STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395830	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadow View Nursing Center	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on clinical record reviews, observations and staff interviews, it was determined that the facility failed to provide nutritional interventions to assure that residents received items to maintain proper weight and health for three of ten residents reviewed (Resident 5, 7, 8). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated June 10, 2026, revealed that the resident was cognitively impaired and dependent on staff for daily care tasks. The resident's care plan, most recently most recently revised June 11, 2026, indicated that the resident was a nutritional risk and that she was to have whole milk with all meals and ice cream with lunch and supper. A comprehensive MDS assessment for Resident 7, dated April 14, 2026, revealed that the resident is cognitively impaired and dependent on staff for daily care tasks. The resident's care plan, most recently revised on June 16, 2026, indicated that the resident was at risk for malnutrition and that she was to have yogurt with lunch for additional protein. A quarterly MDS assessment for Resident 8, dated June 1, 2026, revealed that the resident was cognitively impaired and dependent on staff for her daily care tasks. The resident's care plan, dated July 15, 2025, indicated that she was to have ice cream with all meals. Observations of the lunch meal on July 1, 2026, at 11:46 a.m. until 12:18 p.m. revealed that Resident 5's meal ticket stated she was to have ice cream with her lunch, Resident 7's meal ticket stated she was to have pudding, yogurt, or applesauce with lunch, and Resident 8's meal ticket stated she was to have pudding, yogurt, or apple sauce with every meal. Resident 5 did not have any ice cream served on her lunch tray, Resident 7 did not have any yogurt and Resident 8 did not have any ice cream on her lunch tray. Staff present in the dining room during that time called the kitchen to have the items sent to the dining room. Residents 5 and 8 did not have ice cream after their meal. Resident 7 was asked to stay after she finished her meal to eat some yogurt when it would arrive from the kitchen. Interview with Licensed Practical Nurse 1 on July 1, 2026, at 11:58 a.m. revealed that the kitchen had not been sending items like yogurt, ice cream, pudding, or apple sauce on the resident's lunch trays. She stated that they used to, but that it stopped and the resident's have not been getting those items. She stated if there is ice cream in the pantry they could give it to the residents, but it is often not stocked. Interview with Nurse Aide 2 on July 1, 2026, at 11:59 a.m. revealed that the kitchen does not send yogurt, ice cream, or pudding on the resident's trays, even though their tray ticket states they should get it. She stated she will give them something out of the pantry when it is available. Interview with Nurse Aide 3 on July 1, 2026, at 11:59 a.m. revealed that ice cream has not been coming from the kitchen for any resident for some time now. She stated that sometimes the pantry has ice cream and they can get it from there for the residents if they are still in the dining room when staff are finished feeding other residents. Interview with the Nursing Home Administrator on July 1, 2026, at 1:00 p.m. revealed that the kitchen had decided not to put the cold ice cream on the warm lunch trays to prevent it from melting. The nursing staff were to provide ice cream from the pantry for the resident. She offered the education that was provided to the staff regarding the change, however, only one of the four staff members that were in the dining room had attended the training and none of them were aware of that change. She further stated that the nursing staff could have given the residents pudding or yogurt from the pantry if those items were stocked there, but they were not stocked in the pantry (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Few	on July 1, 2026. 28 Pa. Code 211.12(d)(3) Nursing services. 28 Pa. Code 211.12(d)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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. Based on review of facility policy, clinical records, observations and staff interviews, it was determined that the facility failed to ensure that staff provided assistive devices to drink in accordance with the resident's care plan for one of ten residents reviewed (Resident 9). Findings include: The facility's policy regarding adaptive equipment, dated Jun 16, 2026, revealed that residents who require adaptive eating equipment would receive appropriate devices and assistance to maintain the highest practicable level of independence, dignity, nutritional status, hydration, and safety during meals and snacks. A quarterly minimum data set (MDS) assessment (mandated to assess the resident abilities and care needs) for Resident 9, dated April 14, 2026, revealed that the resident was severely cognitively impaired, and required assistance from staff for eating. The resident's care plan, revised June 6, 2026, revealed that the resident had a decreased intake with meals and was at risk of weight loss. The resident's food was to be served in bowls and he was to have a nose out cup (cup with a large U shaped hole in the lip of the cup to cradle the nose when drinking). Observations of Resident 9 on July 1, 2026, at 11:56 a.m. revealed that his drink was served in a regular cup, not a nose out cup. When the nurse aide fed the resident she used the regular cup and once the cup was less than half full the cup hit the residents nose while she was giving him a drink. An interview with Nurse Aide2 on July 1, 2026, at 11:58 a.m. revealed that the resident's nose out cup did not come from the kitchen on the resident's tray. She stated she called the kitchen to have one sent up, but it had not arrived. She further stated that the kitchen staff usually forget to send a nose out cup because there are only a few in house. She stated that when his cup gets less than half full and it is difficult to give him a drink because the cup hits his nose she gets more liquid for in the cup to make it easier. She indicated that he is unable to tilt his head back to get more liquid from the cup which is why it is easier to use the nose out cup. Interview with the Nursing Home Administrator on July 1, 2026, at 1:00 p.m. revealed that Resident 9 should have had his nose out cup for his meal. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.