

Department of Human Services
Bureau of Human Service Licensing

June 8, 2021

██████████ 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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/17/2021, 05/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: DEER MEADOWS RESIDENCES License #: 14126 License Expiration Date: 12/01/2021
Address: 8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152
County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 2156247575 Email: [REDACTED]

Legal Entity

Name: DEER MEADOWS OPERATING II LLC
Address: 8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19152
Phone: 2156247575 Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 10/14/2010 Issued By: City of Phila., Dept. of LI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 70 Waking Staff: 53

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 05/18/2021

Inspection Dates and Department Representative

05/17/2021 - On-Site: [REDACTED]
05/18/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 182 Residents Served: 50

Secured Dementia Care Unit

In Home: Yes Area: 5th floor Capacity: 20 Resident Served: 17

Hospice

Current Residents: 19

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 20 Have Physical Disability: 0

Inspections / Reviews

05/17/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *06/07/2021*

6/4/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/08/2021*

6/8/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Bedroom [REDACTED] - The living room carpet was stained and the bathroom shower curtain was dirty and stained.

Plan of Correction

Accept

Upon recognition of violation 2600.85a. the living room carpet was immediately cleaned to maintain sanitary conditions on site by the Director of Environmental Services on 5/17/2021. The bathroom shower curtain was also immediately replaced by the Director of Environmental Services on 5/17/2021.

Effective 05/17/2021 and weekly hereafter, during building rounds, Director of Environmental Services or designee will do room audits (See attached item 1 and 2) to be reviewed with the Personal care Home Administrator or designee monthly at the monthly safety meeting with the Safety committee. Any safety concerns found will be addressed by Housekeeping staff immediately.

Completion Date: 05/17/2021

Document Submission

Implemented

please see attached

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash cans in the public bathrooms across from the conference room were uncovered and did not have lids. Also, the trash can in the dining room bathroom on the SDU was uncovered and did not have a lid on the trash can.

Plan of Correction

Accept

Upon recognition of violation 2600.85d. the trash cans in the public bathrooms were immediately replaced with trash cans with lids on site by the Director of Environmental Services on 5/17/2021. The trash cans in the dining room bathroom on the SDU was also immediately replaced with trash cans with lids on site by the Director of Environmental Services on 5/17/2021.

Effective 05/17/2021, Director of Environmental Services or designee will add that the trash cans in kitchen and bathroom shall be covered at all times to daily public housekeeping assignment for Housekeeping staff. Effective 05/17/2021, and weekly hereafter, during building rounds, Director of Environmental Services or designee will do room audits (See attached item 1 and 2) to be reviewed with the Personal care Home Administrator or designee monthly at the monthly safety meeting with the Safety committee. Any safety concerns found will be addressed by Housekeeping staff immediately.

Completion Date: 05/17/2021

Document Submission

Implemented

please see attached

89a - Water Pressure

1. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

Bedroom [redacted] - Did not have hot water and did not have sufficient water pressure. The hot and cold water faucet had a thin trickle of water.

The bathroom directly across from the conference room did not have sufficient hot water pressure. There was a thin trickle of hot water coming from the faucet.

Plan of Correction

Accept

Upon recognition of violation 2600.89a. the hot water and water pressure in room [redacted] was immediately fixed on site by the Director of Plant Operations on 5/17/2021. The hot water and water pressure in the bathroom across from the conference room was also immediately fixed on site by the Director of Plant Operations on 5/17/2021. Effective 05/17/2021 and weekly hereafter, during building rounds, Maintenance staff will do room audits (See attached item 3 and 4) and submit to Director of Plant Operations or designee to be reviewed with the Personal Care home Administrator or designee monthly at the monthly safety meeting with the Safety committee. Any safety concerns found by will be addressed by Maintenance staff immediately.

Completion Date: 05/17/2021

Document Submission

Implemented

please see attached

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home had the winter/fall or week 1/week 2 menu posted outside of the dining room. The home did not have the current May 16, 2021 - May 22, 2021 or week 4 menu posted.

Plan of Correction

Accept

Upon recognition of violation 2600.162c. the weekly menu posted outside of the dining room was immediately replaced with the correct menu for current and upcoming week on site by the Director of Dining services on 05/17/2021. Effective 05/17/2021 and weekly hereafter, Director of Dining services or designee will post the current and upcoming week menu outside of the dining room (see attached item 5).

Completion Date: 05/17/2021

Document Submission

Implemented

please see attached

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

- *The Dok 100mg that was prescribed to resident #1 was discontinued. However, on 5/17/21, the medication was still on the med cart.*
- *The Senna 8.6mg that was prescribed to resident #1 was discontinued. However on 5/17/21, the medication was still on the med cart.*

Plan of Correction

Accept

Upon recognition of violation 2600.183d. the discontinued medications were immediately addressed and removed from the med cart. PCP, POA and resident made aware. Med cart audit was completed by Interim Personal Care Administrator (See attached item 11). All MedTechs, LPNs and RN were educated by the Interim Personal Care Administrator on regulations(183d,184b,185a,187d) and policies were reviewed (See attached item 6,7,8,9 and 10). Effective 05/17/2021 and monthly hereafter, Resident Health Center Coordinator or designee will do med cart audit to be reviewed with the Personal care Home Administrator or designee at the quarterly QA meeting.

Completion Date: 05/17/2021

Document Submission

Implemented

please see attached

184b Resident's Meds Labeled

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 5/17/21, a package of Albuterol belonging to resident #1 was on the med-cart, but was not labeled with the resident's name.

Plan of Correction

Accept

Upon recognition of violation 2600.184b. Albuterol was immediately corrected by labeling the resident s name. Med cart audit was completed by Interim Personal Care Administrator (see attached item 11). All MedTechs, LPNs and RN were educated by the Interim Personal Care Administrator on regulations (183d,184b,185a,187d) and policies were reviewed (See attached item 6,7,8,9 and 10). Effective 05/17/2021 and monthly hereafter, Resident Health Center Coordinator or designee will do med cart audit to be reviewed with the Personal care Home Administrator or designee at the quarterly QA meeting.

Completion Date 05/17/2021

Document Submission

Implemented

please see attached

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

Resident #1 is prescribed two tabs of Acetaminophen 500mg as needed. However, on 5/17/21, the pharmacy label read "take one tab by mouth two times a day, morning/evening."

Plan of Correction

Accept

Upon recognition of violation 2600.185a. Acetaminophen new supply was ordered immediately and placed it in the med cart. PCP, POA and resident made aware. Med cart audit was completed by Interim Personal Care Administrator (see attached item 11). All MedTechs, LPNs and RN were educated by the Interim Personal Care Administrator on regulations (183d,184b,185a,187d) and policies were reviewed (See attached item 6,7,8,9 and 10). Effective 05/17/2021 and monthly hereafter, Resident Health Center Coordinator or designee will do med cart audit to be reviewed with the Personal care Home Administrator or designee at the quarterly QA meeting.

Completion Date: 05/17/2021

Document Submission

Implemented

please see attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

- Resident #2 is prescribed one tab of Lisinopril 20mg once daily. However, the pharmacy label read, take one 40mg tab of Lisinopril once a day.
- Resident #4 is prescribed two tabs of Stool Softner 100mg once a day. However, the pharmacy label read, "take one capsule of Docusate 100mg two times a day.
- Resident #4 is prescribed Miralax once daily. However, the pharmacy label read, "use two times a day."

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

Upon recognition of violation 2600.187d. Lisinopril for Resident # 2 new supply was ordered immediately and placed it in the med cart. PCP, POA and resident made aware. Stool Softner and Miralax for Resident # 4 new supplies were ordered immediately and placed it in the med cart. PCP, POA and resident made aware. Med cart audit was completed by Interim Personal Care Administrator (See attached item 12 and 13). All MedTechs, LPNs and RN were educated by the Interim Personal Care Administrator on regulations (183d,184b,185a,187d) and policies were reviewed (See attached item 6,7,8,9 and 10).

Effective 05/17/2021 and monthly hereafter, Resident Health Center Coordinator or designee will do med cart audit to be reviewed with the Personal care Home Administrator or designee at the quarterly QA meeting.

Completion Date: 05/18/2021

Document Submission

Implemented

please see attached