| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395425 | A. Building<br>B. Wing | 06/29/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Deer Meadows Rehabilitation Center | 8301 Roosevelt Boulevard<br>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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and interviews with resident and staff, it was determined that the facility failed to ensure one resident with unwanted sexual behavior received adequate supervision to prevent wandering for three resident records reviewed (Resident R1).Findings include:Review of Resident R1 clinical records revealed the resident was last admitted to the facility on [DATE], and has diagnoses of unspecified psychosis (a mental health condition involving impaired thinking, altered perception, hallucinations, delusions, or disorganized behavior), adjustment disorder ( excessive behavioral responses to identifiable stressors, leading to impairment in daily functioning), with anxiety and depressed mood, unspecified dementia (cognitive decline), with behavioral disturbances.Review of Resident R1 clinical record revealed a nursing note dated May 19, 2026, that stated Resident R1 was found in Resident R2's room. Resident R2 was sitting on the edge of the bed and Resident R1 was standing in front of the resident. Due to Resident R1 showing Increased anxiety, pacing around unit, and non-compliant with re-directions the resident was placed on 1:1 supervision (a single staff member provides continuous, close oversight of one individual to ensure safety, support, and individualized attention) due to this continued behavior.Review of Resident R1 clinical record revealed a nursing note dated May 28, 2026, that revealed nursing staff continued to provide 1:1 supervision due to Unwanted sexual behaviors and that the resident was observed by staff pacing floors and walking away from the staff member providing 1:1 supervision.Further review of Resident R1 clinical records revealed on June 14, 2026, Resident R1 was found again in Resident R2's room. The nursing progress note indicated Resident R1 had, Pants down to knees and underwear on, standing near Resident R2 bed. Immediately the nursing aide (NA), Employee E3, assigned to provide 1:1 supervision for Resident R1, removed Resident R1 from Resident R2's room.Review of Resident R1 physician orders dated June 2, 2026, revealed during the time Resident R1 was found in Resident R2 room, the 1:1 supervision was still in force and required due to the resident's behaviors.Interview with nurse aide, Employee E3, on June 29, 2026, at 12:30 p.m. indicated he/she knew Resident R1 needed 1:1 supervision, but stated, I needed to use the restroom. Instead of asking a staff member for assistance, the nurse aide, Employee E3, stated, I left Resident R1 near the nursing station and used the bathroom. I was so fast I was only 1-2 minutes in the bathroom. When I was finished, I saw the resident was gone. I immediately went to Resident R2 room, near the nursing station, and found Resident R1 standing there in his underwear with his/her trousers down.Interview with the Assistant Director of Nursing, Employee E2, on June 29, 2026, confirmed Nurse aide, Employee E3, failed to provide Resident R1 with adequate 1:1 supervision. 28 Pa. Code 211.10 (d) Resident care policies.28 Pa. Code 211.12 (d)(5) Nursing services. |

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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