

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395830</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/05/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>MEADOW VIEW NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1404 HAY STREET BERLIN, PA 15530</b>		
STATE LICENSE NUMBER: <b>191702</b>				
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F 0000	INITIAL COMMENT  Findings of an abbreviated complaint survey completed on December 5, 2024, at Meadow View Nursing Center identified no deficient practice under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities as it relates to the Health portion of the survey process; however, deficient practice was identified under 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	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 5510	<p>Nursing services.</p> <p>(2) Effective July 1, 2023, a minimum of 1 nurse aide per 12 residents during the day, 1 nurse aide per 12 residents during the evening, and 1 nurse aide per 20 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5510	<p>The Administrator, Director of Nursing, Scheduler and Human Resource Director will be educated on the state requirement for nurse aide hours including the nurse aide to resident ratios by the Clinical Consultant/designee.</p> <p>Staffing meetings will be held 5 days a week to review the nurse aide ratio for the current day and the projected nurse aide ratio for the upcoming day to ensure appropriate staffing levels by the Nursing Home Administrator/ designee.</p> <p>Audits of ratios will be reviewed at quality assurance and performance improvement meeting x3 months</p> <p>If projected staffing ratios do not meet minimum, then the facility will reach out to current staff and local staffing agencies to enlist to meet the minimum requirement. Facility will continue to recruit staff through all platforms.</p>	<p>Completion Date: <b>01/10/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>12/30/2024</b></p>

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P 5510	Continued from page 1  Based on review of nursing schedules, staffing information provided by the facility, and staff interviews, it was determined that the facility failed to ensure a minimum of one nurse aide per 10 residents on the day shift for seven of 21 days, one nurse aide per 11 residents on the afternoon shift for four of 21 days, and failed to ensure a minimum of one nurse aide per 15 residents on the overnight shifts for two of 21 days (24-hour periods) reviewed.  Finding include:  Nursing time schedules provided by the facility for the days of November 13, 2024, through December 3, 2024, revealed that the facility provided one nurse aide per 12 residents on November 16, 17, 28, and December 1 and 2, 2024; provided one nurse aide per 13 residents on November 29, 2024; and provided one nurse aide per 15 residents on December 2, 2024, during the day shift.	P 5510		

Pennsylvania Department of Health

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P 5510	Continued from page 2  Nursing time schedules provided by the facility for the days of November 13, 2024, through December 3, 2024, revealed that the facility provided one nurse aide per 12 residents on November 23, 2024; provided one nurse aide per 14 residents on November 17, 2024; and provided one nurse aide per 15 residents on November 28 and December 1, 2024, during the afternoon shift.  Nursing time schedules provided by the facility for the days of November 13, 2024, through December 3, 2024, revealed that the facility provided one nurse aide per 19 residents on November 16 and 27, 2024, during the overnight shift.  Interview with the Nursing Home Administrator on December 5, 2024, at 9:24 a.m. confirmed that the facility did not meet the required nurse aide-to-resident staffing ratios for the days listed above.	P 5510		
P 5530		P 5530		

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P 5530	Continued from page 3  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 Administrator, Director of Nursing, Scheduler and Human Resource Director will be educated on the state requirement for Licensed Practical Nurse hours including the LPN to resident ratios by the Clinical Consultant/designee. Staffing meetings will be held 5 days a week to review the LPN ratio for the current day and the projected LPN ratio for the upcoming day to ensure appropriate staffing levels by the Nursing Home Administrator/designee. If LPN hours cannot be secured by using in house staff, staffing agencies will be utilized. Audits of ratios will be reviewed at quality assurance and performance improvement meeting x3 months	Completion Date: <b>01/10/2025</b> Status: <b>APPROVED</b> Date: <b>12/30/2024</b>

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P 5530	Continued from page 4  Based on review of nursing schedules, review of staffing information furnished by the facility, and staff interview, it was determined that the facility failed to ensure a minimum of one licensed practical nurse per 25 residents on the day shift for two of 21 days reviewed, and failed to provide one licensed practical nurse per 40 residents on the overnight shift for one of 21 days (24-hour periods) reviewed.  Findings include:  Nursing time schedules provided by the facility for the days of November 13, 2024, through December 3, 2024, revealed that the facility provided one licensed practical nurse per 27 residents on November 20 and provided one licensed practical nurse per 28 residents on November 21, 2024, during the day shift.  Nursing time schedules provided by the facility for the days of November 13, 2024, through December 3, 2024, revealed that the facility provided one	P 5530		

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P 5530	Continued from page 5  licensed practical nurse per 46 residents on November 20, 2024, during the overnight shift.  Interview with the Nursing Home Administrator on December 5, 2024, at 9:24 a.m. confirmed that the facility did not meet the required licensed practical nurse-to-resident staffing ratios for the days listed above.	P 5530		
P 5630	Nursing services.  (1) Effective July 1, 2023, 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 2.87 hours of direct resident care for each resident.  This REGULATION is not met as evidenced by:	P 5630	Administrator, Director of Nursing, Scheduler, and Human Resources will have a morning and afternoon staffing meeting 5 days per week to go over the current day's Per Patient Day hours and the upcoming day's PPD to ensure minimum number of direct care hours is met. If minimum number of hours is not met, facility will reach out to current staff and staffing agencies to obtain direct care staff and increase hours. PPD will be audited at quality assurance and performance improvement meeting x3 months.	Completion Date: <b>01/10/2025</b> Status: <b>APPROVED</b> Date: <b>12/30/2024</b>

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P 5630	Continued from page 6  Based on review of nursing schedules and staff interviews, it was determined that the facility failed to provide 3.20 hours of direct resident care for each resident for eight of 21 days (24-hour periods) reviewed.  Findings include:  Nursing time schedules provided by the facility for the weeks of November 13 through December 3, 2024, revealed that the facility provided only 3.10 hours of direct care for each resident on November 16, 2024; 3.13 hours of direct care for each resident on November 23, 2024; 3.11 hours of direct care for each resident on November 24, 2024; 3.19 hours of direct care for each resident on November 27, 2024; 3.00 hours of direct care for each resident on November 28, 2024; 3.05 hours of direct care for each resident on November 29, 2024; 3.16 hours of direct care for each resident on December 1, 2024, and 3.17 hours of direct care for each resident on December 2, 2024.	P 5630		

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P 5630	Continued from page 7  Interview with the Nursing Home Administrator on December 5, 2024, at 9:24 a.m. confirmed that the facility did not meet the required daily hours of direct resident care for each resident on the days listed above.	P 5630			



# Certified End Page

**MEADOW VIEW NURSING CENTER**

**STATE LICENSE NUMBER: 191702**

**SURVEY EXIT DATE: 12/05/2024**

**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