

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  07/14/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview with staff, review of clinical record and review of facility provided documentation, it was determined that facility did not ensure to maintain clinical records in accordance with professional standards of practice for one of three clinical records reviewed. (Resident R2) Findings include: Review of Resident's R2 Minimum Data Set (MDS), completed July 6, 2025, revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated that the resident was cognitively intact. Further review of Resident R2's clinical record revealed a medical diagnosis of chronic obstructive pulmonary disease (COPD), sepsis (blood infection), acute respiratory failure, acute pulmonary edema, and pleural effusion (fluid build up in the lungs). Review of physician orders revealed an order was placed on June 13, 2025, at 3:44 p.m. for vital signs q (every) shift x 30 days, indicating facility time code: 7am - 3pm, 3pm - 11pm, 11pm - 7am. Further review of Resident R2's clinical record revealed no evidence of vital signs were documented on June 14, 2025, during the night shift 11:00 p.m.-7:00a.m. Interview with Licensed nurse, Employee E3, on Monday, July 14, 2025, at 3:06 p.m., indicated that Employee E3 did not document vital signs she allegedly took since they were pretty much the same as vital signs taken previously during evening shift. However, Employee E3 proceeded to document exactly the same vital signs for both shifts - evening shift and night shift. 28 Pa Code 211.5(f) Clinical Records 28 Pa Code 211.12(d)(1)(5) Nursing services</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
---	-------	-----------