

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/02/2024
NAME OF PROVIDER OR SUPPLIER  Deer Meadows Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8301 Roosevelt Boulevard Philadelphia, PA 19152	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46993</b></p> <p>Based on review of facility documentation and review of clinical record, it was determined that facility failed to ensure that residents are free of significant medication error related to administration of medications prepared for a different resident. (Resident R1)</p> <p>Findings include:</p> <p>Review of facility's policy 'Medication Administration', reviewed January 2024, indicates that the individual administering medications must verify the resident's identity before giving the resident his/her medications. Methods of identifying the resident include:</p> <ol style="list-style-type: none"> <li>a. Checking the identification band</li> <li>b. Checking photograph attached to medical record; and</li> <li>c. If necessary, verifying resident identification with other facility personnel.</li> </ol> <p>Further review of policy indicated medications ordered for a particular resident may not be administered to another resident, unless permitted by state law and facility policy, and approved by the Director of Nursing Services.</p> <p>Review of Resident R1's clinical record revealed that the resident's diagnoses included history of high blood pressure, constipation, peripheral vascular disease (poor circulation of the extremities), difficulty swallowing, intellectual disability, anemia (low red blood count), chronic kidney disease, covid-19, diabetes (failure of the body to produce insulin), and cerebral infarction (stroke).</p> <p>Review of Resident R1's Minimum Data Set (MDS- assessment of resident's care needs) dated June 21, 2024, revealed a brief interview for mental status (BIMS) score of 3 which indicated that the resident was cognitively impaired.</p> <p>Review of facility provided investigation report revealed that during interview between facility's Director of Nursing and Licensed nurse, Employee E3, it was revealed that Employee E3 prepared the medications to be administered to Resident R2 (room# 176) when she became distracted by another (Resident R3- room# 179). Employee E3 then took prepared medication to room [ROOM NUMBER]B and administered it to Resident R1.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of facility provided investigation report revealed that on June 22, 2024, at approximately 10:45 pm, Resident R1 was accidentally administered Oxycodone ER (extended release) 80 mg (milligrams), Trazadone 50 mg, Midodrine 10mg, Risperidone 1.5mg, Divalproex Sodium 250mg, cranberry extract 200mg, ferrous sulfate 325mg, and multivitamin by Licensed nurse, Employee E3. Resident R1 was administered Narcan 1 dose and monitored neurological status. Continue review of Resident R1's clinical record revealed that on June 23, 2024 at 12:30 a.m., the resident had a blood pressure reading of 85/47mm Hg and was transferred to emergency room .</p> <p>Review of clinical nurse progress note dated June 23, 2024 at 7:00a.m., states called by charge nurse stating that resident is lethargic bp 82/51 spo2 low observed resident is awake not responding charge nurse called 911 and notified on call and transferred to ER (emergency room ) at 1:00 a.m.</p> <p>Review of E3's orientation competencies, dated May 17, 2024, revealed Employee E3 successfully completed medication pass competency for two residents.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		