STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395425	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deer Meadows Rehabilitation Center	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on review of facility policy, review of facility documentation, and interviews with residents and staff it was determined that the facility failed to conduct a complete and through investigation related to potential verbal abuse for one out of two residents reviewed (Resident R1). Findings include:Review of the facility policy Abuse Policy-Prevention and Management, revised September 8, 2022, indicated that the facility will begin the investigation process immediately upon notification of the incident and will prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. Continued review of the policy indicated that upon receiving an incident or suspected incident of resident abuse, neglect, misappropriation of resident property, or injury of an unknown source, the Administrator/DON/designee will conduct an investigation to include, but not limited to: completing paperwork for investigation of abuse, neglect, misappropriation; interviewing the person(s) reporting the incident; interviewing any witnesses to the incident; interviewing the resident if able; interviewing staff members on all shifts who had contact with the resident during the period of the alleged incident; interviewing the resident's roommate, family members, and visitors as applicable, and interviewing other residents to which the accused employee provides care or services. Review of Resident R1's June 2026 physician orders included the following diagnoses: arthritis (the swelling and tenderness of one or more joints), morbid obesity, and anemia (a blood disorder that happens when you don't have enough red blood cells, or your red blood cells don't work as they should). Review of information submitted to the State Survey Agency on May 5, 2026, indicated a concern related to the care and services provided by Nurse Aide, Employee E3, regarding Resident R1.During an interview with Resident R1 on June 3, 2026, at 1:30 p.m. the resident spoke of a previous time he/she felt mistreated by Nurse Aide, Employee E3. Resident R1 reported that when speaking with another nurse aide in his/her room the Nurse Aide, Employee E3, entered the room. Resident R1 stated that the Nurse Aide, Employee E3, raised his/her voice at the resident, was speaking in a manner that was disrespectful, and was accusing Resident R1 of speaking bad about him/her to the other nurse aide in the room. Continued interview with Resident R1 on June 3, 2026, at 1:30 p.m., the resident reported that he/she did not like the way Nurse Aide, Employee E3, spoke to him/her when entering the room. Resident R1 stated the above referenced incident was reported to the Unit Manager, Employee E4. Resident R1 further reported nothing was done about it, as no one ever followed up with him/her regarding the outcome.During an interview on June 4, 2026, at 10:15 a.m. with Unit Manager, Employee E4, it was reported that in December 2025 or January 2026, Resident R1 made him/her aware of the above referenced incident between Resident R1 and Nurse Aide, Employee E3.Continued interview on June 4, 2026, at 10:15 a.m. Unit Manager, Employee E4, reported that he/she cannot recall what Employee E3 told her at the time of the incident. Unit Manager, Employee E4, reported that he/she did not interview the other nurse aide in the room or anyone else (such as other staff or residents) regarding the above referenced incident that Resident R1 reported regarding Nurse Aide, Employee E3. 28 Pa. Code 201.14 (a) Responsibility of licensee.28 Pa. Code 201.18 (b)(1) Management.28 Pa. Code 201.29 (c) Resident rights.28 Pa. Code 211.10 (d) Resident care policies.

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