

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395830	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/23/2025
NAME OF PROVIDER OR SUPPLIER  Meadow View Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1404 Hay Street Berlin, PA 15530	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>41233</p> <p>Based on review of facility policies, as well as observations and staff interviews, it was determined that the facility failed to provide a clean and homelike environment in residents' bathrooms for three of seven residents reviewed (Residents 3, 4, 6).</p> <p>Findings included:</p> <p>The facility's policy regarding cleaning and disinfecting, dated September 1, 2024, indicated that the facility was to provide a sanitary and homelike environment.</p> <p>Observations of Resident 4's bathroom on April 23, 2025, at 11:25 a.m. revealed that the base of the toilet, where the toilet and the floor meet, had a heavy accumulation of dried, yellowish/brown, removable debris. This debris was noted to encompass all sides of the toilet base.</p> <p>Observations of Resident 3's bathroom on April 23, 2025, at 11:57 a.m. revealed that the entire base of the toilet had an accumulation of dried, crusted, yellowish debris, with pieces of caulking coming off.</p> <p>Interview with the Maintenance Director on April 23, 2025, at 12:05 p.m. confirmed that the floor around the toilet bases in Residents 3's and 4's bathroom were in need of cleaning. He indicated that housekeeping cleans the bathrooms daily and the toilet bases should have been clean.</p> <p>Observations of Resident 6's bathroom on April 23, 2025, at 9:58 a.m. and 1:34 p.m. revealed that the floor along the baseboard in the bathroom was scattered with black debris, there was a black stain on the floor under the water shut-off valve that supplied the toilet, as well as a golden/brown stain on the floor beside the toilet on the sink side, and there was an area of the vinyl flooring missing toward the hinge side of the door.</p> <p>Interview with the Maintenance Director on April 23, 2025, at 1:55 p.m. confirmed that the floor in Residents 6's bathroom was in need of cleaning. He indicated that housekeeping cleans the rooms daily and that they have a schedule to routinely deep clean the rooms, as well as deep clean the rooms when a resident is discharged from the room.</p> <p>28 Pa. Code 201.18. Management (b)(3)(2.1)</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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