

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

June 2, 2025

[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 05/05/2025 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: 12/01/2025  
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: Philadelphia L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 92 Waking Staff: 69

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint Exit Conference Date: 05/05/2025

**Inspection Dates and Department Representative**

05/05/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 182 Residents Served: 64

**Secured Dementia Care Unit**

In Home: Yes Area: 5th and 3rd Floors Capacity: 39 Residents Served: 25

**Hospice**

Current Residents: 6

**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: 28 Have Physical Disability: 0

**Inspections / Reviews**

05/05/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/24/2025

05/27/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/02/2025  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/01/2025

Inspections / Reviews (*continued*)

## 06/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 06/02/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at 10:38 A.M., resident records were unlocked, unattended, and accessible in the nurses office in 3rd floor secured dementia care unit.

Plan of Correction

Accept [REDACTED] - 06/02/2025)

Upon recognition of Violation 17- Record Confidentiality; the Residential Health Center Coordinator whom was with DHS representative immediately secured door upon exit and immediately met with staff on the unit to address and remind them of the need to close and secure the door to the nurses station. It should be noted that Deer Meadows' employee was standing closely outside of the nurses office that stores the resident records. In order to address the violation further, door closures and combination locks were placed on all doors that are deemed as needing to be closed and secured in order to ensure resident records are secured at all times. Administration added additional signage that states "Door Must Be Closed & Locked" on doors throughout the unit to offer reminders to staff and visitors. Deer Meadows' Nurse Educator also met with Residential Staff, Front Desk (Concierge/Security) and Maintenance Staff to complete and in-service on regulation 17 and Deer Meadows' policies regarding closing and securing doors on the SDU. Training was offered and held with Residential staff on 5/15/2025, 5/16/2025 and 5/19/2025. Training was held with Maintenance Staff on 5/19/2025 & 5/20/2025. Training was held with the Concierge Department on 5/19/2025. Attached are postings for meetings and staff sign in sheets for all listed departments.

Deer Meadows Concierge Staff will conduct daily audits on every shift on the Bair 3 & 5 units, where doors had been found not secured. The audit will be recorded for the next 60 days to ensure the Home remains in compliance. Administrator will receive the daily report of the findings to review, after 60 days the findings will be reviewed by Administrator at QA meeting to determine if ongoing written audits need to continue. See attached for daily audit sheet, recorded audits began 5/28/2025.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] 06/02/2025)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Aloe Vesta Daily Moisturizer, with a manufacture's label indicating "if swallowed, get medical help or consult a Poison Control Center right away", was unlocked, unattended, and accessible to residents in the nurses office in the 3rd floor secured dementia care unit (SDCU). Not all the residents of the home, including Resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (continued)

*Biotene Fluoride Toothpaste, with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in the nurses office in the 3rd floor SDCU. Not all the residents of the home, including Resident [REDACTED], have been assessed capable of recognizing and using poisons safely.*

*We Care Vitamins A&D Ointment, with a manufacture's label indicating "if swallowed, get medical help or consult a Poison Control Center right away", was unlocked, unattended, and accessible to residents in the nurses office in the 3rd floor SDCU. Not all the residents of the home, including Resident [REDACTED] have been assessed capable of recognizing and using poisons safely.*

**Plan of Correction**

**Accept [REDACTED] - 06/02/2025)**

*Upon recognition of Violation 82C- Locking Poisonous Materials; the Residential Health Center Coordinator whom was with DHS representative immediately secured door upon exit and immediately met with staff on the unit to address and remind them of the need to close and secure the door to the nurses station. It should be noted that Deer Meadows' employee was standing closely outside of the nurses office that stores the resident records. In order to address the violation further, door closures and combination locks were placed on all doors that are deemed as needing to be closed and secured in order to ensure Poisonous materials shall are kept locked and inaccessible to residents on the Secured Dementia Unit. Administration added additional signage that states "Door Must Be Closed & Locked" on doors throughout the unit to offer reminders to staff and visitors. Deer Meadows' Nurse Educator also met with Residential Staff, Front Desk (Concierge/Security) and Maintenance Staff to complete an in-service on regulation 17 and Deer Meadows' policies regarding closing and securing doors on the SDU.*

*Training was offered and held with Residential staff on 5/15/2025, 5/16/2025 and 5/19/2025. Training was held with Maintenance Staff on 5/19/2025 & 5/20/2025. Training was held with the Concierge Department on 5/19/2025. Attached are postings for meetings and staff sign in sheets for all listed departments.*

*Deer Meadows Concierge Staff will conduct daily audits on every shift on the Bair 3 & 5 units, where doors had been found not secured. The audit will be recorded for the next 60 days to ensure the Home remains in compliance.*

*Administrator will receive the daily report of the findings to review, after 60 days the findings will be reviewed by Administrator at QA meeting to determine if ongoing written audits need to continue. See attached for daily audit sheet, recorded audits began 5/28/2025.*

**Licensee's Proposed Overall Completion Date: 05/30/2025**

**Implemented [REDACTED] - 06/02/2025)**