

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 03/04/2025
NAME OF PROVIDER OR SUPPLIER: GREEN MEADOWS NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 283 EAST LANCASTER AVE MALVERN, PA 19355		
STATE LICENSE NUMBER: 137702				
(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 Findings of an Abbreviated Complaint Survey completed on March 5, 2025 , at Green Meadows Nursing and Rehabilitation Center, identified deficient practice, related to the reported complaint allegations, under the requirements of 42 CFR Part 483, Subpart B Requirements 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		P 5520		

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P 5520	Continued from page 1 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	<ol style="list-style-type: none"> 1. Review staffing needs, workload, and determining units with the current gaps. 2. Distribution of Assignments: Review staff assignments and the rotation schedule involved with each. 3. Weekend Staffing Log: Assure all weekend shifts are covered and all steps needed for call offs. 4. Identify recruitment strategies. Continue to develop effective recruitment strategies to attract qualified candidates. This includes flyers, sign on/ referral bonus, advertising job openings, utilizing on-line job portals, and word of mouth. 5. Streamline onboarding and "processing" process for the facility. This includes looking at any inefficiencies to ensure process is candidate friendly and focuses on selecting the best-suited individuals for the positions. 	Completion Date: 04/01/2025 Status: APPROVED Date: 03/18/2025

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P 5520	Continued from page 2	P 5520	<p>6. Retention Events: Access the factors that contribute to turnover and taking steps to improve employee retention. Performance review and evaluation: Assuring timely performance reviews are completed and staff are evaluated properly.</p> <p>7. Training and Development of Staff utilizing facility training portal and in-services. Also partnering with leadership to set up workshops for employee development.</p> <p>8. Communication: Continue to work on communication channels within the organization. Encourage staff members to provide feedback, share concerns and suggest improvements related to staffing to help identify potential issues early on and facilitate collaborative problem solving.</p>	

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P 5520	<p>Continued from page 3</p> <p>Based on a review of staffing documents provided by the facility and staff interview, it was determined that the facility failed to provide one nurse assistant (NA) per 10 residents on the day shift for five of 21 days one NA per 11 residents on the evening shift on two of 21 days and one NA per 15 residents on the night shift on four of 21 as required.</p> <p>Findings include:</p> <p>A review of facility staffing documents provided by the facility from February 1, 2025 through February 21, 2025, revealed the facility failed to provide NA on the following shifts as required:</p> <p>Day shift: February 2, 2025, February 8, 2025, February 10, 2025, February 13, 2025, and February 16, 2025.</p> <p>Evening shift: February 14, 2025 and February 19, 2025.</p> <p>Night shift:</p>	P 5520		

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P 5520	Continued from page 4 February 9, 2025, February 14, 2025, February 15, 2025, and February 19, 2025. Director of Nursing (DON) confirmed the above via email on March 8, 2025.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 5 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	<ol style="list-style-type: none"> 1. Review staffing needs, workload, and determining units with the current gaps. 2. Distribution of Assignments: Review staff assignments and the rotation schedule involved with each. 3. Weekend Staffing Log: Assure all weekend shifts are covered and all steps needed for call offs. 4. Identify recruitment strategies. Continue to develop effective recruitment strategies to attract qualified candidates. This includes flyers, sign on/ referral bonus, advertising job openings, utilizing on-line job portals, and word of mouth. 5. Streamline onboarding and "processing" process for the facility. This includes looking at any inefficiencies to ensure process is candidate friendly and focuses on selecting the best-suited individuals for the positions. 	Completion Date: 04/01/2025 Status: APPROVED Date: 03/18/2025

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P 5640	Continued from page 6	P 5640	<p>6. Retention Events: Access the factors that contribute to turnover and taking steps to improve employee retention. Performance review and evaluation: Assuring timely performance reviews are completed and staff are evaluated properly.</p> <p>7. Training and Development of Staff utilizing facility training portal and in-services. Also partnering with leadership to set up workshops for employee development.</p> <p>8. Communication: Continue to work on communication channels within the organization. Encourage staff members to provide feedback, share concerns and suggest improvements related to staffing to help identify potential issues early on and facilitate collaborative problem solving.</p>	

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P 5640	<p>Continued from page 7</p> <p>Based on a review of nurse staffing and resident census and staff interview, it was determined that the facility failed to consistently provide minimum general nursing care hours to each resident daily.</p> <p>Findings include:</p> <p>A review of the facility's staffing levels revealed that on the following dates the facility failed to provide minimum nurse staffing of 3.2 hours of general nursing care to each resident per the regulation effective July 1, 2024:</p> <p>February 08, 2025 - 3.17 direct care nursing hours per resident. February 09, 2025 - 3.00 direct care nursing hours per resident. February 10, 2025 - 3.04 direct care nursing hours per resident. February 11, 2025 - 3.18 direct care nursing hours per resident. February 13, 2025 - 3.13 direct care nursing hours per resident.</p>	P 5640		

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P 5640	<p>Continued from page 8</p> <p>February 14, 2025 - 2.80 direct care nursing hours per resident. February 15, 2025 - 2.97 direct care nursing hours per resident. February 16, 2025 - 2.99 direct care nursing hours per resident. February 17, 2025 - 3.19 direct care nursing hours per resident. February 19, 2025 - 3.01 direct care nursing hours per resident.</p> <p>The facility's general nursing hours were below minimum required levels on the dates noted above.</p> <p>The Director of Nursing (DON) confirmed the above via email on March 8, 2025.</p>	P 5640		



Certified End Page

GREEN MEADOWS NURSING & REHABILITATION CENTER

STATE LICENSE NUMBER: 137702

SURVEY EXIT DATE: 03/04/2025

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