

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395519	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __ B. WING: __	(X3) DATE SURVEY COMPLETED: 12/18/2025
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
E 0000	INITIAL COMMENT Based on an Emergency Preparedness Survey completed on December 18, 2025, at Green Meadows Nursing & Rehabilitation Center, it was determined there were no deficiencies identified with the requirements of 42 CFR 483.73.	E 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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GREEN MEADOWS NURSING & REHABILITATION CENTER

STATE LICENSE NUMBER: 137702

SURVEY EXIT DATE: 12/18/2025

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**

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K 0000	INITIAL COMMENT Facility ID #137702 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey completed on December 18, 2025, it was determined that Green Meadows Nursing & Rehabilitation Center was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a). This is a three-story, Type II (222), fire resistive structure, with a basement, which is fully sprinklered.	K 0000		
K 0353 SS=E		K 0353		

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K 0353 SS=E	Continued from page 1 NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 0353	Remove existing wiring (various items) from sprinkler piping, in the locations noted and install separate hanging devices as needed using an above ceiling permit program. Education of the requirements will be provided to the appropriate staff. Audits of above ceiling work will be conducted, monthly x3. Findings will be reviewed in monthly QAPI meetings.	Completion Date: 02/16/2026 Status: APPROVED Date: 01/09/2026
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K 0353 SS=E	Continued from page 2 Based on document review, observation and interview, it was determined the facility failed to maintain the automatic sprinkler system to be free of extraneous weight, affecting three of twelve smoke compartments within the facility. Findings include: 1. Observation on December 18, 2025, between 11:45 AM and 12:05 PM, revealed various items laying across and attached sprinkler piping system, above the ceiling, at the following locations: a. 11:45 AM, 2nd floor, above Nurses' Station, above ceiling, multiple wires; b. 11:48 AM, 2nd floor, North Hall, by Resident Room 217, multiple wires tied to sprinkler brackets and wires; c. 12:05 PM, 3rd floor, above Nurses' Station, multiple wires and flex conduit. Interview at the time of the exit conference with the Administrator and Director of Maintenance December 18,	K 0353		

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K 0353 SS=E	Continued from page 3 2025, at 1:00 PM, confirmed various items attached and supported by the sprinkler pipe system.	K 0353		
K 0914 SS=C	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 0914	Facility will ensure documentation of annual inspections of electrical receptacles in resident care areas is completed and will include in building Management Software task list as an annual inspection. Education on the inspection of and documentation of electrical receptacles utilizing the annual inspection report in building Management Software task list will be provided to the appropriate staff. Audits will be completed semi-annually to check on schedule and confirm results are filed in life safety book. Findings will be reviewed in monthly QAPI meetings.	Completion Date: 02/16/2026 Status: APPROVED Date: 01/09/2026

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K 0914 SS=C	Continued from page 4 Based on document review and interview, it was determined the facility failed to provide verification of annual inspections of electrical receptacles in resident care areas, in twelve of twelve smoke zones within the component. Findings include: 1. Review of documentation on December 18, 2023, between 9:30 AM and 10:35 AM, revealed the facility lacked documentation, verifying electrical receptacles were tested, in the last 12 months. Interview at the time of the exit conference with the Administrator and Director of Maintenance on December 18, 2025, at 1:00 PM confirmed the lack of annual electrical inspection documentation.	K 0914		



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