

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

October 27, 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 09/04/2025 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: City of Philadelphia L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 104 Waking Staff: 78

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 09/04/2025

Inspection Dates and Department Representative

09/04/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 182 Residents Served: 82
Secured Dementia Care Unit
In Home: Yes Area: Bair 3 and Bair 5 Capacity: 39 Residents Served: 20
Hospice
Current Residents: 4
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 82
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 22 Have Physical Disability: 0

Inspections / Reviews

09/04/2025 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/29/2025
10/01/2025 - POC Submission
Submitted By: [Redacted] Date Submitted: 10/10/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 10/10/2025

Inspections / Reviews *(continued)*

10/27/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2025

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 9:21am, the agent of the department requested the following documentation resident list with date of admission and the reportable incident binder. At 10:07am, when the agent of the department returned from the initial physical site walked through the resident list and the binder named incident and accident reports which contained the reportable incidents were unlocked, unattended, and accessible in the conference room.

Repeated Violation: [redacted]

Plan of Correction

Accept [redacted] 10/01/2025)

Upon recognition of violation 17- Record Confidentiality, Administrator met with staff to provide education and review violation and regulation with all staff that met with Inspector on 9/4/2025 (see attached). To prevent further violations in relation to 17- Record Confidentiality additional signage has been installed on the conference room door that was in use by the inspector as a reminder to staff/visitors to close and secure the door if/while in use. (see attached)

Licensee's Proposed Overall Completion Date: 09/29/2025

Implemented [redacted] - 10/27/2025)

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

Micro-kill bleach wipes, with a manufacture's label indicating "if in eyes; hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control center or doctor for treatment advice, " was unlocked, unattended, and accessible to residents in the activity room cabinet on 5th floor Bair. Not all the residents on the 5th floor Bair have been assessed capable of recognizing and using poisons safely.

Repeated Violation: [redacted]

Plan of Correction

Accept [redacted] - 10/01/2025)

Upon recognition of violation 82c- Locking Poisonous Materials, Residential Health Center Coordinator (RHCC) immediately removed the bleach wipes from the floor and gave verbal education to present staff on the unit that all poisonous materials must be kept locked and inaccessible to residents on the Bair 5 unit at all times. To help ensure there will be no further violations in relation to 82c- Locking Poisonous Materials, Administrator completed an investigation as to the origin of the bleach wipes as no other poisonous materials were found on the unit unattended. After completing investigation Administrator provided in-service and staff education with the Activity Staff member assigned to the Bair 5 unit, reviewing the regulation, Deer Meadows' policy and violation

82c Locking Poisonous Materials (continued)

report on 9/29/2025 (see attached). All Activity Staff to receive refresher course/education in regards to Locking Poisonous Materials by 10/10/2025.

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

Implemented [redacted] - 10/27/2025)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at 9:52am the ceiling tile on the 5th floor hallway near room [redacted] has three stained ceiling tiles. There was an empty bucket and caution wet floor sign near the room [redacted]

Plan of Correction

Accept [redacted] 10/01/2025)

Upon notification of violation 88a Surfaces, Director of Plant Operations was notified of stained ceiling tiles. Director replaced ceiling tiles on 9/5/2025. Maintenance department was notified on 9/3/2025 of a leak, Maintenance completed work to resolve the leak on 9/3/2025, leaving a bucket to catch any residual drips/water from the resolved leak.

To help ensure further violations in regards to 88a Surfaces, Director of Plant Operations reviewed regulation and description of Violation with maintenance department staff. Director has put in place policy that any leaks found will have follow up from Maintenance staff to ensure all leaks are resolved and no buckets or stained ceiling tiles are found and that surfaces are found to be in good repaid and free of hazards. (see attached)

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [redacted] 10/27/2025)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [redacted], there was an approximate 1 inch accumulation of lint in the lint trap of the commercial dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept [redacted] - 10/01/2025)

Upon identification of violation 105g Lint Removal & Duct Cleaning, Director of Environmental Services and Plant Operations immediately reported to Laundry room to complete cleaning of commercial dryer. Upon further investigation the manufacturer's instructions were found to recommend the dryer be cleaned every two hours. To help ensure reduce further violations in relation to 105g Lint Removal and Duct Cleaning a log sheet was created to be maintained by staff. (see attached) Director of Environmental Services verbally in serviced all laundry staff on 9/5/2025, a written in service will be completed by all staff by 10/1/2025. (see attached) Department head or designee will begin a daily audit at random times throughout the day to check laundry room to ensure dryers are free of any lint buildup and log sheet is completed. Audit will begin 10/1/2025 and continue for 30 days, findings

105g - Lint Removal and Duct Cleaning (continued)

will be reported to Administrator and reviewed at QA meeting.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [redacted] - 10/27/2025)

225c - Additional Assessment

5. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] most recent assessment was completed on [redacted] Resident's assessment dated [redacted] indicates the resident is independent with ambulation. Resident's documentation of medical evaluation dated [redacted] indicates the resident requires a walker for movement. The resident's most recent assessment does not include the need for a walker.

Repeated Violation: [redacted] et al.

Plan of Correction

Accept [redacted] - 10/01/2025)

Upon notification of violation of regulation 225c- Additional Assessment, Residential Social Services Worker (SSW) met with Resident [redacted] on 9/5/2025 to review Residential Assessment and Support Plan (RASP). SSW updated RASP to reflect proper information regarding mobility devices. SSW reviewed the updated form with the resident. (attached) In order to avoid further violations in regards to regulation 225c- Additional Assessment. Admin met with SSW and Residential Health Center Coordinator to review in-service regarding RASP and DME requirements. (see attached) In addition to staff in-service a full audit of 100% of residents will be completed to ensure proper mobility devices are reflected on RASP, audit to be completed by SSW and Residential Administrator by 10/1/2025. (see attached)

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [redacted] - 10/27/2025)

233c - Key-Locking Devices

6. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the 5th floor fire door in the Secure Dementia Care Unit (SDCU).

Repeated Violation [redacted] et al.

Plan of Correction

Accept [redacted] - 10/01/2025)

Upon identifying violation 233c- Key Locking Devices, Residential Health Center Coordinator immediately hung replacement sign by the 5th floor fire door on the Secured Dementia Unit. To help ensure there are no further violations in relation to regulation 233c- Key Locking Devices, Concierge Department staff received education from Administrator regarding the regulation and staff began a daily audit of

233c - Key-Locking Devices (continued)

all key locking device signs. The audit will be completed daily on all shifts for the next 30 days and submitted to Administrator daily, findings will be reviewed at QA meeting. All Residential staff will also receive education in regards to regulation 233c- Key Locking Devices by 10/10/2025. (see attached)

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

Implemented [REDACTED] - 10/27/2025)