

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395698	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/28/2025
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NAME OF PROVIDER OR SUPPLIER: MEADOWCREST REHABILITATION & HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 BRAUN ROAD BETHEL PARK, PA 15102
STATE LICENSE NUMBER: 280302	

(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	F 0000		
F 0694 SS=D	Based on an Abbreviated Survey in response to a complaint completed on July 28, 2025, it was determined that Meadowcrest Rehabilitation & Healthcare Center was not in compliance with the following 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.	F 0694		

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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F 0694 SS=D	Continued from page 1 483.25(h) Parenteral/IV Fluids § 483.25(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by:	F 0694	Resident R1 was assessed no negative outcome for not following physician order for dressing change. R1 dressing immediately changed. Facility residents with current PICC Line dressings treatment orders were audited to ensure appropriate and current order in place for treatment. Don, or designee will educate licensed staff on treatment and following physicians orders policy, and verifying orders. DON, or designee will conduct an audit to ensure that treatment orders are being followed, for PICC Line dressing change are being completed per physicians orders weekly times 2 weeks, then monthly times 2 months. Results of the audits will be reviewed at the Quality Assurance meetings until substantial compliance has been met	Completion Date: 08/27/2025 Status: APPROVED Date: 08/12/2025

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F 0694 SS=D	Continued from page 2 Based on review of facility policies and documents, clinical records, and staff interviews, it was determined that the facility failed to provide prescribed treatment and services related to the care of a PICC line (peripherally inserted central catheter, a long, thin, flexible tube inserted into a vein in the upper arm and threaded into a large vein near the heart) for one of two residents (Resident R1). The facility policy "Midline Dressing Changes" dated 1/4/25, indicated to Change midline catheter dressing 24 hours after catheter insertion, every 5-7 days, or if it is wet, dirty, not intact, or compromised in any way. Review of the clinical record indicated Resident R1 was admitted to the facility on 7/13/25. Review of the facility diagnosis list included diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and sepsis (infection in the bloodstream). Review of the nursing admission assessment completed on 7/13/25, at 11:03 p.m. indicated Resident R1 had a PICC inserted in his right arm. Review of a physician's order dated 7/16/25, indicated "Change PICC dressing and caps every 7 days, every day shift every Wed (Wednesday)."	F 0694		

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F 0694 SS=D	Continued from page 3 Review of Resident R1's July 2025 TAR (treatment administration record) for this order, revealed that Licensed Practical Nurse Employee E1 documented that the dressing was changed on 7/16/25. During an observation on 7/22/25, at 1:22 p.m. it was noted that Resident R1s PICC dressing was dated 7/11/25. During an observation on 7/22/25, at 1:35 p.m. Registered Nurse Employee E1 confirmed Resident R1s PICC dressing was dated 7/11/25. During an interview on 7/22/25, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide prescribed treatment and services related to the care of a PICC line for one of two residents. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(3) Management. 28 Pa. Code 211.10(c)(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(3) Nursing services.	F 0694		
F 0800 SS=E		F 0800		

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F 0800 SS=E	Continued from page 4 483.60 Provided Diet Meets Needs of Each Resident §483.60 Food and nutrition services. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. This REQUIREMENT is not met as evidenced by:	F 0800	Resident R2,R3 and R4 was assessed no negative outcome for not including diet order in physician orders. Diets were added in per hospital dc records for each resident. Audit completed to ensure all residents have accurate diet orders in physician orders. Don, or designee will educate licensed staff on following physicians orders policy, and verifying orders. DON, or designee will conduct an audit to ensure that all new admissions have accurate diet orders per hospital dc summary added into physician orders weekly times 2 weeks, then monthly times 2 months. Results of the audits will be reviewed at the Quality Assurance meetings until substantial compliance has been met	Completion Date: 08/27/2025 Status: APPROVED Date: 08/12/2025

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F 0800 SS=E	Continued from page 5 Based on a review of clinical records, and staff interviews it was determined the facility failed to meet the dietary needs for three of eight residents (Resident R2, R3, and R4). Findings include: Review of Resident R2's record indicated the resident was admitted to the facility on 7/11/25. Review of the facility diagnosis list included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), chronic kidney disease (gradual loss of kidney function), and high blood pressure. Review of Resident R2s hospital discharge paperwork dated 7/11/25, indicated Diet Rx: Cardiac, 2 gm NA (diet that restricts sodium intake to 2000 milligrams daily, often recommended for patients with heart failure, high blood pressure, and other conditions where fluid retention is a concern). Review of the Admission Assessment completed on 7/11/25, at 8:25 p.m. revealed that the box for 2 gm NA was not checked. Review of Resident R2's current physician orders on 7/22/25, failed to include a diet order. At approximately 1:00	F 0800		

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F 0800 SS=E	Continued from page 6 p.m. a copy of Resident R2s diet order was requested of facility administration. Review of a diet order created on 7/22/25, at 1:28 p.m. indicated Resident R2 received a Regular Diet (no restrictions). During an interview on 7/22/25, at 1:34 p.m. the Nursing Home Administrator was informed that the Resident R2, per hospital discharge paperwork, was to be provided a sodium-restricted diet. Review of a diet order created on 7/22/25, at 1:39 p.m. indicated Resident R2 received a NAS (no added salt) diet. Review of Resident R3's record indicated the resident was admitted to the facility on 7/01/25. Review of the minimum data set (MDS, periodic assessment of resident care needs) included diagnoses of chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness), pulmonary fibrosis (group of lung diseases characterized by scarring of the lung tissue), and high blood pressure. Review of the Admission Assessment completed on 7/1/25, at 8:25 p.m. revealed that the box for Regular was checked.	F 0800		

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F 0800 SS=E	Continued from page 7 Review of Resident R3's current physician orders on 7/22/25, failed to include a diet order. Review of Resident R4's record indicated the resident was admitted to the facility on 7/18/25. Review of the facility diagnosis list included diagnoses of muscle weakness and gait abnormalities. Review of the Admission Assessment completed on 7/23/25, at 8:25 p.m. revealed that the box for Controlled Carbohydrate was checked. Review of Resident R4s hospital discharge paperwork dated 7/11/25, indicated Diet : Cardiac; Moderate Carb; 2 gm NA; 1800 fluid. Review of Resident R4's current physician orders on 7/22/25, failed to include a diet order until 7/22/25 Interview on 7/25/25, at 2:00 p.m. the Nursing Home Administrator confirmed the facility failed to meet the dietary needs for three of eight residents. 28 Pa. Code: 201.18(b)(1)(e)(1) Management 28 Pa. Code: 201.12(d)(1)(3)(5) Nursing services	F 0800		

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F 0800 SS=E	Continued from page 8 28 Pa. Code: 201.1(i) Resident rights. 28 Pa Code: 211.6(c)(d) Dietary Services	F 0800		
F 0806 SS=E	483.60(d)(4)(5) Resident Allergies, Preferences, Substitutes §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by:	F 0806	Resident R4, R5, and R6 had no negative outcome for not following preference. Resident was offered a replacement meal which was accepted. Audit completed that all residents preferences are listed. Dietary Manager or designee will educate dietary staff on following Resident Food Preference. Dietary Manager will audit tray line to ensure all preference tickets are being followed 2x a week by 2 weeks and monthly by 2 months.	Completion Date: 08/27/2025 Status: APPROVED Date: 08/12/2025

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F 0806 SS=E	<p>Continued from page 9</p> <p>Based on a review of facility policy, resident choice menu selections, and meal observations, it was determined that the facility failed to provide resident selected menu items for four of nine residents (Resident R5, R6, R7, and R8).</p> <p>Findings include:</p> <p>Review of the facility policy, "Resident Food Preferences" dated 1/4/25, indicated "Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team.</p> <p>Review of Resident R5's admission record indicated the resident was admitted to the facility on 7/3/25.</p> <p>Review of the facility diagnosis list included diagnoses of Salmonella sepsis (a severe, life-threatening infection where Salmonella bacteria enter the bloodstream and spread throughout the body) and a skin abscess (localized collection of pus within the skin).</p> <p>Review of Resident R5s hospital referral dated 7/2/25, noted 38 times that Resident R5 has a history of celiac disease (an illness caused by an immune reaction to eating gluten. Gluten is a protein found in foods containing wheat, barley or rye).</p> <p>Review of Resident R5s admission assessment dated</p>	F 0806		

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F 0806 SS=E	Continued from page 10 7/3/25, revealed the box for gluten resistant to be unchecked. Review of a physicians order dated 7/3/25, indicated Resident R5 was to receive a Controlled Carbohydrate diet, Regular texture, Thin/ Regular consistency. Review of the Diet Order & Communication slip (a hand-completed communication slip from nursing to the dietary department completed upon admission/readmission or change) failed to include information related to gluten intolerance/ celiac disease. Review of Resident R5s meal slips failed to include information related to gluten intolerance/ celiac disease. During a lunch meal observation, on 7/22/25, the following was observed: Resident R6 was observed to have eaten his side items but had left piece of chicken untouched on his plate. Observation of Resident R6s meal ticket indicated a dislike of chicken. Resident R7 was observed to have her meal served on a normal plate. Observation of Resident R7s meal ticket indicated she was to receive her food in plastic bowls. Resident R8 was observed to have her rice with her noon	F 0806		

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F 0806 SS=E	Continued from page 11 meal. During an interview at this time, Resident R8 stated she had requested mashed potatoes, as she does not like rice. Additionally, Resident R8 stated that she consistently receives bananas. Resident R8s roommate confirmed that Resident R8 receives bananas frequently. Observation of Resident R8s meal ticket indicated she has an allergy to bananas and an dislike of rice. During an interview on 7/22/25, at approximately 2:00 p.m. Nursing Home Administrator confirmed that the facility failed to provide food items selected by the residents for four of nine residents. 28 Pa Code: 211.6(a) Dietary service.	F 0806		

Pennsylvania Department of Health

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P 5530	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	The residents had no negative outcome for not meeting the minimum of one LPN per 25 residents on day shift, 1 LPN per 30 residents on the evening shift 1 LPN to 40 residents on the night shift. The facility is attempting to hire additional staff, hold daily staffing meetings to track staffing and added additional agencies to utilize for staffing needs. DON/designee will provide the Staffing Coordinator/HR with re-education on the Pennsylvania staffing requirements for ratios. Staffing coordinator/designee will audit the ratios five times weekly for 2 weeks and monthly times two month. Results of the audits will be reviewed at the Quality Assurance meetings until substantial compliance has been met	Completion Date: 08/27/2025 Status: APPROVED Date: 08/12/2025

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P 5530	Continued from page 1 Based on review of nursing time schedules, and staff interviews, it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 25 residents during the day shift, one LPN per 30 residents during the evening shift, and one LPN per 40 residents during the night shift for 21 of 21 days (6/29/25, through 7/19/25). Findings include: Review of the nursing schedules and census information for 6/29/25, through 7/19/25, revealed that the facility failed to meet the following: 6/29/25: Day shift required 12.80 hours of LPN care, facility provided 8.00 6/30/25: Evening shift required 10.40 hours of LPN care, facility provided 8.00; night shift required 8.00 hours of LPN care, facility provided 0.00. 7/01/25: Day shift required 13.44 hours of LPN care, facility provided 12.50; evening shift required 11.20 hours of LPN care, facility provided 8.00; night shift required 8.40 hours of LPN care, facility provided 8.00. 7/02/25: Day shift required 13.44 hours of LPN care, facility provided 12.50; evening shift required 11.20 hours of LPN care, facility provided 8.00; night shift required 8.40 hours of LPN care, facility provided 8.00. 7/03/25: Day shift required 12.80 hours of LPN care, facility provided 8.00; evening shift required 10.67 hours of LPN	P 5530		

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P 5530	Continued from page 2 care, facility provided 8.00; night shift required 8.00 hours of LPN care, facility provided 0.00. 7/04/25: Day shift required 12.48 hours of LPN care, facility provided 8.00; evening shift required 10.40 hours of LPN care, facility provided 8.00; night shift required 8.00 hours of LPN care, facility provided 0.00. 7/05/25: Day shift required 12.48 hours of LPN care, facility provided 8.00. 7/06/25: Day shift required 12.13 hours of LPN care, facility provided 8.00; evening shift required 10.13 hours of LPN care, facility provided 8.00. 7/07/25: Evening shift required 10.13 hours of LPN care, facility provided 8.00; night shift required 8.00 hours of LPN care, facility provided 0.00. 7/08/25: Evening shift required 10.13 hours of LPN care, facility provided 8.00. 7/09/25: Evening shift required 10.13 hours of LPN care, facility provided 8.00. 7/10/25: Evening shift required 10.13 hours of LPN care, facility provided 8.00; night shift required 8.00 hours of LPN care, facility provided 0.00. 7/11/25: Evening shift required 10.13 hours of LPN care, facility provided 8.00; night shift required 8.00 hours of LPN care, facility provided 0.00. 7/12/25: Day shift required 12.16 hours of LPN care, facility provided 8.00; evening shift required 10.13 hours of LPN care, facility provided 8.00. 7/13/25: Day shift required 12.80 hours of LPN care, facility provided 8.00; evening shift required 10.67 hours of LPN	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395698	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/28/2025
NAME OF PROVIDER OR SUPPLIER: MEADOWCREST REHABILITATION & HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 BRAUN ROAD BETHEL PARK, PA 15102		
STATE LICENSE NUMBER: 280302				
(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
P 5530	Continued from page 3 care, facility provided 8.00. 7/14/25: Evening shift required 10.40 hours of LPN care, facility provided 8.00; night shift required 8.00 hours of LPN care, facility provided 0.00. 7/15/25: Day shift required 12.80 hours of LPN care, facility provided 12.50; evening shift required 10.67 hours of LPN care, facility provided 8.00; night shift required 8.00 hours of LPN care, facility provided 0.00. 7/16/25: Day shift required 13.44 hours of LPN care, facility provided 12.50; evening shift required 11.20 hours of LPN care, facility provided 8.00; night shift required 8.40 hours of LPN care, facility provided 0.00. 7/17/25: Day shift required 12.80 hours of LPN care, facility provided 12.50; evening shift required 10.67 hours of LPN care, facility provided 8.00; night shift required 8.00 hours of LPN care, facility provided 0.00. 7/18/25: Day shift required 13.44 hours of LPN care, facility provided 12.50; night shift required 8.40 hours of LPN care, facility provided 0.00. 7/19/25: Day shift required 13.12 hours of LPN care, facility provided 8.00; night shift required 8.20 hours of LPN care, facility provided 8.00. During an interview on 7/22/25, at approximately 1:30 p.m. the Nursing Home Administrator confirmed the facility administrative staff failed to provide a minimum of one LPN per 25 residents during the day shift, one LPN per 30 residents during the evening shift, and one LPN per 40 residents during the night shift for 21 of 21 days.	P 5530		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395698	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/28/2025
NAME OF PROVIDER OR SUPPLIER: MEADOWCREST REHABILITATION & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 BRAUN ROAD BETHEL PARK, PA 15102		
STATE LICENSE NUMBER: 280302					
(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	
P 5530	Continued from page 4	P 5530			



Certified End Page

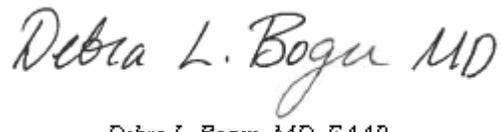
MEADOWCREST REHABILITATION & HEALTHCARE CENTER

STATE LICENSE NUMBER: 280302

SURVEY EXIT DATE: 07/28/2025

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