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

August 14, 2026

[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 07/09/2026 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]

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**: *87* **Waking Staff**: *65*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *07/09/2026*

Inspection Dates and Department Representative

07/09/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *182* **Residents Served**: *62*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Bair 3 and Bair 5* **Capacity**: *39* **Residents Served**: *22*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *62*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *25*

Have Physical Disability: *0*

Inspections / Reviews

07/09/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/31/2026*

07/30/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/13/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/19/2026*

Inspections / Reviews *(continued)*

08/14/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/13/2026*

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

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] resident [redacted] was in [redacted] bedroom sitting on the bed. Staff person A entered the resident's room around 5:30 am-5:45 am to assist the resident with getting ready for the day.
The resident's family provided the home with video recordings from the resident's room. In the recordings you can hear staff person A asking the resident, "Do you want to get up? It's time to get up." "I had you when you were upstairs, you're evil, you're mean." Resident [redacted] responded, "what do you mean, am I evil? Staff person responded, "you're mean." In the recordings staff person A is telling the resident, "Let me see you walk to the toilet." "You're talking like you can move by yourself, but apparently you cannot." "You need help." Staff person A also stated, "Come on, get in the wheelchair. "You are wasting my time." "I have other people to get up." The resident was observed attempting to get out of bed independently while staff person A watched. The resident stated, "I cannot do it." The home provided documentation that the family also expressed concerns that the resident was asked to wipe themselves while using the bathroom. During the interview staff person A stated that [redacted] told the resident to wipe their self because they can do it independently. Another video shows the resident sitting in a wheelchair in [redacted] bedroom. Staff person A repositioned the resident by placing both hands underneath the resident's arms and pulling the resident backward in the wheelchair. During the interview staff person A stated that [redacted] repositioned the resident in that manner because it was easier. When staff person A was asked how was their interaction with the resident staff stated "it was good but [redacted] can be mean at times." Staff stated they provided care for the resident in Personal Care and the resident would curse staff person A out and accuse staff of moving the residents belongings. Staff person A stated "[redacted] use to be mean for no reason."

Resident [redacted] most recent assessment and support plan dated [redacted] states that the resident requires some physical assistance with transfers in and out of bed and chair. Resident [redacted] requires some physical assistance with toileting, bladder and bowel management and hygiene. Resident uses a wheelchair for ambulation and is independent when turning and positioned in the bed and chair.
Resident [redacted] was unable to recall the incident. Resident [redacted] disclosed during the interview that [redacted] felt safe in the home.

Plan of Correction ***Directed[redacted] 07/30/2026)***

In regards to violation of 42b- Upon notification of incident from Resident [redacted]s family on 6/29/2026, Staff Member A was immediately suspended pending investigation. Staff member A was then later terminated that same day. Residential Health Center Coordinator (RHCC) notified all appropriate parties of the incident and investigation findings including DHS, local AAA, local police and notified family of results of investigation.
To help ensure no further violations or incidents occur all Direct Care Staff Members, and ancillary department staff will receive additional education in regards to Abuse, Dementia and Sensitivity training. Training has started immediately and all staff will receive additional training by 08/28/2026. (see attached)

Proposed Overall Completion Date: 08/28/2026

Directed
Overall Completion date must be on or before 8/19/26.[redacted]

42b Abuse (continued)

Proposed Overall Completion Date: 08/19/2026

Directed Completion Date: *08/19/2026*

Implemented [redacted] - 08/14/2026)

42s - Privacy

2. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] at 9:39 am, there was a sign on resident [redacted] bedroom door that stated, "voice and video recording device in this room." "Please be advised that the device is in operation and may record conversations, including conversations not intended to be recorded."

Plan of Correction ***Directed [redacted] 07/30/2026)***

In response to violation 42s Privacy, Administrator spoke with Resident [redacted] POA on 7/9/2026 to review the home's policy in regards to video and audio recording and a resident's right to privacy. Resident [redacted] POA was understanding of the policy and agreed to removal of recording devices. Recording devices were removed from resident [redacted]s room on 7/9/2026 and retrieved by family on 7/10/2026. Written communication was again provided via email to Resident [redacted]'s family in regards to the home's policy of video and audio recording in the home. Signage regarding recording device was removed as well from Resident [redacted]'s door.
To help ensure there are no further violations in regards to 42s privacy, Administrator also provided a written reminder via letter and email all residents and responsible parties providing education/reminders of privacy. (see attached)
To help maintain continued compliance in regards to privacy, Administrator also provided education to staff in regards to regulation 42s Privacy. All staff to receive additional education by 8/28/2026 in scheduled training sessions and staff meetings (see attached).

Proposed Overall Completion Date: 08/28/2026

Directed
Overall Completion date must be on or before 8/19/26. [redacted]

Directed Completion Date: *08/19/2026*

Implemented [redacted] - 08/14/2026)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

65b - Rights/Abuse 40 Hours *(continued)*

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [redacted] 40th scheduled work hour on [redacted]. However, this staff person did not complete training in the following topics: Emergency medical plan.

Plan of Correction ***Directed [redacted] 07/30/2026)***

In response to violation 65b- Rights/Abuse 40 Hours, specifically Emergency Medical Plan, Staff Member A was terminated on 6/29/2026. Administrator completed an audit of all new hires for the year 2026 to ensure that orientation requirements were completed (see attached), all further errors found were corrected.
To help ensure the community remains in compliance with regulation 65b- Rights/Abuse 40 Hours Administrator reviewed License Summary and regulation 65b with HR Director to complete education (see attached), Administrator also updated all orientation sign off sheets to include Emergency Medical Planning (see attached). All staff to receive additional education in regards to the community's Emergency Medical Plan by 8/28/2026 in scheduled training sessions and staff meetings (see attached).

Proposed Overall Completion Date: 08/28/2026

Directed
Overall Completion date must be on or before 8/19/26. [redacted]

Directed Completion Date: *08/28/2026*

Implemented [redacted] 08/14/2026)

101j7 - Lighting/Operable Lamp

4. 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 [redacted] does not have access to a source of light that can be turned on/off at bedside. The bedside light was unplugged.

Plan of Correction ***Directed [redacted] 07/30/2026)***

In regards to violation 101j7- Lighting/Operable Lamp, Community's Social Services Worker (SSW) met with Resident 1 on 7/9/2026. Bed Side lamp was found to be present but not plugged in properly. SSW was able to plug in lamp, lamp is working correctly (see attached.)
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, Environmental Services Managers, Admissions Director and Plant Operation Director 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)

101j7 - Lighting/Operable Lamp (continued)

Proposed Overall Completion Date: 08/28/2026

Directed

Overall Completion date must be on or before 8/19/26. [redacted]

Directed Completion Date: *08/28/2026*

Implemented [redacted] ***- 08/14/2026)***