

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395296	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/05/2024
NAME OF PROVIDER OR SUPPLIER: MEADOWVIEW REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 9209 RIDGE PIKE LAFAYETTE HILL, PA 19444		
STATE LICENSE NUMBER: 183202				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an Abbreviated Complaint Survey completed on December 5, 2024, at Meadowview Rehabilitation & Nursing Center, it was determined that there were no federal deficiencies, related to the Health portion of the survey process, identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities as it relates to the Health portion of the survey process; however, the facility was not in compliance with 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>5520 The Provider submits the following plan of correction in good faith and to comply with federal regulations. This plan is not an admission of wrongdoing, nor does it reflect agreement with the facts and conclusions stated in the statement of deficiencies.</p> <ol style="list-style-type: none"> 1. The facility cannot go back retro actively to correct this issue. 2. The NHA, DON, and staffing coordinator were educated by the regional nurse on the nursing assistant staffing ratios for dayshift, evening shift and nightshift. 3. The NHA/designee will audit staffing ratios daily as well as projected ratios for the upcoming shifts using the PA FOH staffing grid to ensure the required nursing assistant ratios are met. 4. Results of audits will be submitted to the quality assurance committee to determine if further action is needed. 	<p>Completion Date: 01/15/2025 Status: APPROVED Date: 12/23/2024</p>

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P 5520	Continued from page 1 Based on review of nurse staffing data and staff interview, it was determined that the facility failed to provide a minimum of one nurse aide per 10 residents during the day, failed to provide one nurse aide per 11 residents during the evening shift and failed to provide one nurse aide per 15 residents on the night shift for three of three weeks reviewed (11/10/2024 through 11/30/2024). Findings Include: A review of facility census data, nursing schedules, and staff punch reports over a period of three weeks (11/10/2024 through 11/30/2024) revealed the facility failed to provide one nurse aide per 10 residents during the day shift (7:00 a.m. to 3:00 p.m.) the following dates: -11/12/2024, 11/14/2024, 11/15/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/27/2024, 11/29/2024, and 11/30/2024	P 5520		

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P 5520	Continued from page 2 Continued review of facility nurse staffing data revealed the facility failed to provide one nurse aide per 11 residents during the evening shift (3:00 p.m. to 11:00 p.m.) on the following dates: -11/10/2024, 11/11/2024, 11/12/2024, 11/13/2024, 11/14/2024, 11/15/2024, 11/16/2024, 11/17/2024, 11/18/2024, 11/19/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/24/2024, 11/25/2024, 11/26/2024, 11/27/2024, 11/28/2024, and 11/29/2024 Further review of facility nurse staffing data revealed the facility failed to provide one nurse aide per 15 during the night shift (11:00 p.m. to 7:00 a.m.) on the follow dates: -11/10/2024, 11/11/2024, 11/14/2024, 11/18/2024, 11/23/2024, 11/25/2024, 11/26/2024, 11/28/2024, and 11/30/2024 Interview on December 5, 2024, at approximately	P 5520		

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P 5520	Continued from page 3 2:45 p.m. with the Nursing Home Administrator, Employee E1, and Staffing Coordinator, Employee E3, confirmed nursing hours provided.	P 5520			
P 5530		P 5530			

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P 5530	Continued from page 4 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	5530 The Provider submits the following plan of correction in good faith and to comply with federal regulations. This plan is not an admission of wrongdoing, nor does it reflect agreement with the facts and conclusions stated in the statement of deficiencies. 1. The facility cannot go back retro actively to correct this issue. 2. The NHA, DON, and staffing coordinator were educated by the regional nurse on the LPN, staffing ratios for dayshift, evening shift and nightshift. 3. The NHA/designee will audit staffing ratios daily as well as projected ratios for the upcoming shifts using the PA DOH staffing grid to ensure the required LPN ratios are met. 4. Results of audits will be submitted to quality assurance committee to determine if further action is needed.	Completion Date: 01/15/2025 Status: APPROVED Date: 12/23/2024

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P 5530	<p>Continued from page 5</p> <p>Based on review of nurse staffing data and staff interview, it was determined that the facility failed to provide a minimum of 1 licensed nurse (LPN) per 25 residents during the day shift, 1 LPN per 30 residents during the evening shift, and 1 LPN per 40 residents on the night shift for three of three weeks reviewed (11/10/2024 through 11/30/2024).</p> <p>Findings Include:</p> <p>A review of facility census data, nursing schedules, and staff punch reports over a period of three weeks (11/10/2024 through 11/30/2024) revealed the facility failed to provide one LPN per 25 residents during the day shift (7:00 a.m. to 3:00 p.m.) on the following dates:</p> <p>-11/12/2024, 11/13/2024, and 11/16/2024</p> <p>Continued review of facility nurse staffing data revealed the facility failed to provide 1 LPN per 30 residents during the evening shift (3:00 p.m. to 11:00 p.) on the following dates:</p>	P 5530		

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P 5530	Continued from page 6 -11/11/2024, 11/26/2024, and 11/30/2024 Further review of facility nurse staffing data revealed the facility failed to provide 1 LPN per 40 residents on the night shift (11:00 p.m. to 7:00 a.m.) for the following dates: -11/15/2024, and 11/19/2024 Interview on December 5, 2024, at approximately 2:45 p.m. with the Nursing Home Administrator, Employee E1, and Staffing Coordinator, Employee E3, confirmed nursing hours provided.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 7 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	5640 The Provider submits the following plan of correction in good faith and to comply with federal regulations. this plan is not an admission of wrongdoing, nor does it reflect agreement with the facts and conclusions stated in the statement of deficiencies. 1.The facility cannot go back retro actively to correct this issue. 2. The NHA, DON, and staffing coordinator were educated by the regional nurse on the state required PPD of 3.20 per patient day. 3. The NHA/designee will audit the daily PPD as well as the projected PPD for the upcoming day using the PA DOH grid to ensure the required PPD has been met. 4.Results of audits will be submitted to the quality assurance committee to determine if further action is needed.	Completion Date: 01/15/2025 Status: APPROVED Date: 12/23/2024

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P 5640	Continued from page 8 Based on review of nurse staffing data and staff interview, it was determined that the facility failed to provide a minimum of 3.2 PPD (per patient daily) hours of direct resident care for each resident for 19 of 21 days reviewed (11/10/2024 through 11/30/2024). Findings Include: A review of facility census data, nursing schedules, and staff punch reports over a period of three weeks (11/10/2024 through 11/16/2024, 11/17/2024 through 11/23/2024, and 11/24/2024 through 11/30/2024) revealed the facility failed to provide 3.2 hours of direct resident care for each resident on the following days: -11/10/2024 provided 2.98 hours of direct resident care -11/11/2024 provided 2.98 hours of direct resident care	P 5640		

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P 5640	Continued from page 9 -11/12/2024 provided 2.97 hours of direct resident care -11/14/2024 provided 3.01 hours of direct resident care -11/15/2024 provided 3.00 hours of direct resident care -11/16/2024 provided 2.99 hours of direct resident care -11/17/2024 provided 3.18 hours of direct resident care -11/18/2024 provided 2.99 hours of direct resident care -11/20/2024 provided 2.98 hours of direct resident care -11/21/2024 provided 3.14 hours of direct resident care	P 5640		

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P 5640	Continued from page 10 -11/22/2024 provided 2.87 hours of direct resident care -11/23/2024 provided 2.89 hours of direct resident care -11/24/2024 provided 2.98 hours of direct resident care -11/25/2024 provided 2.99 hours of direct resident care -11/26/2024 provided 2.98 hours of direct resident care -11/27/2024 provided 3.13 hours of direct resident care -11/28/2024 provided 3.02 hours of direct resident care -11/29/2024 provided 2.97 hours of direct resident	P 5640		

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P 5640	Continued from page 11 care -11/30/2024 provided 2.90 hours of direct resident care Interview on December 5, 2024, at approximately 2:45 p.m. with the Nursing Home Administrator, Employee E1, and Staffing Coordinator, Employee E3, confirmed nursing hours provided.	P 5640		



Certified End Page

MEADOWVIEW REHABILITATION AND NURSING CENTER

STATE LICENSE NUMBER: 183202

SURVEY EXIT DATE: 12/05/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY