

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: 395519	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
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)		
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews it was determined that the facility failed to provide hydration for fifteen of thirty-two rooms on the 1st floor dementia care unit. Observations made of resident rooms on December 8, 2025, December 9, 2025, and December 10, 2025, revealed rooms 100 through 115 had no cups of fresh water for resident's hydration or the cups were dated between November 14, 2025, and December 1, 2025. Rooms 116 through 132 were observed to have currently dated cups with fresh water. Observations made on December 8, 2025, December 9, 2025, and December 10, 2025, of rooms [ROOM NUMBERS] revealed cups of water dated November 14, 2025. Observations made on December 8, 2025, December 9, 2025, and December 10, 2025, of room [ROOM NUMBER] revealed a cup of water dated December 1, 2025. All remaining rooms between 100 and 115 had no water cups. Interview on December 10, 2025, at 12:43 p.m., with Registered Nurse Employee E4, E4 confirmed knowledge of rooms 100 through 115 not having fresh water with properly dated cups. Interview conducted with Nursing Home Administrator (NHA) and Director of Nursing (DON) on December 10, 2025, at 1:30 p.m., when the above information was presented, the NHA and DON denied knowledge of residents not receiving fresh hydration daily and stated they would investigate the matter. 28 Pa. Code 211.10 (c) Resident care policies 28 Pa Code 201.18 (b)(1) Management 28 Pa Code 211.12(d)(1)(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

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F 0910 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure resident rooms meet each resident's needs. Based on observations and staff interviews it was determined that the facility failed to provide privacy curtains for three of thirty-two resident rooms and failed to provide clean privacy curtains for eighteen of thirty-two resident rooms located on the 1st floor dementia care unit. Observations made on December 8, 2025, December 9, 2025, and December 10, 2025, of resident rooms on the 1st floor dementia care unit revealed 3 rooms with missing privacy curtains. Observations made on December 8, 2025, December 9, 2025, and December 10, 2025, of resident rooms on the 1st floor dementia care unit revealed 18 rooms with privacy curtains that were soiled or had brown stains on them. Interview conducted with Nursing Home Administrator (NHA) and Director of Nursing (DON) on December 11, 2025, at 10:58 a.m., when the above information was presented, the NHA stated the facility was in the process of remodeling the 1st floor and new privacy curtains have already been ordered for all rooms. 28 Pa Code 201.18 (b)(1) Management 28 Pa Code 211.10 (d) Resident care policies 28 Pa Code 211.12(d)(1)(5) Nursing services		

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based upon clinical record review, it was determined that the facility failed to ensure appropriate advance directives regarding code status were in place for one of 33 residents reviewed. (Resident 114) Findings include: Review of Resident 114's clinical record revealed a physician's order dated October 18, 2025, stating Resident 114 was a Full Code. Review of Resident 114's current care plan revealed Resident 114 had a Full Code Status. Review of a Physician's Order for Life Sustaining Treatment (POLST) signed by Resident 114 and dated November 7, 2025, revealed Resident 114's wishes to have a Do Not Resuscitate status. Interview with the Director of Nursing on December 11, 2025, at 10:00 a.m. confirmed that Resident 114's clinical record did not concur with the POLST signed by Resident 114. 28 Pa. Code 201.14(a) Responsibility of Licensee Previously cited 10/9/2024 28 Pa. Code 211.12(c)(d)(3) Nursing Services Previously cited 10/9/2024, 4/30/2025		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on clinical record review and staff interview, it was determined that the facility failed to ensure accurate assessments for one of 33 residents reviewed (Resident 29) Findings include: Review of Resident 29's admission MDS (Minimum Data Assessment - periodic assessment of resident needs) dated November 30, 2025, section H, Bladder and Bowel, indicated that the resident had an indwelling catheter (flexible tube that carries fluids into or out of the body). Further review of the clinical record no evidence that the resident had an indwelling catheter. Interview with the licensed staff E3 on December 11, 2025, at 10:45 a.m. confirmed that the resident did not have an indwelling catheter and that the MDS was coded incorrectly. 28 Pa. Code 211.12(d)(1)(5) Nursing services		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. Based upon clinical record review, it was determined that the facility failed to ensure appropriate monitoring for side effects and effectiveness were completed for the use of an anti-depressant medication for one of 33 records reviewed (Resident 35). Findings include: Review of Resident 35's diagnosis list revealed a diagnosis of major depressive disorder. Review of Resident 35's physician's orders dated November 27, 2025, revealed an order for Mirtazapine (antidepressant) to be administered for treatment of Resident 35's depression. Further review of Resident 35's clinical record failed to reveal evidence of monitoring for side effects of the anti-depressant medication and failed to reveal documented evidence of the effectiveness of the anti-depressant medication. Interview with the Director of Nursing on December 11, 2025, at 11:00 a.m. confirmed that no monitoring for side effects of the anti-depressant medication was conducted and further that no monitoring of the effectiveness of the medication was conducted. 28 Pa. Code 211.12(c)(d)(3) Nursing Services Previously cited 10/9/2024, 4/30/2025		

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews it was determined that the facility failed to provide an assistive device for one of seven residents investigated, (Resident 7).Review of Resident 7's physician orders revealed an order for regular diet, regular texture, thin consistency [NAME] Cup (a spill-proof drinking cup with a secure lid and J-shaped handle) built up fork and spoon dated May 21, 2025.Review of Resident 7's care plan revealed a care plan for nutritional problem or potential nutritional problem related to need for assist with meals, intellectual disability, and weight stable.Review of Resident 7's face sheet revealed medical diagnoses that include Encephalopathy (a group of conditions that cause brain dysfunction).Observations made of Resident 7 on December 8, 2025, December 9, 2025, and December 10, 2025, during lunch service revealed the resident drinking from a regular cup with a straw.Interview on December 10, 2025, at 12:43 p.m., with Unit Manager Registered Nurse Employee E4, E4 confirmed knowledge of resident not drinking from a Kennedy cup as per physician order.Interview conducted with Nursing Home Administrator (NHA) and Director of Nursing (DON) on December 10, 2025, at 12:48 p.m., when the above information was presented, the NHA and DON denied knowledge of the resident not utilizing a Kennedy cup. Interview conducted on December 11, 2025, at 10:58 a.m., with the DON who stated that a new order of Kenndy cups had been received and were now available for Resident 7's use. 28 Pa Code 201.18 (b)(1) Management 28 Pa Code 211.10 (d) Resident care policies 28 Pa Code 211.12(d)(1)(5) Nursing services		