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

July 10, 2026

[redacted], ADMINISTRATOR
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 05/11/2026, 05/12/2026 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**: *12/01/2026*

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

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

[redacted]

Name: *DEER MEADOWS OPERATING II LLC*

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

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**: *86* **Waking Staff**: *65*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *05/12/2026*

Inspection Dates and Department Representative

05/11/2026 - On-Site: [redacted]

05/12/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *182* **Residents Served**: *59*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *39* **Residents Served**: *24*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *NA* **Are 60 Years of Age or Older**: *59*

Diagnosed with Mental Illness: *NA* **Diagnosed with Intellectual Disability**: *NA*

Have Mobility Need: *27* **Have Physical Disability**: *NA*

Inspections / Reviews

05/11/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/13/2026*

06/22/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/10/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/10/2026*

Inspections / Reviews *(continued)*

07/10/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/10/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

28a - Refunds

1. Requirements

2600.
28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

Description of Violation

On [redacted] the home issued a discharge notice to Resident 1. On [redacted] the resident moved out of the home, removing all personal belongings. The resident was due a refund of 305.00 for [redacted] in the month. The home issued a refund on [redacted] in the amount of 305.00 to Resident 1's guardian.

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

In regards to violation 28a- Refunds, Administrator and Business Office Manager (BOM) completed a audit of all discharges over the last 12 months to help ensure there were no further errors or outstanding refunds. Audit was completed on 5/15/2026 (see attached), and showed there were no other errors.
To help ensure no further violations in regards to Refunds and timely refunds to discharge residents Administrator met with Business Office Manager (BOM) and staff to review license summary report and regulation. All staff were educated on regulation 28a- Refunds. For the next 3 months, BOM will complete a twice monthly report of all discharged residents, any refund that is over 20 days from discharge date will be reported to Administrator to help ensure refund is issued within 30 day time period. Administrator will report findings to be reviewed at quarterly QA meeting (see attached). Reported findings will determine if ongoing audit is continued to be needed.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented ([redacted] - 07/10/2026)

95 - Furniture and Equipment

2. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The bathrooms sinks located in room 105 and 334 were filled halfway with standing water and draining slowly.

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

Please note during inspection sinks were in rooms 705 (not 105) and 334. There is no room 105 in our Personal Care Home

Upon recognition of violation 95- Furniture and Equipment, Community Director of Plant Operations was able to immediately fix both sinks that were found to be draining slowly while inspectors were on sight. To help ensure that all other sinks, showers and other drains were in good working order our Maintenance Department began a full audit of all drains within the community (see attached.) All findings were addressed and corrected. Admin also met with maintenance department to complete education regarding regulation 95 and results of inspection. An additional full audit will be completed within the next 30 days and results will be reported to Administrator, findings will be reviewed at Quarterly QA Meeting. (see attached).

Licensee's Proposed Overall Completion Date: *07/08/2026*

95 Furniture and Equipment *(continued)*

Implemented ([redacted] - 07/10/2026)

101j7 Lighting/Operable Lamp

3. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

In regards to violation 101j7- Lighting/Operable Lamp, Community's Social Services Worker (SSW) met with Resident 2 on the same day of inspection and offered a bed side table lamp for their night stand. Bed side table lamp was placed in room of resident 2 in working condition immediately.
To help ensure there were no other errors in relation to regulation 101j7, SSW began room audits for all Personal Care residents. (see attached) There were no other errors in relation to regulation found. In addition, Residential Staff have received education in regards to the regulation (see attached). There will be continued monthly room audits done of all Residential rooms for the next 90 days to help ensure all rooms are in compliance, findings will be reported to Administrator to review at Quarterly QA meeting. (see attached)

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented ([redacted] - 07/10/2026)

103i Outdated Food

4. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 5/11/2026, there was an unlabeled, undated pack of frozen waffles in the walk-in freezer.

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

In response to violation of regulation 103i- outdated food, Director of Dining Services immediately removed and discarded the unlabeled pack on frozen waffles that were found in the walk-in freezer.
To help ensure that there were no other violations in relation to regulation 103i, a full kitchen audit was completed by the Director of Dining Services immediately (see attached). In addition, all Dining Services staff received education in regards to correct labeling and dating of food. Dining Services Director will complete a full kitchen audit weekly for the next 30 days to help ensure Community remains in compliance with regulation, audits will be reviewed by Administrator and findings will be reviewed at Quarterly QA meeting. (see attached).

Licensee's Proposed Overall Completion Date: *07/08/2026*

Implemented ([redacted] - 07/10/2026)

125a Combustible Storage

5. Requirements

2600.

125a - Combustible Storage *(continued)*

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 5/11/2026, "Penetrate Super Penetrating Oil" with a label that reads "Danger: Extremely flammable" was stored in the boiler room, on top of one of the boilers currently in use.

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

Immediately after violation to 125a,- Combustible Storage, was identified the Director of Plant Operations removed the Oil from the boiler room. Boiler Room also received a deep cleaning on 5/11/2026 after violation was found, from maintenance staff to ensure no other combustible or flammable materials were located near boilers.
In addition to help ensure there will be no other or repeat violations, Administrator met with Maintenance department staff to review violation and provide education in regards to regulation 12a-Combustible Storage. (see attached)

Licensee's Proposed Overall Completion Date: *06/11/2026*

Implemented ([redacted] - 07/10/2026)

141b1 - Annual Medical Evaluation

6. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 4's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

Upon recognition of violation 141b1- Annual Medical Evaluation, Administrator and SSW completed a full chart audit of all current residents to ensure there were no other violations or Residents that were in need of an annual medical evaluation (see attached) no additional errors found.
In addition to help ensure there are no further errors moving forward Administrator completed education with Residential Administrative Staff in regards to regulation 141b1. (see attached). Administrator or designee will also continue with monthly chart audits of 25% of residents to ensure all residents remain in compliance with regulation. (see attached)

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented ([redacted] - 07/10/2026)

183e - Storing Medications

7. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 5/12/2026, Resident 5's Docusate Sodium 100mg tab was punctured in slot 47 of the blister pack and remained in place.

183e Storing Medications (continued)

Repeat Violation: 5/13/2025

Plan of Correction ***Accept (- 06/22/2026)***

In response to violation of regulation 183e, storing medication, on 5/12/2026, when Resident 5's Docusate Sodium 100mg tab was found punctured in slot 47 of the blister pack, Residential Health Center Coordinator immediately removed the medication from the medication cart and documented the wasted medication appropriately (see attached). Resident 5's POA was notified as well. To help ensure there were no additional violations in regards to regulation 183e, a full medication cart audit was initiated by Administrator and RHCC of all Personal Care residents on 5/13/2026 and completed on 5/15/2025. (see attached)

To help the Community remain in compliance and no further violations, all Medical Technicians and LPNs will receive education in regards to storing medications by 7/1/2026. (see attached)

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/10/2026)

185a - Implement Storage Procedures

8. 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 5/12/2026, Resident 5 is prescribed " Accu Checks two times a day", on 5/2/2026 the glucometer had a reading of 144 at 8:54am, this reading was not documented on the Medication Administration Record. On 5/3/2026 the glucometer had a reading of 141 at 8:16am, this reading was not documented on the Medication Administration Record.

The home's Narcotics policy states " Upon arrival on each shift the oncoming nurse or MedTech will count the controlled drugs on the floor with the off going nurse or MedTech. On 4/5/2026 at 11pm, 4/13/20266 at 7am and 4/17/2026 at 7a, the Bair medication control logs were not signed by both the oncoming and off going nurse or MedTech. On 4/10/2026 at 11pm, 4/16/2026 at 11pm and 4/27/2026 at 3pm, the Deer Meadows medication control logs were not signed by both the oncoming and off going nurse or MedTech.

Repeat Violation: 7/8/2025

Plan of Correction ***Accept (- 06/22/2026)***

Please note that Resident 5 does not receive Accu Checks, on date of inspection it was noted that Resident 2's record was missing glucometer readings from the record.

In response to violation 185a, Implement Storage Procedures, Resident 2's missing glucometer reading from the record, staff member received appropriate counseling on 5/14/2026 (see attached). To help ensure there are no further violations, all Medical Technicians and LPNs will receive education in regards to proper MAR documentation by 7/1/2026. (see attached)

To also 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 6/10/2026. (see attached)

185a - Implement Storage Procedures (continued)

Also in response to additional violation to regulation 185a- Identified staff members received appropriate counseling on 5/14/2026 (see attached). A full medication cart audit and Narcotic count review was initiated by Administrator and RHCC of all Personal Care residents on 5/13/2026 and completed on 5/15/2025 to ensure there were no further errors and all medication counts were accurate (see attached). Monthly medication cart audits will be completed by the RHCC or designee for the next 3 months and findings will be reported to Administrator. Administrator will review and communicate findings at Quarterly QA meetings. (see attached). To help ensure there are no further violations, all Medical Technicians and LPNs will receive education in regards to the home's narcotics policy documentation by 7/1/2026. (see attached)

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/10/2026)

251b - Record Entries Legible

9. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The date was written over on Resident 4's medical evaluation dated

Plan of Correction ***Accept (- 06/22/2026)***

Upon recognition of violation 251b- Record Entries Legible, Administrator and SSW completed a full chart audit of all current residents to ensure there were no other violations (see attached).
In addition to help ensure there are no further errors moving forward Administrator completed education with Residential Administrative Staff in regards to regulation 251b. (see attached). Administrator or designee will also continue with monthly chart audits of 25% of residents to ensure all residents remain in compliance with regulation. (see attached)

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/10/2026)