

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395519</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GREEN MEADOWS NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>283 EAST LANCASTER AVENUE MALVERN, PA 19355</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0584  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policies, as well as observations, it was determined that the facility failed to provide a clean, homelike environment on one of three nursing units (1st floor). Findings include: The facility's policy titled Homelike Environment with an effective date of March 2018 included that the facility's staff and management were to maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting, including cleanliness and order, and comfortable lighting. Observations of the first-floor secure dementia unit during the lunch meal on March 3, 2020, at approximately 12:32 p.m. revealed that there was a very strong odor of urine on each of the floor's wings and in the large and small dining rooms. In the large and small dining rooms, there were also sixteen visibly soiled chairs, two air conditioning units that had stains on the covers and spills inside the units, and large areas of sticky residue on the floor. In the large dining room, there were five ceiling lights that continuously flickered, and a dining room table, where three residents awaited their meal, tilted to one side when downward pressure was applied. Observations in the small dining room on the first floor on March 3, 2020, at approximately 5:19 p.m. revealed that there was a large amount of cream-colored potatoes and two medium-sized mounds of a dark green substance (believed to be cooked spinach) from the lunch meal that were still present on the floor. Observations of room [ROOM NUMBER], which was not occupied by residents, revealed that the door was partially open and there was a strong odor of urine emanating from the room. 28 Pa Code 201.18(b)(1) Management 28 Pa Code 207.2(a) Administrator's responsibility		
F 0610  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Respond appropriately to all alleged violations.</b> Based on review of policies, clinical records and investigative documents, as well as observations and resident and staff interviews, it was determined that the facility failed to thoroughly investigate an injury of unknown origin to rule out abuse/neglect as a possible cause for two of eight residents (Residents R33, R149). Findings include: The facility's policies regarding abuse, dated April 2006, included that allegations or events, such as injuries of unknown origin or suspicious injuries (i.e. bruising, skin tears) were to be investigated and also evaluated in terms of occurrence(s) in an attempt to identify cause and any potential patterns or trends. Patterns, once identified, were to be used to determine the direction of the investigation. Physician documentation for Resident R33, dated January 23, 2020, revealed that the skin on the resident's dorsal (back) hands had ecchymosis (bruising). There was no further documented evidence regarding this bruising, including an assessment or investigation to rule out abuse/neglect as a possible cause. Observations on March 4, 2020, at approximately 1:30 p.m. revealed that Resident R33 had multiple bruises on both hands. Interview with Resident R33 and a family member revealed that they were not able to state a cause of the bruises, and stated that the bruises were not from a recent fall the resident had on February 10, 2020. Interview with the Director of Nursing on March 5, 2020, confirmed that an investigation of Resident R33's bruises was not completed. Interview with Employee E3 revealed that there was no documentation regarding the resident's bruises, with the exception of the physician's note, and there was no documented evidence that an investigation was completed for the resident's injuries of unknown origin. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 149, dated November 4, 2019, revealed that the resident was severely cognitively impaired. A nursing note for Resident 149, dated November 25, 2019, as well as investigative documents provided by the facility, revealed that the resident had a 1.0 x 3.0 centimeter (cm) bluish/yellow bruise to the left, upper elbow, above the gersleeve (protective sleeve), and the nurse was informed that the resident was yelling out loudly during an a.m. activity and was escorted via wheelchair to his room. The bruise was assessed, the resident was unable to give a description, and the physician and responsible party were made aware. There was no documented evidence that staff interviews were completed to determine the possible cause(s) of Resident 149's injury of unknown origin and to rule out abuse/neglect as a possible cause. Interview with the Director of Nursing on March 6, 2020, at approximately 10:55 a.m., revealed that the facility's investigation into Resident 149's bruise did not include staff interviews to determine the possible cause(s) of the injury. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(e)(1) Management.		
F 0656  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record reviews and staff interviews, it was determined that the facility failed to develop a comprehensive person-centered care plan that included interventions to meet the resident's medical needs for two of 24 residents reviewed (Residents 33, 132). Findings include: Current physician's orders [REDACTED]. Resident 33's current care plan, reviewed on March 5, 2020, revealed that the care plan did not address the resident's medical needs related to receiving a blood thinning medication. Interview with Employee E3 on March 6, 2020, at 12:05 p.m. confirmed that a care plan to address Resident 33's medical needs related to receiving a blood thinning medication for the medication was never developed. Admission information for Resident 132 revealed that the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs), dated February 12, 2020, revealed that the resident was severely cognitively impaired, totally dependent on staff for all care needs, and received nutrition via a feeding tube. Observations of Resident 132 with licensed nursing employee E3 on March 5, 2020, at approximately 9:30 a.m. revealed the resident was wearing an abdominal binder (a wide compression belt used to secure a feeding tube in place). Interview with Employee E3 at that time revealed that the resident has used the abdominal binder since admission to the facility. Review of Resident 132's care plan revealed that it did not include that an abdominal binder was being used. Interview with the Director of Nursing on March 6, 2020, at 10:00 a.m. confirmed that Resident 132's care plan did not include the use of an abdominal binder. 28 Pa. Code 211.11(d) Resident care plan.		
F 0679  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide activities to meet all resident's needs.</b> Based on review of policies and clinical records, as well as observations, it was determined that the facility failed to provide an ongoing program of meaningful activities, designed to meet the individual interests and the physical, mental, and psychosocial well-being of two of four residents reviewed (Residents 97, 111). Findings include: The facility's policy regarding recreation, dated June 1, 2018, revealed that the facility was to provide an ongoing program of group, individual		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395519</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GREEN MEADOWS NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>283 EAST LANCASTER AVENUE MALVERN, PA 19355</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0679  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p>(continued... from page 1) and independent activities, to support residents in their choice of activities, which was to be based on the comprehensive assessment, care plan and the preferences of each resident, and which were to be designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident. Resident 97's current care plan for activities included that the resident was to be provided with a program of activities that were of interest and which empowered the resident by encouraging/allowing choice, self-expression and responsibility. The plan included that the resident was to be invited/assisted to scheduled activities, offered two to three one-on-one visits per week such as socializing, painting nails, and exercise, to provide the resident with materials for individualized activities as desired, and that the resident liked magazines as an independent activity. Activities Reports for Resident 97 revealed that activities were documented as being offered or occurring on two of 31 days in December 2019 (December 4 and 16, 2019), ten of 31 days in January 2020 (including two days that the resident was marked as unavailable), and six of 29 days in February 2020. Observations of Resident 97 on March 3, 2020, at approximately 2:59 p.m. revealed that the resident was lying on her bed, and when an interview was attempted, the resident closed her eyes and turned her head away. Observations of the resident during all days of the survey revealed that she spent the majority of her time in bed and she was not observed participating in any activities. Resident 111's active care plan for activities included that the resident was to be offered activities that were consistent with his known interests, and physical and intellectual capabilities, such as reminiscing about his time as a Disney employee, art appreciation and landscaping, and the resident was to be provided with supplies/materials for leisure activities as needed/requested. Activities Reports for Resident 111 revealed that he was offered or participated in activities seven times in December 2019, three times in January 2020, and nine times in February 2020. Observations of Resident 111 during all the days of the survey, at various times of the day, revealed that the resident was only out of his room on March 4, 2020. 28 Pa. Code 211.10(d) Resident care policies.</p>		
F 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews and staff interview, it was determined that the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice, by failing to follow physician's orders [REDACTED]. Findings include: Current [DIAGNOSES REDACTED]. Resident 114's Treatment Administration Record (TAR) for February 2020 revealed that the resident was scheduled to have the chest tube drained on February 7, 2020. A nursing note dated February 7, 2020, at 1:21 p.m. revealed that the resident refused to have the chest tube drained and stated that she would like to wait until later during the day. A physician note dated February 7, 2020, at 9:14 p.m. indicated that the resident was asking when nursing can come to drain the chest tube because she was feeling full and short of breath. Resident 114's TAR revealed no documented evidence that the chest tube was drained on February 7, 2020. Interview with the Director of Nursing on March 6, 2020, at 12:50 p.m. confirmed that there was no documented evidence that Resident 114's chest tube was drained on February 7, 2020. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		
F 0686  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews and staff interviews, it was determined the facility failed to identify and initiate treatment for [REDACTED]. Findings include: Current [DIAGNOSES REDACTED]. An admission Minimum Data Set (MDS) assessment (a mandated assessment or a resident's abilities and care needs), dated September 12, 2019, revealed that the resident was cognitively intact, required extensive assistance to turn in bed and for toileting, and was at risk for pressure ulcers (skin breakdown caused by prolonged, unrelieved pressure). Wound records for Resident 208 revealed that the resident was being treated weekly by a wound certified registered nurse practitioner (CRNP - a registered nurse with advanced education and training). A wound visit record dated October 10, 2019, revealed an initial assessment of a Stage 3 pressure ulcer (a crater that extends into the tissue beneath the skin and may expose fat, but not muscle, tendon or bone) of the sacrum (tailbone). A nursing note dated October 10, 2019, at 7:21 p.m. revealed that the resident was seen by the wound nurse and had a Stage 3 pressure ulcer to the sacrum. Resident 208's clinical record contained no documentation regarding the development and treatment of [REDACTED]. Interview with the Director of Nursing on March 6, 2020, at 9:02 a.m. revealed that Resident 208's pressure ulcer was found on the same day that it was assessed as a Stage 3 by the CRNP, and should have been identified by the facility sooner so that treatment could be initiated. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		
F 0687  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate foot care.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews and staff interviews, it was determined that the facility failed to provide timely podiatry care to one of 32 residents reviewed (Resident 145). Findings include: Current [DIAGNOSES REDACTED]. A podiatry consultation for Resident 145, dated January 8, 2020, included to monitor a left foot ulcer that was noted to be healed at the time of the consult, and recommended follow-up. The consult report indicated that the resident was scheduled for an appointment on February 25, 2020. There was no documented evidence that the resident attended the scheduled podiatry appointment on February 24, 2020, and a consultation report revealed that the resident was not seen by podiatry until March 3, 2020. Interview with the Director of Nursing on March 6, 2020, at 12:53 p.m. revealed that Resident 145 was unable to go to the February 25, 2020, podiatry appointment because there were no staff available to take him. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12(d)(3)(5) Nursing services.</p>		
F 0690  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of policies and clinical records, as well as observations, and resident and staff interviews, it was determined that the facility failed to provide appropriate care to prevent urinary tract infections, and failed to appropriately assess/evaluate a resident related to incontinence for two of eight residents reviewed (Residents 25 and 147). Findings include: The facility's policy regarding bowel and bladder incontinence, dated June 1, 2018, revealed that nursing staff would initially screen for information related to urinary and bowel incontinence utilizing the Bowel and Bladder Evaluation. Upon completion of the Bowel and Bladder Evaluation, should the bowel or bladder history indicate anything other than that the resident was continent, a 3-day, 24-hour, voiding diary would be implemented for admission/readmission. Upon evaluation of the data collection from the 3-day elimination diary, a decision would be made to determine if a toileting program was appropriate for the individual resident. Periodically (as required and when there was a change in the pattern of elimination), staff were to re-evaluate each individual resident's level of continence using the quarterly and significant change re-evaluation tool. Interview with Resident 25 on March 3, 2020, at 2:30 p.m. revealed that the resident wears an incontinence brief throughout the day. He stated that even though there were times during the day when he does not need it, he is still required to wear it. Resident 25's Bladder and Bowel Evaluation revealed that it was completed on February 11, 2020, and indicated that the resident was incontinent and should have a three-day voiding diary completed. However, there was no documented evidence that a 3-day, 24-hour voiding diary was completed for bowel and bladder incontinence. Interview with the Director of Nursing on March 6, 2020, at 1:30 p.m. confirmed that a 3-day 24-hour voiding diary was not completed for Resident 25. Current [DIAGNOSES REDACTED]. physician's orders [REDACTED]. There was no documented evidence that Resident 147's suprapubic catheter was changed between August 2019 and October 23, 2019. A nursing note for Resident 147, dated October 20, 2019, revealed that the suprapubic tube was flushed twice, and the resident requested that the catheter be changed. A nursing note dated October 22, 2019, revealed that the resident had an elevated temperature, and a nursing note dated October 23, 2019, revealed that the resident was sent to the emergency room for evaluation and was diagnosed with [REDACTED]. The resident's clinical record revealed that the suprapubic catheter was changed upon the resident's return from the hospital on October 23, 2019. Interview with Employee E3 on March 6, 2020, at approximately 10:55 a.m. confirmed that the suprapubic catheter was not changed from August 2019, until October 23, 2019. Interview with the Director of Nursing on March 6, 2020, at approximately 11:30 a.m. confirmed that there was no documented evidence that physician's orders [REDACTED]. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395519</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GREEN MEADOWS NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>283 EAST LANCASTER AVENUE MALVERN, PA 19355</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0690  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	(continued... from page 2)		
F 0758  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record reviews and staff interviews, it was determined the facility failed to ensure that residents were free from unnecessary medications for one of seven residents reviewed (Resident 132). Findings include: physician's orders [REDACTED]. Interview with the Director of Nursing on March 6, 2020, at 12:45 p.m. confirmed that there was no documented evidence that non-pharmacological interventions were attempted prior to the administration of the as needed [MEDICAL CONDITION] medication to Resident 132. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		
F 0770  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide timely, quality laboratory services/tests to meet the needs of residents.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record reviews, it was determined that the facility failed to obtain laboratory studies as ordered by the physician for one of 32 residents reviewed (Resident 35). Findings include: physician's orders [REDACTED]. physician's orders [REDACTED]. physician's orders [REDACTED]. 28 Pa. Code 211.12(d)(3)(5) Nursing services.		