tract infection.</p> <p>Interview with the DON on October 9, 2024 at 11:30 a.m. confirmed the results were final on September 15, 2024 but not reported to the physician for orders to begin treatment until September 18, 2024.</p> <p>28 Pa. Code 211.12(c)(d) (1)(3)(5) Nursing services</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46166</p> <p>Based on policy review, observation, and staff interview, it was determined that the facility failed to properly store food in the dry storage located next to the main kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy entitled, Labeling and storage, dated 2017, revealed that All food should be dated upon receipt before stored, food labels must include the food item name, and the use-by date .</p> <p>Observations during the tour of the main kitchen on October 6, 2024, at 9:12 a.m., revealed the following:</p> <p>Observation of the dry storage 2 area, noting eight opened bags of uncooked pasta without a label and use-by date and were nor properly sealed.</p> <p>Interview conducted on October 6, 2024, at 9:15 a.m., with the Dietary Director E3 confirmed the eight bags of uncooked pasta should have had a label with the name of the item and a use-by date. E3 also stated the above items should have been properly sealed.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p>