

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395698	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2025
NAME OF PROVIDER OR SUPPLIER Meadowcrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Braun Road Bethel Park, PA 15102	
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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies and documents, clinical records, and staff interviews, it was determined that the facility failed to provide prescribed treatment and services related to the care of a PICC line (peripherally inserted central catheter, a long, thin, flexible tube inserted into a vein in the upper arm and threaded into a large vein near the heart) for one of two residents (Resident R1). The facility policy Midline Dressing Changes dated 1/4/25, indicated to Change midline catheter dressing 24 hours after catheter insertion, every 5-7 days, or if it is wet, dirty, not intact, or compromised in any way. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of the facility diagnosis list included diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and sepsis (infection in the bloodstream). Review of the nursing admission assessment completed on 7/13/25, at 11:03 p.m. indicated Resident R1 had a PICC inserted in his right arm. Review of a physician's order dated 7/16/25, indicated Change PICC dressing and caps every 7 days, every day shift every Wed (Wednesday). Review of Resident R1's July 2025 TAR (treatment administration record) for this order, revealed that Licensed Practical Nurse Employee E1 documented that the dressing was changed on 7/16/25. During an observation on 7/22/25, at 1:22 p.m. it was noted that Resident R1's PICC dressing was dated 7/11/25. During an observation on 7/22/25, at 1:35 p.m. Registered Nurse Employee E1 confirmed Resident R1's PICC dressing was dated 7/11/25. During an interview on 7/22/25, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide prescribed treatment and services related to the care of a PICC line for one of two residents. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(3) Management. 28 Pa. Code 211.10(c)(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(3) 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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, and staff interviews it was determined the facility failed to meet the dietary needs for three of eight residents (Resident R2, R3, and R4). Findings include: Review of Resident R2's record indicated the resident was admitted to the facility on [DATE]. Review of the facility diagnosis list included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), chronic kidney disease (gradual loss of kidney function), and high blood pressure. Review of Resident R2's hospital discharge paperwork dated 7/11/25, indicated Diet Rx: Cardiac, 2 gm NA (diet that restricts sodium intake to 2000 milligrams daily, often recommended for patients with heart failure, high blood pressure, and other conditions where fluid retention is a concern). Review of the admission Assessment completed on 7/11/25, at 8:25 p.m. revealed that the box for 2 gm NA was not checked. Review of Resident R2's current physician orders on 7/22/25, failed to include a diet order. At approximately 1:00 p.m. a copy of Resident R2's diet order was requested of facility administration. Review of a diet order created on 7/22/25, at 1:28 p.m. indicated Resident R2 received a Regular Diet (no restrictions). During an interview on 7/22/25, at 1:34 p.m. the Nursing Home Administrator was informed that the Resident R2, per hospital discharge paperwork, was to be provided a sodium-restricted diet. Review of a diet order created on 7/22/25, at 1:39 p.m. indicated Resident R2 received a NAS (no added salt) diet. Review of Resident R3's record indicated the resident was admitted to the facility on [DATE]. Review of the minimum data set (MDS, periodic assessment of resident care needs) included diagnoses of chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness), pulmonary fibrosis (group of lung diseases characterized by scarring of the lung tissue), and high blood pressure. Review of the admission Assessment completed on 7/1/25, at 8:25 p.m. revealed that the box for Regular was checked. Review of Resident R3's current physician orders on 7/22/25, failed to include a diet order. Review of Resident R4's record indicated the resident was admitted to the facility on [DATE]. Review of the facility diagnosis list included diagnoses of muscle weakness and gait abnormalities. Review of the admission Assessment completed on 7/23/25, at 8:25 p.m. revealed that the box for Controlled Carbohydrate was checked. Review of Resident R4's hospital discharge paperwork dated 7/11/25, indicated Diet : Cardiac; Moderate Carb; 2 gm NA; 1800 fluid. Review of Resident R4's current physician orders on 7/22/25, failed to include a diet order until 7/22/25 Interview on 7/25/25, at 2:00 p.m. the Nursing Home Administrator confirmed the facility failed to meet the dietary needs for three of eight residents. 28 Pa. Code: 201.18(b)(1)(e)(1) Management 28 Pa. Code: 201.12(d)(1)(3)(5) Nursing services 28 Pa. Code: 201.1(i)Resident rights. 28 Pa Code: 211.6(c)(d) Dietary Services		

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, resident choice menu selections, and meal observations, it was determined that the facility failed to provide resident selected menu items for four of nine residents (Resident R5, R6, R7, and R8). Findings include: Review of the facility policy, Resident Food Preferences dated 1/4/25, indicated Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Review of Resident R5's admission record indicated the resident was admitted to the facility on [DATE]. Review of the facility diagnosis list included diagnoses of Salmonella sepsis (a severe, life-threatening infection where Salmonella bacteria enter the bloodstream and spread throughout the body) and a skin abscess (localized collection of pus within the skin). Review of Resident R5's hospital referral dated 7/2/25, noted 38 times that Resident R5 has a history of celiac disease (an illness caused by an immune reaction to eating gluten. Gluten is a protein found in foods containing wheat, barley or rye). Review of Resident R5's admission assessment dated [DATE], revealed the box for gluten resistant to be unchecked. Review of a physician's order dated 7/3/25, indicated Resident R5 was to receive a Controlled Carbohydrate diet, Regular texture, Thin/ Regular consistency. Review of the Diet Order & Communication slip (a hand-completed communication slip from nursing to the dietary department completed upon admission/readmission or change) failed to include information related to gluten intolerance/ celiac disease. Review of Resident R5's meal slips failed to include information related to gluten intolerance/ celiac disease. During a lunch meal observation, on 7/22/25, the following was observed: Resident R6 was observed to have eaten his side items but had left piece of chicken untouched on his plate. Observation of Resident R6's meal ticket indicated a dislike of chicken. Resident R7 was observed to have her meal served on a normal plate. Observation of Resident R7's meal ticket indicated she was to receive her food in plastic bowls. Resident R8 was observed to have her rice with her noon meal. During an interview at this time, Resident R8 stated she had requested mashed potatoes, as she does not like rice. Additionally, Resident R8 stated that she consistently receives bananas. Resident R8's roommate confirmed that Resident R8 receives bananas frequently. Observation of Resident R8's meal ticket indicated she has an allergy to bananas and an dislike of rice. During an interview on 7/22/25, at approximately 2:00 p.m. Nursing Home Administrator confirmed that the facility failed to provide food items selected by the residents for four of nine residents. 28 Pa Code: 211.6(a) Dietary service.		