

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

July 8, 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 05/20/2025 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: Phila. L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 85 Waking Staff: 64

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 05/20/2025

Inspection Dates and Department Representative

05/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 182 Residents Served: 61

Secured Dementia Care Unit
 In Home: Yes Area: Bair 3 & 5 Capacity: 39 Residents Served: 20

Hospice
 Current Residents: 7

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 24 Have Physical Disability: 0

Inspections / Reviews

05/20/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/15/2025

06/20/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/08/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/12/2025

Inspections / Reviews *(continued)*

07/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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 [redacted] at 5:47 PM, there is a blood sugar reading of [redacted] in resident [redacted], however this reading is not documented in the resident's medication administration record.

Resident [redacted] is prescribed [redacted], give 1 tablet by mouth 2 times a day. On [redacted] and [redacted], at 8:00 AM, the medication was documented on resident [redacted]'s medication administration record as administered, however, this medication was not signed out on resident [redacted] controlled substance inventory log.

Plan of Correction

Accept [redacted] - 06/20/2025)

In response to violation 185a, Resident [redacted] missing glucometer reading from the record, staff member identified immediately received appropriate counseling on 5/16/2025 and education on 5/19/2025. (see attached) To ensure home remains in compliance going forward a daily audit will be completed by overnight staff to ensure all glucometer readings are recorded appropriately. Audit will be reviewed by RHCC and submitted to Administrator to be reviewed at Quarterly QA Meeting. Audit will continue daily for the next 60 days, at QA meeting findings will be reviewed and determined if recorded audit needs to continue. Audit began on 6/6/2025. (see attached)

In response to resident [redacted] prescribed [redacted] [redacted], administrator conducted investigation, investigation included cart audit and staff interview. Staff member identified was given appropriate counseling regarding proper documentation and narcotic policy on 6/5/2025. A Medication Error report was made on 5/20/2025, RHCC notified Resident [redacted] and PCP of the medication error. (see attached) To further ensure the home remains in compliance mandatory staff education for all Med Techs will be held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration Regulatory Compliance. All Med Techs will receive one additional observation by the home's certified Medication Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached)

Monthly Medication Cart Audits will continue.

Licensee's Proposed Overall Completion Date: 07/10/2025

Implemented [redacted] - 07/08/2025)

187b - Date/Time of Medication Admin.

2. 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 [redacted] is prescribed [redacted] unit/ml, inject as per sliding scale: 0-200=0 units; 201-250=2 units; 251-300=4 units; 301-350=6 units; 351-400=8 units; blood sugar greater than 400 call MD/NP. Resident [redacted] May, 2025 medication administration record does not include the initials of the staff person who administered [redacted] on 5/8/2025

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

at 4:30 PM.

Resident [redacted] May, 2025 medication administration record does not include the initials of the staff person who administered the following medications on the specified dates and times:

- [redacted] and [redacted] at 8 PM, [redacted].
- [redacted] at 4:30 PM [redacted]
- [redacted] at 8 PM, [redacted].

Resident [redacted] is prescribed [redacted], 1 tablet by mouth three times a day. Resident [redacted] May, 2025 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 2 pm.

Resident [redacted] is prescribed [redacted], 1 tablet by mouth every 8 hours as needed. This medication was signed out on resident [redacted] controlled substance log on [redacted] at 8:00 AM and [redacted] at 12:00 PM. Resident [redacted] May 2025 medication administration record does not include the initials of the staff person who administered this medication on [redacted] at 8:00 AM and [redacted] at 12:00 PM.

Plan of Correction

Accept [redacted] - 06/20/2025)

In response to violation 187b, Resident [redacted] missing time of medication administration from the record, staff member received appropriate counseling on 5/16/2025 and education on 5/19/2025. (see attached)

To ensure home remains in compliance going forward a daily audit will be completed by overnight staff to ensure all glucometer and medication administrations readings are recorded appropriately. Audit will be reviewed by RHCC and submitted to Administrator to be reviewed at Quarterly QA Meeting. Audit will continue daily for the next 60 days, at QA meeting findings will be reviewed and determined if recorded audit needs to continue. Audit began on 6/6/2025. (see attached)

In response to resident [redacted] and [redacted] missing initials of staff member's medication administration on the medication administration record Administrator conducted investigation, investigation included cart audit, schedule audit and staff interviews. Staff member identified was given appropriate counseling regarding proper documentation and medication administration in service on 6/5/2025.

To further ensure the home remains in compliance mandatory staff education for all Med Techs will be held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration Regulatory Compliance. All Med Techs will receive one additional observation by the home's certified Medication Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached)

Monthly Medication Cart Audits will continue.

Licensee's Proposed Overall Completion Date: 07/10/2025

Implemented [redacted] - 07/08/2025)