

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

December 16, 2024

[REDACTED]  
DEER MEADOWS OPERATING II LLC  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/18/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: DEER MEADOWS RESIDENCES License #: 14126 License Expiration: 12/01/2024  
 Address: 8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152  
 County: PHILADELPHIA Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: DEER MEADOWS OPERATING II LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 10/14/2010 Issued By: Phila L&I

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 110 Waking Staff: 83

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Monitoring Exit Conference Date: 11/18/2024

**Inspection Dates and Department Representative**

11/18/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 182 Residents Served: 73  
 Secured Dementia Care Unit  
 In Home: Yes Area: 5th floor Capacity: 39 Residents Served: 29  
 Hospice  
 Current Residents: 4  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 37 Have Physical Disability: 0

**Inspections / Reviews**

11/18/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/12/2024

12/16/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/16/2024  
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

12/16/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident [redacted] has a bedside mobility device that is uncovered and not attached to the bed frame. The bedside mobility device slides under the resident's mattress. The open space between the bedside mobility device and the bed measured at 14-inches. The bedside mobility device has an uncovered opening measuring 4 inches by 20 inches long.

Repeat Violation: 3/11/2024 et al.

Plan of Correction

Accept [redacted] - 12/16/2024)

81b- On [redacted], upon immediately recognizing violation to 81b while Department on Human Services Inspector was on site Administrator contacted Social Services Worker to replace cover to Bed Mobility Device and Maintenance Director to secure the device in Resident [redacted] room. Social Services Worker was able to replace the cover immediately, however Maintenance Director was unable to secure the device properly due to a mattress topper. Admin was notified and that evening Admin and Social Services Worker met with the resident on [redacted] to discuss removing the bed mobility device. Resident was very agreeable stating "I do not use it anymore." Device was removed from the bed on [redacted]. The Resident Assessment and Support Plan was updated to reflect the change on [redacted] and reviewed with the resident (see attached Item 1).

A Bed Mobility device audit was started on [redacted] by Residential Health Center Staff and completed on [redacted] to confirm locations of Bed Mobility Devices throughout the facility. (see attached) Once locations of Bed Mobility Devices were confirmed, Administrator and Maintenance Director inspected each device to confirm device was clean, in good repair and free of hazards. Admin confirmed RASPs, consent and physician order were all present and up to date. Residents and POA/resident support members were notified that if there are any changes to beds or bed mobility devices that Administration must be notified as stated on consent forms. A monthly audit of Bed Mobility Devices will be completed by Director of Plant Operations and Residential Administrator or designees. (see attached).

Licensee's Proposed Overall Completion Date: 12/12/2024

Implemented [redacted] 12/16/2024)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

225c Additional Assessment (continued)

Description of Violation

The home's procedures for bedside mobility devices include an assessment being completed on the resident and the bedside mobility device being added to the resident's support plan. However, the home did not complete an assessment for resident [REDACTED] when [REDACTED] received the bedside mobility device on [REDACTED].

Resident [REDACTED] signed consent for a bedside mobility device on [REDACTED], however the home did not complete an assessment until [REDACTED] and the resident's previous assessment is dated [REDACTED].

Repeat Violation: 3/11/2024 et al, 9/30/2024

Plan of Correction

Accept [REDACTED] - 12/16/2024)

Upon recognition of violation 225c Admin and Social Services Worker met with the resident on [REDACTED] to discuss removing the bed mobility device. Resident was very agreeable stating "I do not use it anymore." Device was removed from the bed on [REDACTED]. The Resident Assessment and Support Plan was updated to reflect the change on [REDACTED] and reviewed with the resident (see attached).

Additionally, Admin, Residential Health Center and Social Services Worker met to review RASP guidelines set forth in 2600 Regulatory Compliance Guide and reviewed the home's policy in regards to Bed Side Mobility Devices. Residential Administrator and Social Worker to meet to review each RASP completed on a weekly basis to ensure accuracy and completion. This will be on an ongoing basis for the next 12 months. (See attached).

Licensee's Proposed Overall Completion Date: 12/12/2024

Implemented ([REDACTED] 12/16/2024)

227d - Support Plan Medical/Dental

3. 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 [REDACTED], dated [REDACTED], indicates the resident has a need for transfers. The resident's support plan dated [REDACTED] does not document how this need will be met.

Repeat Violation: 3/11/2024 et al.

Plan of Correction

Accept [REDACTED] - 12/16/2024)

Resident [REDACTED] assessment dated [REDACTED] indicates that the resident does have a need for assistance with transfers. The Assessment does document that Staff will provide assistance on a daily basis with transfers (see attached). However, DHS inspector recommended that the Resident Assessment and Support Plan be more specific on how the need would be met. On the updated and most recent Resident Assessment and Support Plan dated [REDACTED], the assessment documents the need for assistance with transfers and mobility needs will be made by 1 Direct Care Staff member on a daily and as needed basis (see attached.)

Licensee's Proposed Overall Completion Date: 12/12/2024

227d Support Plan Medical/Dental (*continued*)

*Implemented* [REDACTED] - 12/16/2024)