



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 14 2016

Ms. Sarah Macko, Residential Administrator  
Deer Meadows Operating II, LLC  
8301 Roosevelt Boulevard  
Philadelphia, Pennsylvania 19152

RE: Deer Meadows Residences  
License #: 141260

Dear Ms. Macko:

As a result of the Department of Human Services' annual licensing inspection on December 1, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director <sup>64</sup>

Enclosure  
License Inspection Summary



Violation Report: 14126 - 12/01/2016 - Colon, Lisette  
 PCH Name: DEER MEADOWS RESIDENCES

**1. REGULATION # Pa. Code §2600**

2600.64(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A, does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon acknowledgment of violation 2600.64(a) Administrator met with Staff member A and upon further investigation it was found that staff member indeed does meet Education Requirements for DHS Direct Care Staff/Med Tech. Employee has Non-U.S. College Degree, and the record was missing from employee file. Staff member A immediately brought in records, and file was updated. (Please see attached Items 1- 6.) *She home will apply for waiver.*

*Staff A will not provide care until a waiver has approved the education of this staff, starting immediately.*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sarah B. Hutchins*

Printed Name and Title of Legal Entity Representative      Residential      Date  
 (Required on EVERY Page) *SARAH B. Hutchins, Administrator*      *1/22/2016*

**DEPARTMENT USE ONLY, HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *2/3/16*  
 (Date)

Plan of correction implementation status as of *2/3/16*  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14128 - 12/01/2016 - Colon, Lleselle  
 POH Name: DEER MEADOWS RESIDENCES

1. REGULATION 66 Pa.Code §2800  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 - On 12/1/16, resident # 1's prescribed "as needed" Acetaminophen 325mg tablets were not available in the home.  
 - Resident # 2's glucometer is not calibrated with the correct date and time.  
 - Resident # 3's glucometer is not calibrated with the correct date and time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon recognition of violation 2600.185(a) medication for Resident #1 was immediately ordered and placed on med cart. PCP, POA and resident were made aware. All glucometer's were collaborated with correct date and time by the Residential Health Center Coordinator.

Education was completed for all Med Techs and LPNS by the Community's Director of Education on regulations 184A, 184B, & 185A (see attached item 7 -9)

Also Audit was implemented for all Glucose Monitoring Systems that will be completed by the Residential Health Center Coordinator or designee. Administrator will report on findings at the quarterly Quality Assurance (QA) Meeting. (see attached item 10)

Repeat Violation No	Date(s) of Previous Violation(s)		
---------------------	----------------------------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sarah R. Hutchins*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *SARAH R. HUTCHINS, Residential Administrator* Date *1/22/2016*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>2/3/16</u> (Date)	Plan of correction implementation status as of <u>2/3/16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14126 - 12/01/2015 - Colon, Liselle  
 PCH Name: DEER MEADOWS RESIDENCES

**1. REGULATION 68 Pa. Code §2800**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

- According to the medication administration record, on 12/1/15, at 9 am staff person A, who has not successfully completed the Department-approved medications administration course for 2014, administered medications to residents of the home.
- According to the medication administration record, on 12/1/15, at 9 am, staff person B, who has not successfully completed the Department-approved medications administration course during 10/14/14 -10/13/15, administered medications to residents of the home.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon recognition of violation 2600.190(a) the home implanted the policy to have Medication Administration Record (MAR) review done 4 times before the re-certification date (and not of initial training date, as previously done by home) of a med tech. Both staff member A & Staff member B had MAR reviews completed immediately. Admin and Co-Admin completed an audit of all Med Techs, to verify all were in compliance, with MAR review, no other mistakes were found.

*The home will audit ~~the~~ its quality to maintain compliance.*

Report Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sarah R. Hutchins*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *SARAH R. HUTCHINS, Residential Administrator*      Date *1/22/16*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>2/3/16</u> (Date)	Plan of correction implementation status as of <u>2/3/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented