

Department of Human Services  
Bureau of Human Service Licensing

December 16, 2021

[REDACTED] R  
DEER MEADOWS OPERATING II LLC  
8301 ROOSEVELT BOULEVARD  
PHILADELPHIA, PA, 19152

RE: DEER MEADOWS RESIDENCES  
8301 ROOSEVELT BOULEVARD  
PHILADELPHIA, PA, 19152  
LICENSE/COC#: 14126

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *DEER MEADOWS RESIDENCES* License #: *14126* License Expiration:  
Address: *8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2156247575* Email: [REDACTED]

**Legal Entity**

Name: *DEER MEADOWS OPERATING II LLC*  
Address: *8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19152*  
Phone: *2156247575* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *10/14/2010* Issued By: *City of Philadelphia*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *67* Waking Staff: *50*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *10/19/2021*

**Inspection Dates and Department Representative**

10/19/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *182* Residents Served: *49*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *5th floor* Capacity: *20* Residents Served: *17*

**Hospice**

Current Residents: *21*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *18* Have Physical Disability: *0*

**Inspections / Reviews**

**10/19/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/11/2021*

**10/19/2021 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/17/2021*

Inspection Dates and Department Representative (*continued*)

10/19/2021 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident #1 indicates the resident requires assistance with personal hygiene. On 09/28/21, the resident did not receive this assistance as required.

Plan of Correction

Accept

Upon recognition of violation 23.A, Deer Meadows Administrator & Educator met with staff to educate on Resident Support Plans (see attached). Education included Resident Assessment & Support Plans. A residential care satisfaction survey was also completed with all residents and findings were reported at the QA meeting held on 12/1/2021. Satisfaction survey will be completed on an ongoing basis, and finding will continue to be reported to the Administrator at the Quarterly QA meeting to be reviewed by QA team.

Completion Date: 10/20/2021

Document Submission

Implemented

Completed, findings will continue to be reviewed at QA meetings.

Completion Date: 10/20/2021

24 - Personal Hygiene

1. Requirements

2600.

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident’s assessment and support plan. Personal hygiene includes one or more of the following:

- 4. Dressing, undressing and care of clothes.

Description of Violation

The assessment and support plan, dated [REDACTED] for resident #1 indicates the resident requires assistance with dressing, undressing and care of clothes. On 09/30/21, the resident did not receive assistance as required.

Plan of Correction

Accept

Upon recognition of violation 24, Deer Meadows Administrator & Educator met with staff to educate on Resident Support Plans (see attached). Education included Resident Assessment & Support Plans. A residential satisfaction survey was also completed with all residents and findings were reported at the QA meeting held on 12/1/2021. Satisfaction survey will be completed on an ongoing basis, and finding will continue to be reported to the Administrator at the Quarterly QA meeting to be reviewed by QA team.

Completion Date: 11/02/2021

Document Submission

Implemented

Completed, findings will continue to be reviewed at QA meetings.

Completion Date: 11/02/2021

183b - Meds and Syringes Locked

1. Requirements

2600.

183b - Meds and Syringes Locked (continued)

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 10/19/21 at 2:30 pm, the medication cart was unlocked, unattended, and accessible inside the medication's room.

Plan of Correction

Accept

Upon recognition of violation of 183.b, Medication room found unlocked, Administrator immediately worked with Director of Plant Operations to order an Automatic door closer and keep pad lock for Medication Room. New closer and additional lock was purchased and installed the very next day on 10/20/2021. (see attached for photo).

All staff were in-serviced regarding proper storage of all prescription and over the counter medications. (see attached)

Completion Date: 11/02/2021

Document Submission

Implemented

Completed. Door closer and locks were installed, staff educated.

Completion Date: 11/02/2021

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

On 09/17/21 during the shift count from 3pm to 11pm, the Narcotic log sheet for resident #2's Oxycodone 325mg indicated a remaining pill count of 90. On 09/17/21 during the change of shift from 11pm to 7am, the narcotic log sheet count was changed to a remaining pill count of 60. There is no documentation that the medication was administered or destroyed.

Plan of Correction

Accept

Upon recognition of violation 185.A, an immediate audit of all Medication Administration Records was completed. A Narcotic Audit was also completed immediately and was completed daily for 30 days. (see attached) Deer Meadows Administrator & Educator met with Medication Technician Staff and Licensed Nursing Staff (LPN/RNs) to in-service on all Medication Administration records. Education included proper medication management for personal care. In addition, Deer Meadows has begun transition to an Electronic Medical Records system including for all Medication Administration Records & treatment administration records. Deer Meadows anticipate transition to electronic records completed by 3/1/2022.

Completion Date: 11/02/2021

Document Submission

Implemented

Completed.

Completion Date: 11/02/2021

187a - Medication Record

1. Requirements

2600.

**187a - Medication Record (continued)**

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

*Resident #1 is prescribed Dicyclomine 10mg Cap, Balmex rash cream and Trazadone 50mg tab. However, resident's October 2021 medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).*

**Plan of Correction****Accept**

*Upon recognition of violation 187.A, an immediate audit of all Medication Administration Records was completed. (see attached)*

*Deer Meadows Administrator & Educator met with Medication Technician Staff and Licensed Nursing Staff (LPN/RNs) to in-service on all Medication Administration records. Education included proper medication management for personal care.*

*In addition, Deer Meadows has begun transition to an Electronic Medical Records system including for all Medication Administration Records & treatment administration records. Deer Meadows anticipate transition to electronic records completed by 3/1/2022.*

**Completion Date:** 11/02/2021

**Document Submission****Implemented**

*Completed.*

**Completion Date:** 11/02/2021

**187b - Date/Time of Medication Admin.****1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident #2 is prescribed Oxycodone 325mg1 tab every 8 hours as needed. Resident 1's October 2021 medication administration record does not include the initials of the staff person who administered Oxycodone 325mg on the following dates:*

*10/03 at 8pm, 10/04 at 8am and 8pm, 10/07 at 8pm, 10/09 at 8am, 10/10 at 8am and 8 pm, 10/13 at 8am, 10/16 at 8am and 10/18 at 8am.*

*Resident #3 is prescribed Tramadol HCL 50mg 1 tab as needed. Resident #3's October 2021 medication administration record does not include the initials of the staff person who administered this medication on 10/19/21.*

**Plan of Correction****Accept**

*Upon recognition of violation 187.b, an immediate audit of all Medication Administration Records was completed. A Narcotic Audit was also completed immediately and was completed daily for 30 days. (see attached)*

*Deer Meadows Administrator & Educator met with Medication Technician Staff and Licensed Nursing Staff (LPN/RNs) to in-service on all Medication Administration records. Education included proper medication management for personal care.*

*In addition, Deer Meadows has begun transition to an Electronic Medical Records system including for all Medication Administration Records & treatment administration records. Deer Meadows anticipate transition to electronic records completed by 3/1/2022.*

**Completion Date:** 11/02/2021

187b - Date/Time of Medication Admin. (continued)

Document Submission

Implemented

Completed.

Completion Date: 11/02/2021

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [redacted] indicates the resident has Dementia without behavioral disturbance, unspecified dementia. The resident's support plan, dated [redacted] does not document how this need will be met.

Plan of Correction

Accept

Upon recognition of violation 227d. Deer Meadows Administrator & Educator met with Social Services, Medication Technician Staff and Licensed Nursing Staff (LPN/RNs) to in-service on all Resident Assessments & Support Plan Records (see attached) staff were educated on proper documentation for changes for behaviors and resident needs in the resident assessment and support plan (RASP) as needed. Rasp audit will continue to be done by the administrator or designee on a quarterly basis, with findings reported and reviewed at the QA meeting.

Completion Date: 11/02/2021

Document Submission

Implemented

Completed. Findings will continue to be reported & reviewed at QA meetings.

Completion Date: 11/02/2021