



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 07 2017

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

RE: Deer Meadows Residences
License #: 141260

Dear Ms. Hutchins:

As a result of the Department of Human Services' annual licensing inspection on December 1, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 68 Pa. Code Chapter 2600

PCN Name: DEER MEADOWS RESIDENCES		License Number: 14128
Address: 8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152		County: Philadelphia
Administrator: Sarah R. Hutchins		Region: SOUTHEAST
Legal Entity Name: DEER MEADOWS OPERATING II LLC		
Legal Entity Address: 8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152		
Certificate(s) of Occupancy 1-2 08/28/1009 City of Philadelphia		
Staffing Hours Resident Support: 85 Total Daily Staff: 110 Working Staff: 60		
Type of Inspection: Full NHA Pocket Number: Notice: Unannounced		
Reason(s) for inspection(s) (date/type)		
On-Site Inspection Dates and Department Representatives On-Site 12/01/2016: Kozlmar, Lauren; Parker, Shawn; Thomas, Yinhua		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 102 Number of Residents Served: 83 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Issue: 0 Have a Physical Disability: 1	

Sarah Hutchins 11/9/2017

Violation Report: 14120 - 12/01/2016 - Kozlmar, Louisa
Facility Name: WHEAT MEADOWS RESIDENCES

1. REGULATION OR Pa. Code §2000
2000.103(a) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
On 12-01-16 Novolog 70/30 vial of insulin for resident # 1 was opened and undated. According to manufacturer's instructions the Novolog should be discarded after 28 days.

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 a date by which the steps will be completed.

Upon recognition of violation 2600.183(e) medication was immediately destroyed and a new bottle of Novolog vial was ordered. Upon delivery of new bottle, date opened was immediately written on bottle.

Education in regards to Medication Administration Policy and Procedure was completed for all Med Techs and LPNS by the Community's Director of Education. (see attached Items 1 & 2)

Also a Med Cart Audit was implemented for to be completed Residential Health Center Coordinator or designee. Administrator will report on findings at the quarterly Quality Assurance (QA) Meeting. (see attached Item 4)

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sarah Hutchins, Administrator* Date *11/9/2017*

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The above plan of correction is approved as of *1/26/17*
(Date)

Plan of correction implementation status as of *1/25/17*
(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: 14120 - 12/01/2010 - Kozlun, Lauren
 PCI Name: OBER MEADOWS RESIDENCES

1. REGULATION 26 Pa. Code §2800
 2600.104(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for resident # 3 Acetaminophen does not include a change of direction. The MAAR states 325 mg, take 2 every 6 hours. The script label states 650 mg, take 1 every 6 hours as needed. Change of direction needed on bottle.

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 2600.184(a) a change of direction label was requested from the pharmacy immediately. Upon delivery, label was rubber banded around medication.

Education in regards to Medication Administration Policy and Procedure was completed for all Med Techs and LPNS by the Community's Director of Education. (see attached items 1 & 2)

Also a Med Cart Audit was implemented ~~for~~ to be completed Residential Health Center Coordinator or designee. Administrator will report on findings at the quarterly Quality Assurance (QA) Meeting. (see attached item 4)

Report Violation No	Date(s) of Previous Violation(s)	
Signature of Legal Entity Representative (Required on EVERY Panel) <i>Sarah Hutchins</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Panel) <i>Sarah Hutchins, Administrator</i>		Date <i>11/9/2017</i>
DEPARTMENT USE ONLY - HOWERS MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <i>1/25/17</i> (Date)	Plan of correction implementation status as of <i>1/25/17</i> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (Date)	<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: 14720 - 12/01/2010 - Keokuk, Iowa
 POH Name: DEER MEADOWS RESIDENCES

1. REGULATION 66 Pa. Code 52600
 2000.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 line on order for calcium 600 mg / Vitamin D 200 U. The MAR for resident # 2 reads Calcium 600 mg / Vitamin D 200

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 2600.187(a) Physician order was verified and, MAR was immediately corrected to reflect clarification.

Education in regards to Medication Administration Policy and Procedure was completed for all Med Techs and LPNS by the Community's Director of Education. (see attached Items 1 & 2)

Also a Med Cart Audit was implemented for to be completed Residential Health Center Coordinator or designee. Administrator will report on findings at the quarterly Quality Assurance (QA) Meeting. (see attached item 4)

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

Signature of Legal Entity Representative (Resident on NURSERY Panel) *Sarah Hutchins*

Printed Name and Title of Legal Entity Representative (Resident on NURSERY Panel) *SARAH HUTCHINS, Administrator* Date *11/9/2017*

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The above plan of correction is approved as of *11/21/17* (Date) Plan of correction implementation status as of *11/21/17* (Date)

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

Fully implemented
 Partially implemented - Adequate Progress
 Partially implemented - Inadequate Progress
 Not implemented

Violation (copy): 1120-12012010 - Rozner, Lauren
 POH Name: DEBBE MEADOWS RESIDENCES

1. REGULATION 60 Pa.C.S. § 2000
 2000.107(d) - The hono shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION
 On 11-20-10 staff wrote on MAM of resident # 1 @ 0:00pm blood sugar was 103 and 730. Only 230 reading was in the glucometer. Staff wrote 2 units given per sliding scale, when 4 units should have been given.
 Missing occurrences for resident # 4. There were no checks in the resident's glucometer on 11-10-10 at 0:00am, 11-20-10 at 0:00am, 11-21-10 @ 6:00am, 11-21-10 @ 8:00am, 11-27-10 @ 8:00am and 11-28-10 @ 6:00am

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 2600.187(d) PCP, POA and resident were immediately made aware of error.

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 187d (see attached Item 1 & 3)

Also Audit was implemented and will be continued 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 5)

Report Violation No: _____ Date(s) of Previous Violation(s): _____
 Signature of Legal Entity Representative
 (Registered on NVRNY Panel) *Sarah Hutchins*

Printed Name and Title of Legal Entity Representative
 (Registered on NVRNY Panel) *Sarah Hutchins, Administrative* Date *11/19/2017*

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The above plan of correction is approved as of *1/25/17*
 (Date)

Plan of correction implementation status as of *1/25/17*
 (Date)

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

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