

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395403</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/23/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>NEWPORT MEADOWS HEALTH AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>41 NEWPORT AVENUE CHRISTIANA, PA 17509</b>
STATE LICENSE NUMBER: <b>080502</b>	

(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 a follow-up survey completed on April 23, 2025, 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 January 6, 2025, 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		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:
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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>NHA/designee reviewed the CNA day shift ratios for 4/12/25, 4/17/25,4/20/25 and 4/21/25. The CNA evening shift ratio for 4/21/25 and the CNA night shift for 4/21/25. No grievance or residents care were affected due to staffing.</p> <p>To prevent this from happening again NHA/designee will re-educate staffing coordinators on correct ratios- one nurse aide per 10 residents on day shift, one nurse aide per 11 residents on evening shift and one nurse aide per 15 residents on the night shift.</p> <p>To monitor and maintain ongoing compliance NHA/designee will audit nursing schedules weekly x4, then monthly x1, to ensure correct nurse aid ratios. The results of the audit will be forwarded to facility QAPI committee for further review and recommendations as needed.</p>	<p>Completion Date: <b>07/01/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>04/30/2025</b></p>

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P 5520	Continued from page 1  Based on a review of facility staffing data, it was determined that the facility failed to ensure a minimum of one nurse aide per 10 residents on the day shift for four days, a minimum of one nurse aide per 11 residents on the evening shift for one day and one nurse aide per 15 residents on the night shift for one day for the period from April 12 through April 21, 2025.  Findings include:  Review of facility staffing data for the period from April 12 through April 21, 2025, 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 4/12/2025 4/17/2025	P 5520		

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P 5520	Continued from page 2  4/20/2025 4/21/2025  Evening shift 4/21/2025  Night shift 4/21/2025  The aforementioned data was conveyed to the Nursing Home Administrator in a telephone interview on April 23, 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	NHA/designee reviewed the following dates as they were below the required PPD minimum of 3.20. 4/12/25, 4/13/25, 4/14/25, 4/17/25, 4/19/25, 4/20/25, 4/21/25. No grievance or residents care were affected.  To prevent this from happening again NHA/designee will re-educate staffing coordinators on need for PPD to be at 3.20 or above.  To monitor and maintain ongoing compliance NHA/designee will audit nursing schedules weekly x4, then monthly x1, to ensure correct PPD. The results of the audit will be forwarded to facility QAPI committee for further review and recommendations as needed	Completion Date: <b>07/01/2025</b> Status: <b>APPROVED</b> Date: <b>04/30/2025</b>

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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 Per Patient Day (PPD) for seven days in the period from April 12 through April 23, 2025.  Findings include:  A review of facility staffing data from April 12 through April 23, 2025, revealed that on the following days the facility had a PPD below the required 3.20.  4/12/2025 - 3.01 4/13/2025 - 3.14 4/14/2025 - 3.13 4/17/2025 - 3.19 4/19/2025 - 3.09 4/20/2025 - 3.12 4/21/2025 - 2.83  The aforementioned data was conveyed to the Nursing Home Administrator in a telephone interview on April 23, 2025.	P 5640		



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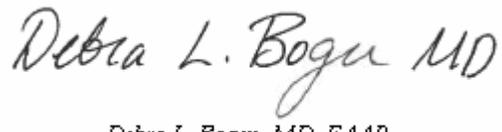
**NEWPORT MEADOWS HEALTH AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 080502**

**SURVEY EXIT DATE: 04/23/2025**

**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, 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