



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 13 2018

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's Bureau of Human Services Licensing annual inspection on December 4, 2017 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 14126 - 12/04/2017 - Braswell, Natasha
 PCH Name: DEER MEADOWS RESIDENCES

1. REGULATION 55 Pa.Code §2600

2600.184(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

Resident #1's prescribed Vitamin B1 did not have a pharmacy label containing resident's name, name of medication, date prescription was issued, prescribed dosage and instructions, or name and title of prescriber on the 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) the pharmacy was immediately contacted for a correct label. Upon delivery of new label, the corrected label was immediately placed on the resident's medication.

Education in regards to Medication Administration Policy and Procedure was completed for all Med Techs and LPNS by the Residential Health Center Coordinator. (see attached items 1 & 2)

Also a Med Cart Audit has been implemented to 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 4)

Report Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sarah Hutchins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SARAH HUTCHINS, Admin.</i>	Date <i>8/14/2018</i>
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The above plan of correction is approved as of 9/12/18
 (Date)

The above plan of correction was approved by *SH*
 (Initials)

Plan of correction implementation status as of 9/12/18
 (Date)

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

Violation Report: 14126 - 12/24/2017 - Braswell, Malisha
 PCH Name: DEER MEADOWS RESIDENCES

1. REGULATION 65 Pa.Code §2600
 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
 The home's procedures for the safe use of medications and medical equipment do not include properly storing the toxic acid 1 mg in the medication cart for Resident # 1.

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) the pharmacy was immediately contacted for a correct label. Upon delivery of new label, the corrected label was immediately placed on the resident's medication.

Education in regards to Medication Administration Policy and Procedure was completed for all Med Techs and LPNS by the Residential Health Center Coordinator. (see attached items 1 & 2)

Also a Med Cart Audit was implemented to 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 4)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, Admin* Date *8/14/2018*

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

The above plan of correction is approved as of <u>9/12/18</u> (Date)	Plan of correction implementation status as of <u>9/12/18</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