

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 04/16/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based review of clinical records, facility policies and interviews with staff, it was determined that the facility failed to provide necessary treatment and services, consistent with professional standards of practice and physician orders, to prevent infection one of 3 residents reviewed for Intravenous Therapy. (Resident R1)</p> <p>Findings include:</p> <p>Review of Facility Policy titled Monitoring and Removal of Midline Catheters and PICC lines revealed at established intervals (upon insertion, upon admission, every 5-7 days during dressing change, PRN (as needed) or per specific facility protocol) document results in medical record.</p> <p>Review of Resident R1's clinical record revealed resident was admitted on [DATE] with a diagnosis of, but not limited to, orthopedic aftercare, local infection of skin, Type 2 Diabetes (failure of the body to produce insulin), and sepsis (infection of the blood).</p> <p>Review of Resident R1's clinical record revealed a physician order dated April 4, 2025, to change PICC line (a thin flexible tube inserted into a vein in the upper arm that extends to a large central vein near the heart) dressing every 5 days by Registered Nurse. Further review of clinical record revealed documented evidence that last dressing change on PICC line for Resident R1 was on April 4, 2025.</p> <p>Observation of Resident R1's PICC line dressing on April 16, 2025 at 11:02AM, revealed a date of April 4, 2025.</p> <p>Observation of Resident R1's PICC line on April 16, 2025, revealed that a clave (needless connector for PICC line) was missing the Swab Cap (disinfecting cap). Confirmed by Licensed Practical Nurse, Employee E2 on April 16, 2025 at 11:20AM.</p> <p>Observation of Resident R1's room on April 16, 2025 at 11:02AM, revealed heavily soiled floor and IV pole with thick unknown substance. Confirmed by Director of Nursing, Employee E1 on April 16, 2025 at 11:35AM.</p> <p>Interview with Resident R1 revealed concerns that IV medication is being wasted and that PICC (peripherally inserted central catheter) line dressing had not been changed in a while. Resident stated that it had been a few weeks since the dressing on his PICC line was changed.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa Code 201.18(d) Management