

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  03/09/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical records, interviews with staff, review of facility investigation and review of facility policies, it was determined that the facility failed to ensure that one of nine residents reviewed received proper assistance during transfer from chair to bed, which resulted in a fall incident and a skin tear to the left leg. (Resident R1) Findings Include: Review of facility policy titled, Fall Prevention and Management with a date of January 12, 2023, states, The interdisciplinary team identifies and implements appropriate interventions to reduce the risk of falls or injuries while maximizing dignity and independence. Determining causal factors leading to a resident fall is necessary to provide consistent intervention to help prevent further occurrences. Further review of the facility policy revealed, Implement goals and interventions with input from resident/family if able for inclusion in the interdisciplinary Plan of Care based on individual needs after attempting to determine possible causes. Communicate interventions to the care giving teams and family/responsible party. Review of facility policy titled, ADL-CARE- MOBILITY AND RESORATIVE MOBILITY PROGRAM (Transfers) (Bed Mobility) with a date of March 12, 2024 states, All care provided to a resident must be within the context of the resident's care plan which provides for appropriate care and services for the resident related to mobility needs, such as transfers, bed mobility, and amputation with prosthetic device. Review of Resident R1's clinical record revealed an admission date of September 18, 2024, with diagnosis of, Parkinsons disease (progressive disease of the central nervous system characterized by tremors, muscle weakness and unsteady gait). Review of Resident R1's Comprehensive Care Plan, revised on September 9, 2023, indicated I have an ADL (Activities of Daily Living) care deficit related to decreased activity, wound, back pain, CVA (Cerebrovascular accident, also known as a stroke). Interventions included Transfer status: I require use of the mechanical lift with 2 staff members during all transfers. Review of Resident R1's nursing notes dated February 7, 2026, revealed that the resident BIMS (Brief Interview of Mental Status) was completed and the resident was assessed with a score of 14 indicating that the resident was cognitively intact. Continued review of nursing notes dated February 16, 2026, revealed that around 10:20 pm. The CNA (nurse aide) Notified to me that the resident was a fall while transferring to bed. Went to the room and assessed the resident. Resident was found sitting on the floor with the left knee bleeding. Resident was observed with a skin tear in Left knee, 6cm x 6 am Pressure applied to stop the bleeding and left knee was coered with pressure dressing. Resident was stable. CRNP . and daughter . Notified. Daughter asked to send resident to [local hospital]. Left knee skin tear noted and bleeding, pressure initially and clean the skn tear wth NSS ([NAME] saline solution) Pat dry apply moist saline gauze . cover with kexlx. Vital signs .Resident is stable at this time. Review of facility investigation dated February 16, 2026, Resident had fall while transferring resident to bed. Charge nurse immediately responded and observed resident sitting on the floor with a skin tear on left knee, pressure dressing applied. Review of Employee E2, Nursing Assistant's statement dated February 18, 2026, After completing peri-care on resident, standing using walker, we begin to ambulate to the bed. Leaving from the recliner chair, resident did well walking until resident's left knee gave out causing resident to fall. During the fall I obtained a (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 0689  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	firm grip and slowly assisted resident to the floor. Review of Resident R1's hospital record, dated February 17, 2026, Wound approximately 8cm x 8cm avulsion laceration left knee with partial skin approximation. Visible open area pink with serosanguineous drainage. Skin flap with some dusky discoloration. Steri-strips anchoring skin flap. Just placed by orthopedics. Review of Employee E2, Nursing Assistant's counseling record Employee E2 didn't follow the care plan for a 2 person assist transfer for Resident R1 on 2/16/2026 at 10:15p.m. It caused resident to lose her balance and the C.N.A. to lowered her to the floor to the left knee and caused a skin tear. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.10(d) Resident care policies 28 PA. Code 211.12(d)(1)(5) Nursing services		