



June 6, 2019

Ms. Sarah Hutchins  
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 February 5 & 6, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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](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". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 14126 - 02/05/2019 - Heinberg, Jennie

PCH Name: Deer Meadows Residences

**1. REGULATION 85 Pa.Code §2600**

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2a. DESCRIPTION OF VIOLATION**

On 2/6/2019 at 2:15pm, the temperature in the ice cream freezer measured 10 degrees Fahrenheit

**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 2600.103, that the ice cream freezer was not holding correct temperature, all product was immediately moved to a different freezer. Both ice cream freezers were immediately removed from the kitchen as they were found to not be working properly. Once new ice cream freezers were received, an audit was initiated where the Dietary Department Head, or designee, audited the freezer three times daily. Audit will be submitted to Administrator and reviewed at quarterly QA meeting. (See attached Item 1)

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, Administrator* Date *5/13/2019*

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

The above plan of correction is approved as of <u>5/17/19</u> (Date)	Plan of correction implementation status as of <u>5/17/19</u> (Date)
The above plan of correction was approved by <u>AAA</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

Violation Report: 14126 - 02/05/2019 - Heinberg, Jenise  
 PCH Name: Deer Meadows Residences

1. REGULATION 55 Pa.Code §2000  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The last fire drill conducted during sleeping hours was on 12/14/2018. That was the only overnight fire drill conducted in 2018.

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 2600.132e, Director of Plant Operations held a fire drill that was conducted during sleeping hours on 2/8/2019, one night after inspection. (See attached Item 2.)  
 Director of Plant Operations has planned for another fire drill during sleeping hours again in six months. Director will submit report of completed drill to Administrator.

The Administrator or a designee will create a checklist to track the due dates for fire drills, to include an asleep drills. The Administrator or designee will review the completed fire drills, to ensure compliance with the applicable regulations. 5/17/19

A.A.A

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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, Administrator</i>	Date <i>5/13/2019</i>
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Violation Report: 14126 - 02/06/2019 - Heinberg, Janie

PCH Name: Deer Meadows Residences

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

On 02/06/2019, at 10:30 am, Staff member A entered their initials on the medication administration record (MAR), prior to resident 1 receiving their medications which include Aspirin, Fish oil, Glucos-Chondro-NA, Crestor, Dyazide, Verapamil.

**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 2600.182, staff member was immediately educated verbally in front of inspectors by the Residential Health Center Coordinator. Coordinator also reviewed written policy with staff member (see Attached Item 3). Coordinator conducted a med cart audit that same day to ensure that all medication was accounted for properly (See attached item 4). Residential Health Center staff will continue with monthly medication cart audits to help ensure that the needs of our residents are met. Audits will be submitted to Administrator for review at quarterly QA meeting. (see attached Item 5)

**Within 15 days of receiving this POC, the Administrator or a designee will re-train all staff on the cited regulation; and document the training. 5/17/19**

AAA

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sarah Hutchins, Administrator</i>			Date <i>5/13/2019</i>
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Violation Report: 14126 - 02/05/2019 - Hainberg, Jennie  
 PCH Name: Deer Meadows Residences

**1. REGULATION 55 Pa. Code §2600**  
 2600.183(e) - 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 2/6/2019, a total of 12 round shape pills were found loose in 3 of the homes medication carts.

**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 2600.183(e), Residential Health Center Coordinator immediately disposed of the loose medication properly. Coordinator completed a med cart audit that same day to ensure that all medication was accounted for properly (see attached Item 4). Residential Health Center staff will continue with monthly medication cart audits to help ensure that the needs of our residents are met. Audits will be submitted to Administrator for review at quarterly QA meeting. (see attached Item 5)

**On receiving this POC, and for the next consecutive 2 months period, the Administrator or a designee will audit all medication carts weekly to ensure continual compliance with the cited reg. The medication cart audit will be documented. 5/17/19**

A-A

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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, Administrator* Date *5/13/2019*

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Violation Report: 14128 - 02/06/2019 - Heinberg, Jennie  
 PCH Name: Deer Meadows Residences

**1. REGULATION 55 Pa.Code §2600**

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**

On 2/06/2019, multiple medications which were discontinued for resident # 2 were found in the home's medication cart. The medications are as follows:

- Xarelto discontinued on 1/9/18
- Loraladine discontinued on 9/7/18
- Amlodapine Besylate discontinued on 4/12/19

Also on 2/06/2019, resident #3's tube of Triamcinolone cream with expiration date of 01/2019 was still in the medication cart.


**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 2600.183(f), Residential Health Center Coordinator immediately disposed of the expired and discontinued medication properly. Coordinator completed a med cart audit that same day to ensure that all medication was accounted for properly (see attached Item 4). Residential Heath Center staff will continue with monthly medication cart audits to help ensure that the needs of our residents are met. Audits will be submitted to Administrator for review at quarterly QA meeting. (see attached Item 5)

On receiving this POC and for the next two consecutive months period, the Administrator or designee will audit all medication carts weekly to ensure continual compliance with the cited reg. The medication cart audit will be documented and staff will be re-trained on the referenced reg. 5/17/19

AAA

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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Sarah Hutchins, Administrator			Date 5/13/2019

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Violation Report: 14126 - 02/05/2019 - Heimberg, Jennie  
 PCH Name: Deer Meadows Residences

**1. REGULATION 56 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**  
 The label for resident # 2's Metoprolol Tartrate 25mg Tab, and the instructions on the MAR do not match.

**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) Residential Health Center Coordinator verified the correct medication order with the physician, label then placed on medication bottle "Direction changed, refer to MAR" while inspector was present. A new bottle of medication was ordered for future use. Residential Health Center staff will continue with monthly medication cart audits to help ensure that the needs of our residents are met. Audits will be submitted to Administrator for review at quarterly QA meeting. (see attached Item 5)

At the begining of each month, when a new medication cycle is received from the Pharmacy; and when a newly prescribed medication is received at the home, the Administrator or designee will make sure that the Pharmacy's label matches the doctor's order and the MAR's documentation. Any discrepancy noted will be immediately corrected. 5/17/19

A-A

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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, Administrator</i>	Date <i>5/13/2019</i>
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Violation Report: 14128 - 02/05/2019 - Heinberg, Jennie  
 PCH Name: Deer Meadows Residences

1. REGULATION 55 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  
 On 2/4/2019 at 6:10pm, Resident #4's glucose meter had a reading of 96. The home had a reading of 86 documented on the MAR.

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), Residential Health Center Coordinator completed an audit of all Glucometers in house, no other errors were found (See attachment 6). Specific staff member who made the error resigned before education could be provided. Glucometer and finger stick policy was posted as a reminder for all staff (see attached item7) and will be reviewed as scheduled at staff meetings.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Saran Hutchins, Administrator* Date *5/13/2019*

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