



**Sent via e-mail [shutchins@deer-meadows.org](mailto:shutchins@deer-meadows.org)  
Sent via e-mail [Isofia@deer-meadows.org](mailto:Isofia@deer-meadows.org)  
June 29, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 4 and 5, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *DEER MEADOWS RESIDENCES*

License Number: *14126*

Address: *8301 ROOSEVELT BOULEVARD,, PHILADELPHIA, PA 19152*

County: *PHILADELPHIA*

Region: *SOUTHEAST*

## Administrator

Name: *Sarah Hutchins*

Phone: *2156247575*

Email: *LSOFIA@DEER-MEADOWS.ORG*

## Legal Entity

Name: *DEER MEADOWS OPERATING II LLC*

Address: *8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19152*

## Certificate(s) of Occupancy

Type: *I-2*

Date: *10/14/2010*

Issued By: *City of Phila*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *89*

Waking Staff: *67*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*02/04/2020 - On-Site: Sabrina Freeman, Denise Gillespie*

*02/05/2020 - On-Site: Sabrina Freeman, Denise Gillespie*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *182*

Residents Served: *64*

### Secured Dementia Care Unit

In Home: *Yes*

Area: *5th floor*

Capacity: *20*

Residents Served: *18*

### Hospice

Current Residents: *7*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *64*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *25*

Have Physical Disability: *0*

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 was admitted to the PCH on 11/11/19. Nursing note dated, 11/13/19 and also RASP documented resident #1 as a two-person assist.

On 11/14/19, resident #1 had a fall which resulted in a serious injury that led to her hospitalization. Resident #1 fell while being toileted by staff person A. Before the fall, resident #1 stated, she could not move her legs and was about to fall. Resident #1 lost her balance and fell face forward.

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.)

As the Personal Care Home Administrator for Deer Meadows I object to the above violation of 2600 42.b, I have attached all supporting documentation to show that the above resident was not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. The resident was admitted to the PCH on 11/11/19, resident was seen by the doctor that day and the physician confirmed transfer status of 1 person assist (see Attached Items 1 & 2). Resident was discharged from the rehabilitation facility as a 1 person assist recommendation from the Occupational and Physical Therapist in the Discharge Summary (see attached Item 3). It was not documented anywhere in the RASP as an assist of two-person (see Attached Item 4). There was a onetime clerical error is a nurses note, dated 11/13/2019, of a two-person assist (see Attached Item 5). Staff Member A was also present for the fall, additional staff arrived immediately to assist the resident.

DPOC - Admin or designee will ensure all direct care staff are properly trained in transferring and toileting techniques to ensure resident safety and prevention of injuries. Nurses notes will be accurate to indicate care needed by and provided to residents. All staff trainings to be maintained by home and made available for Department review.

SP 06-26-2020  
Legal Entity Representative

*Sarah Hutchins*  
Signature

*Sarah Hutchins - Residential Administrator 6/25/20*  
Printed Name and Title Date

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The above plan of correction is approved as of	<u>06-26-2020</u> (Date)	Plan of correction implementation status as of	<u>06-26-2020</u> (Date)
The above plan of correction was approved by	<u>SP</u> (Initials)	<input checked="" type="checkbox"/> Implemented	<input type="checkbox"/> Not Implemented

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The carpet in the common area on the fourth floor in front of the recliner is frayed and coming apart. The frayed carpet is a tripping hazard for the residents.

The emergency exit stairwell on the second floor across from resident bedroom 802 has a pile of ceiling tile debris on the landing. The debris is a tripping hazard for the residents.

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 2600.88a. fray carpet was immediately addressed and corrected on site by the Director of Plant Operations on 2/4/2020. The emergency exit stairwell on the second floor was also immediately addressed and corrected by the Director of Plant Operations on 2/4/2020.

Effective 2/4/2020 and weekly hereafter, during building rounds, Maintenance staff will perform Common Area Audits (see Attached Item 6) and submit to the Director of Plant Operations to be reviewed with the Personal Care Home Administrator or designee monthly. All findings will be reviewed at the monthly Safety Meeting with the Safety Committee. Any safety concerns found will be addressed by Maintenance staff immediately.

Legal Entity Representative

*Saran Hutchins*  
Signature

Saran Hutchins Residential Administrator 06/25/2020  
Printed Name and Title Date

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91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There were no emergency telephone numbers posted by the telephone in bedroom #529.

Upon recognition of violation

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. 91 (Emergency Telephone Numbers) Emergency Numbers were added immediately to room 529 and violation was corrected on 2/5/2020. A complete room audit was done of all rooms by the Residential Social Worker on 2/6/2020 (See attached Item 7) to ensure that each telephone with an outside line had the telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline. A complete audit will be done quarterly of all Personal Care Rooms to ensure compliance with regulation 2600.91. Audit will be submitted to Administrator to review at QA meeting. Education was done with the Social Worker and Residential Health Center Coordinator to review room audit check list (see Attached Item 8).

Legal Entity Representative

*Sarah Hutchins*  
Signature

Sarah Hutchins - Residential Administrator 6/25/20  
Printed Name and Title Date

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231b - Medical Evaluation

Regulations

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 7/31/19. Resident #2's medical evaluation form does not document their need for the SDCU.

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 231.b, A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Residential Health Center Coordinator immediately contacted resident #2's primary physician to obtain correction to medical evaluation documenting the need for the SDCU, correction was added to the resident's record. On 2/6/2020 a complete audit was done of all residents residing on the Secure Dementia Unit's admission paperwork, including DME, RASP, and Pre-Screening to ensure all residents had the proper documentation completed showing the need for their stay on the SDU. No additional errors were found.

On 2/6/2020, and monthly hereafter, an audit will be done by the Administrator or designee on all new admission documents. Any missing signatures or dates will be obtained and filed in the resident record. All findings of audit will be reported and reviewed at quarterly QA meeting. Administrator conducted training with the Director of Admissions and Residential Health Coordinator to educate on all documentation needed prior to a resident's admission (see attached Item 9).

Legal Entity Representative

*Saran Hutchins*  
Signature

Saran Hutchins Residential Administrator 6/25/20  
Printed Name and Title Date

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(Date)

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(Initials)

Implemented  
 Not Implemented

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

10. A record of incident reports for the individual resident.

Description of Violation

Resident #1's record does not include the 11/15/19 reportable incident.

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 2600.252 Each resident's record must include the following information: 10. A record of incident reports for the individual resident. A Copy of the incident reported dated 11/15/19 for resident #1 was immediately added to the resident's record. On 2/6/2020 a complete audit of reportable incidents was completed by the Residential Administrator, to ensure no other resident records were missing required documentation. Effective 2/6/2020, and monthly hereafter a reportable incident audit will be completed by the Residential Administrator or designee (see attached Item 10), the findings of the audit will be corrected immediately and reported at the quarterly QA meeting.

Legal Entity Representative

*Saran Hutchins*  
Signature

*Saran Hutchins Residential Administrator 6/26/20*  
Printed Name and Title Date

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