STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395403	A. BLDG: 00 B. WING:	01/06/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
NEWPORT MEADOWS HEALTH AND REHABILITATION CENTER STATE LICENSE NUMBER: **080502**	**41 NEWPORT AVENUE CHRISTIANA, PA 17509**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 the follow-up survey completed on January 6, 2025, and review of staffing data, it was determined that Newport Meadows Health and Rehabilitation Center failed to correct the State deficiencies for Nurse Aide ratios and Patient Per Day (PPD) cited during the surveys of June 13, 2024, August 16, 2024 and September 19, 2024 and continues to be out of compliance for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process.	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	Nursing services. (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. This REGULATION is not met as evidenced by:	P 5520	The Cna Day shift Ratio were reviewed for 12/10/2024, 12/11/2024, 12/14/2024, 12/16/2024 and 12/18/2024. The Cna Evening shift ratio were reviewed for 12/16/2024 and 12/17/2024. The Cna Night shift ratio was reviewed for 12/12/2024, 12/16/2024, 12/17/2024 and 12/18/2024. No grievance or residents care were affected due to the staffing. Other Days were reviewed. No residents care were affected due to staffing. Staffing coordinators will be re-educated on correct ratios- one nurse aide per 10 residents on the day shift, one nurse aide per 11 residents on the evening shift and one nurse aide per 15 residents on the night shift. Random Weekly audits will be done by the NHA for 4 weeks. Results will be reviewed in QAPI to see if further action is needed.	Completion Date: **03/15/2025** Status: **APPROVED** Date: **01/22/2025**

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

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P 5520	Continued from page 1 Based on a review of facility staffing data, it was determined that the facily failed to ensure a minimum of one nurse aide per 10 residents on the day shift for five days, one nurse aide per 11 residents on the evening shift for twos day and one nurse aide per 15 residents on the night shift for four days for the period of December 10 through December 19, 2024. Findings include: Review of the facility staffing data for the period of December 10 through December 19, 2024, revealed the following dates and shifts that did not meet the requirements of one nurse aide per 10 residents on the day shift, one nurse aide per 11 residents on the evening shift and one nurse aide per 15 residents on the night shift. Day shift 12/10/2024	P 5520		

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P 5520	Continued from page 2 12/11/2024 12/14/2024 12/16/2024 12/18/2024 Evening shift 12/16/2024 12/17/2024 Night shift 12/12/2024 12/16/2024 12/17/2024 12/18/2024 The aforementioned data was confirmed with the Nursing Home Administrator in a telephone interview on January 6, 2025.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 3 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	The following dates were reviewed as their HPPD were below the required minimum of 3.20.12/10/2024, 12/11/2024,12/12/2024, 12/13/2024, 12/14/2024, 12/15/2024, 12/16/2024,12/17/2024, 12/18/2024. No grevienace or resdidents care were affected. Other dates were review to see the HPPD. Residents care was not affected. Staffing coordinator to be re-educated on need for an HPPD at 3.2 or above. Random Weekly audits will be done by the NHA to ensure HPPD is correct. Weekly times 4. Results will be review by QAPI to see if futher action is needed.	Completion Date: **03/15/2025** Status: **APPROVED** Date: **01/22/2025**

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P 5640	Continued from page 4 Based on a review of facility staffing data, it was determined that the facility failed to meet the required PPD (Per Patient Day) for nine days in the period from December 10 through December 19, 2024. Findings include: A review of the facility's staffing data from December 10 through December 19, 2024 revealed that on the following days the facility had a PPD below the required minimum of 3.20. 12/10/2024 - 3.06 12/11/2024 - 2.98 12/12/2024 - 2.85 12/13/2024 - 3.03 12/14/2024 - 3.08 12/15/2024 - 3.09 12/16/2024 - 2.76 12/17/2024 - 2.94	P 5640		

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P 5640	Continued from page 5 12/18/2024 - 3.04 The aforementioned data was conveyed to the Nursing Home Administrator in a telephone interview on January 6, 2025.	P 5640		

Certified End Page

NEWPORT MEADOWS HEALTH AND REHABILITATION CENTER

STATE LICENSE NUMBER: 080502

SURVEY EXIT DATE: 01/06/2025

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
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