

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 11/22/2024
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>41471</p> <p>Based on the review of clinical records, facility investigation, interviews with resident and staff, it was determined that the facility failed to treat residents with respect and dignity related to the right to retain and use personal possessions for one of 35 residents reviewed. (Resident R34)</p> <p>Findings Include:</p> <p>Interview with Resident R34 on November 20, 2024, at 12:15 p.m. stated when he was at the dialysis on November 19, 2024, facility staff searched his room, went through his personal possession, took his over-the-counter medications, and discarded some of the food items that was in the refrigerator in his room without his permission. Resident stated he never had staff search his room or remove his personal possession without permission and he has been a resident of the facility for over on year. Resident stated the search was due to state survey in the facility.</p> <p>Continued interview with Resident R34 stated he called the administrator when he returned from the dialysis and the administrator told the resident that the staff removed medication from his room. Resident also stated he felt like his rights were violated when staff went through his possessions and did not tell him even after he returned from dialysis.</p> <p>Interview with Unit Manager, Employee E15 on November 20, 2024, at 12:15 p.m. stated staff did remove medications and food from his room without his permission and did not notify him prior to searching his room. Employee E15 stated resident was at dialysis when the resident's room was searched. Employee E15 stated she visits his room occasionally and did not see anything in his room that warrants search of his room, like medication or other items. Employee E15 stated she did an assessment of the resident to self-administer the medication and it was determined that the resident could self-administer medication safely and some of the medications were returned to him.</p> <p>Review of Resident R34's clinical record revealed no evidence that resident's personal possession created a safety risk to warrant a search of his personal belongings or removal of personal possession without his permission or notification.</p> <p>Interview with the Nursing Home Administrator on November 22, 2024, at 10:47 a.m. confirmed that the resident called him, and the resident was upset over staff removing medication and food from his room without his permission. Nursing Home Administrator confirmed that staff should have obtain permission from resident prior to opening the refrigerator and removing medication.</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
---	-------	-----------

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 11/22/2024
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)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.18(b)(2) Management. 28 Pa. Code 201.29(a) Resident rights. 28 Pa. Code 201.29(c) Resident rights

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 11/22/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on observation, interviews with staff and review of facility policy, it was determined that the facility failed to maintain comfortable and safe temperature levels for one of eight units in the facility ([NAME] Pavilion Second Floor).</p> <p>Findings include:</p> <p>Review of the facility policy titled, Temperature Extremes last reviewed in November 2021 states it is the policy of the facility to provide comfortable and safe temperature levels. The same policy states, Temperature throughout this facility shall be maintained at between 71 degrees and 81 degrees F. Any temperature outside of this range required specific interventions to avoid potential negative impact on the residents' well-being.</p> <p>On November 19, 2024, at 12:00 p.m. on [NAME] Pavilion Second Floor nursing station the surveyor recognized the unit was uncomfortably warm. Licensed Practical Nurse (LPN) Employee E11 said, This is nothing, it gets even hotter.</p> <p>Interview with the Director of Maintenance, Employee E12 on November 19, 2024, at 12:28 p.m. explained the residents' rooms are heated by their wall units but the hallways are heated by the boiler. The Director of Maintenance said they could manually turn off the air handlers (that circulates conditioned air) to regulate the temperature, so it is not so warm on the floor. The Assistant Director of Maintenance, Employee E13 using a device to measure the temperature of the air, registered the second-floor nursing station at 86 degrees.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p>		

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 11/22/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>36609</p> <p>Based on review of clinical record, observations, and staff interview it was determined that the facility failed to provide nail care for a dependent resident for one of 35 residents reviewed (Resident R18).</p> <p>Findings Include:</p> <p>Review of Resident R18's annual Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated September 25, 2024, revealed the resident was cognitively impaired, diagnosed with heart failure, high blood pressure, cerebrovascular accident (Stroke) and dementia. Further review indicated the resident had impairments on both sides of his upper body and was dependent on staff for personal hygiene.</p> <p>Observation of Resident R18 with Licensed Practical Nurse Employee E11 on November 21, 2024, at 10:15 a.m. stated the resident clenches his hands and uses a palm guard because his hands are contracted. The LPN opened Resident R18's hands to reveal his bilateral palms were a deep red color. Further observation revealed the resident fingernails were significantly long and required trimming. The LPN indicated it was difficult to trim his nails short and confirmed the nails were too long and needed to be trimmed.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services</p>

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 11/22/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471</p> <p>Based on observation, review of clinical records and 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 promote healing of pressure ulcers and prevent development of pressure ulcers for four of six residents reviewed for pressure ulcer. (Resident 53, Resident R90, Resident R277 and Resident R14)</p> <p>Findings Include:</p> <p>Review of facility policy Wound Management Guidelines revised April 1, 2022, revealed residents will receive the appropriate treatment for their skin issues as identified in the type of skin/wound presentation and the indicated treatment and interventions for the identified issues.</p> <p>Further review of facility policy Wound Management Guidelines revealed the nurse will identify the impairment and stage, if indicated/applicable, based on the skin assessment. The nurse should notify the physician of findings and identify the appropriate treatment and interventions after discussing with the physician. The physician order should be documented in the electronic health record or on physician form and transcribed to the treatment administration record (TAR).</p> <p>Review of Resident R53's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated November 11, 2024, revealed the resident was cognitively impaired and at risk for developing pressure ulcers/injuries. Continued review of Resident R53's quarterly MDS revealed the resident had diagnoses of malnutrition (a health condition that develops when someone doesn ' t have enough nutrients to meet their body ' s needs), adult failure to thrive, and dementia (decline in cognitive function severe enough to interfere with daily life).</p> <p>Review of Resident R53's care plan revised August 22, 2024, revealed the resident was at risk for pressure ulcer developed/impaired skin integrity related to immobility, and bowel and bladder incontinency (the loss of bowel and bladder control).</p> <p>Review of Resident R53's weekly skin checks assessment dated [DATE], revealed the resident had a new open area to the right hip. The assessment indicated that the wound team was not notified. The nursing supervisor was notified a note was written.</p> <p>Review of Resident R53's progress notes revealed a nurses note dated November 16, 2024, that revealed the resident had an unstageable pressure wound located on the right hip. Wound care was provided, a skin assessment was completed, and the nursing supervisor was made aware.</p> <p>Review of Resident R53's entire clinical record revealed no documented evidence that the physician was made aware of the new skin impairment identified on November 16, 2024, for subsequent treatment orders.</p> <p>Review of Resident R53's treatment administration record revealed no documented evidence wound treatment was completed or that the skin impairment was assessed on November 17, 2024.</p> <p>(continued on next page)</p>		

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 11/22/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R53's progress notes revealed the physician was not made aware of Resident R53's new skin impairment until November 18, 2024.</p> <p>Review of Resident R53's clinical record revealed a wound treatment order was not obtained and transcribed onto the treatment administration record until November 18, 2024.</p> <p>Review of physician order for Resident R90 dated June 4, 2024, revealed an order for heel boots to be worn at all times while in bed.</p> <p>Review of care plan for Resident R90 dated December 06, 2023, revealed that the resident to wear bilateral heel boots.</p> <p>Observation of Resident R90 on November 19, 2024, at 10:20 a.m. revealed that the resident was lying in the bed. Resident's heels were touching against the mattress without any offloading measures.</p> <p>A follow up tour with Employee E15, Unit Manager, on November 19, 2024, at 11:00 a.m. confirmed that Resident R90 should have been wearing heel boots while in bed.</p> <p>Review of physician order for Resident R277 dated November 11, 2024, revealed an order for heel boots to be worn at all times while in bed.</p> <p>Review of care plan for Resident R277 dated August 29, 2024, revealed that the resident at risk for pressure ulcer development/impaired skin integrity.</p> <p>Observation of Resident R277 on November 19, 2024, at 10:13 a.m. revealed that the resident was lying in the bed. Resident's heels were touching against the mattress without any offloading measures. It was observed that there was heel boots placed on the windowsill.</p> <p>A follow up tour with Employee E15 on November 19, 2024, at 11:00 a.m. confirmed that Resident R277 should have been wearing heel boots while in bed.</p> <p>Review of physician order for Resident R14 dated August 8, 2024, revealed an order for heel boots to be worn at all times while in bed.</p> <p>Review of care plan for Resident R14 dated January 10, 2024, revealed that the resident at risk for pressure ulcer development/impaired skin integrity.</p> <p>Observation of Resident R14 on November 19, 2024, at 10:48 a.m. revealed that the resident was lying in the bed. Resident's heels were touching against the mattress without any offloading measures. There was heel boots on the wheelchair.</p> <p>A follow up tour with Employee E15 on November 19, 2024, at 11:00 a.m. confirmed that Resident R14 should have been wearing heel boots while in bed.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing Services.</p>		

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 11/22/2024
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>43277</p> <p>Based on review of clinical records, observations, and staff interview, it was determined that the facility failed to implement fall interventions for two of five residents reviewed for falls (Resident R4 and R110).</p> <p>Findings Include:</p> <p>Facility policy titled Fall Prevention and Management (revised January 2023), indicated that the interdisciplinary team identifies and implements appropriate interventions to reduce the risk of falls or injuries while maximizing dignity and independence. An effective way for the facility to avoid accidents is to develop a culture of safety and commit to implementing systems that address resident risk and environmental hazards to minimize the likelihood of accidents.</p> <p>Clinical record review revealed Resident R4 was admitted to the facility June 28, 2024 with a diagnosis that included but not limited to Acute Respiratory Failure with Hypercapnia (inability of lungs to exchange oxygen and high levels of carbon dioxide properly), Cognitive Communication Deficit (communication difficulty caused by a cognitive impairment), and anxiety disorder.</p> <p>Review of Resident R4's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated August 27, 2024, revealed Resident R4 has severe cognitive impairment and has a history of falls.</p> <p>Review of Resident R4's clinical record revealed a physician order dated April 4, 2023, for bilateral floor mats every shift.</p> <p>Observations on November 22, 2024, at 10:40 a.m. revealed Resident R4 was in bed with no bilateral floor mats in place.</p> <p>Interview on November 22, 2024, at 10:45 a.m. with LPN, Employee E14, confirmed Resident R4's did not have bilateral floor mats in place.</p> <p>Review of Resident R110's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated November 6, 2024, revealed the resident was cognitively impaired and had a diagnosis of abnormalities of gait and mobility.</p> <p>Review of Resident R110's care plan revised August 16, 2024, revealed the resident was at risk for falls related to decreased functional mobility and use of antipsychotic medication. Interventions dated March 23, 2023, revealed bilateral floor mats should be placed next to the bed.</p> <p>Review of Resident R110's clinical record revealed a physician order dated January 6, 2024, for bilateral floor mats every shift.</p> <p>Observations on November 20, 2024, at 10:52 a.m. revealed Resident R110 was in bed and a floor mat was only placed on the right side of the bed.</p> <p>(continued on next page)</p>		

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 11/22/2024
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>Interview on November 20, 2024, at 11:00 a.m. with Unit Manager, Employee E7, confirmed Resident R110's left side floor mat was not in place due to being sent to be cleaned.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services.</p>

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 11/22/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>43277</p> <p>Based on review of facility policy, observations, review of clinical record, and resident interview, it was determined that the facility failed to monitor and modify interventions consistent with the resident's assessed needs to maintain acceptable parameters of nutritional status for one of seven residents reviewed for nutrition (Resident R162).</p> <p>Findings Include:</p> <p>Review of facility Weight Policy revised 04/03/2017, revealed residents should be weighed at least monthly, unless otherwise specified, and that any confirmed weight change should be reported to the physician and registered dietitian for their evaluation and recommendations.</p> <p>Review of Resident R162's care plan revised October 7, 2024, revealed the resident was at risk for alteration in nutrition/hydration. Interventions dated October 7, 2024, included to obtain weights as ordered and monitor PO (by mouth) intake.</p> <p>Review of Resident R162's clinical record revealed a physician note dated November 8, 2024, that the physician was requested by staff to assess Resident R162 for poor appetite. The physician recommended a multivitamin, an updated weight, and to consult the dietitian. The physician noted the last weight available for Resident R162 was 123 pounds from October 22, 2024.</p> <p>Review of Resident R162's clinical record revealed the facility did not obtain a new weight until November 19, 2024.</p> <p>Review of Resident R162's weight history revealed a documented weight of 111.5 pounds on November 19, 2024, which reflected a significant weight loss of 9.3%/11.5 pounds in one month.</p> <p>Further review of Resident R162's clinical record revealed that the Registered Dietitian did not timely address the physician's consult related to Resident R162's poor appetite, until November 20, 2024.</p> <p>Interview on November 22, 2024, at 11:45 a.m. with Registered Dietitian, Employee E17, confirmed the physician's consult from November 8, 2024, for Resident R162's poor appetite, was not addressed until November 20, 2024.</p> <p>Continued interview with on November 22, 2024, at 11:45 a.m. with Registered Dietitian, Employee E17, revealed Resident R162 was reweighed in the morning of November 22, 2024, at 111 pounds which confirmed the weight loss from November 19, 2024.</p> <p>28 Pa. Code 211.10 (d) Resident care policies.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing Services.</p>		

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 11/22/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51165</p> <p>Based on review of clinical records, review of facility policy, observations, and interview with staff, it was determined that the facility failed to administer oxygen as ordered by the physician for two of four residents receiving oxygen therapy. (Resident R4, Resident R149)</p> <p>Findings include:</p> <p>Review of facility policy Oxygen (revised September 2023), revealed oxygen therapy is to be administered by licensed nurses with a physician's order to provide a resident with sufficient oxygen to their blood and tissues.</p> <p>Clinical record review revealed Resident R4 was admitted to the facility on [DATE], with a diagnoses of Type 2 Diabetes (insufficient production of insulin, causing high blood sugar), Hypertension (high blood pressure), and Hyperthyroidism (thyroid gland makes too much thyroid hormone).</p> <p>Review of Resident R4's physician orders, dated June 1, 2023, revealed that Resident R4 was order oxygen therapy at 2 liters via nasal cannula.</p> <p>Observation on November 19, 2024 at 10:25 a.m. revealed Resident R4's oxygen was being administered at 3 liters via nasal cannula.</p> <p>Interview with nurse aide, Employee 5, on November 19, 2024 at 10:30 a.m. confirmed Resident R4 was receiving oxygen therapy at 3 liters.</p> <p>Clinical record review revealed Resident R149 was admitted to the facility on [DATE] with a diagnosis of Chronic Obstructive Pulmonary Disease (condition that prevents airflow to the lungs, causing breathing problems), Coronary Artery Disease (blood supply to the heart muscle is partially or completely blocked), and Aphasia (damage to portions of the brain that are responsible for language).</p> <p>Observation on November 19, 2024 at 10:50 a.m. revealed Resident R149 was receiving 2.5 liters of oxygen via nasal cannula.</p> <p>Clinical record review revealed Resident R149 had no active order for oxygen therapy administration.</p> <p>Interview with Unit Manager, Employee 6, on November 19, 2024 at 11:10 a.m. confirmed Resident R149 had no active order for oxygen therapy to be administered.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>		

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 11/22/2024
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on review of clinical records, interviews with staff and review of facility policy, it was determined that the facility failed to provide culturally competent, trauma informed care in accordance with professional standards of practice, accounting for the resident's past experiences and preferences in order to eliminate and/or mitigate triggers that may cause re-traumatization of the resident two of 35 sampled residents (Resident R34 and R106).</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident R34 was admitted to the facility, with diagnoses of anxiety disorder, major depressive disorder, and post-traumatic stress disorder (PTSD). Review of Resident R34's hospital discharge instructions received on admission, dated June 23, 2023, indicated psychiatry was consulted for reporting black outs in context of PTSD. Prior to this hospital stay, the hospital records reported the resident was hospitalized previously for suicidal ideation, alcohol abuse, depression and PTSD from working as a firefighter at World Trade Center. The same hospital reports a month prior to admission the resident had particularly difficult flash backs after seeing gallon bins at Home Depot that were used at the WTC. Hospital reported the resident would benefit discussing pursuing outpatient therapy as the resident's PTSD appears to be secondary experiences from when he was a firefighter, including 911.</p> <p>Resident R34's current care plan, initiated September 13, 2024, revealed a care plan for PTSD. Further review of the care plan did not address resident's actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization.</p> <p>Review of Resident R106 clinical record revealed the resident was admitted on [DATE], diagnosed with adjustment disorder with mixed anxiety and depressed mood, and PTSD.</p> <p>Resident R106's was care planned for ineffective coping related to post-traumatic stress disorder, dated May 24, 2023. Further review of the care plan did not address resident's actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization.</p> <p>On November 22, 2024, at 10:17 a.m. the Second-floor unit manager, Register Nurse Employee E7 confirmed specific triggers were specified in the plan of care.</p> <p>28 Pa. Code 211.12(c)(d)(3)(5) Nursing services</p>		

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 11/22/2024
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>41471</p> <p>Based on the observations and interviews with staff, it was determined that the facility failed to maintain an effective infection control program related to the care of urinary catheters and respiratory care equipment for four of 35 residents reviewed.</p> <p>Findings Include:</p> <p>Observation of Resident R135 on November 19, 2024, at 10:32 a.m., revealed that the resident had a urinary catheter. Further observation revealed that the catheter bag was on the floor.</p> <p>Observation of Resident R17 on November 19, 2024, at 10:25 a.m., revealed that resident's oxygen tubing which was connected to oxygen concentrator was lying on the floor without any bag.</p> <p>Observation of Resident R61 on November 19, 2024, at 10:28 a.m., revealed that resident's urinary catheter bag and the tubing was on the floor mats, it was observed that the Nurse Aide who was providing care to the resident was stepping on the floor mat while the catheter tubing and bag was on it. Further observation revealed that there was nebulizer machine and tubing on windowsill. The nebulizer mask and tubing were not bagged, and it was directly placed on the windowsill.</p> <p>Observation of Resident R90 on November 19, 2024, at 10:20 a.m., revealed that resident had tracheostomy to assist with breathing. The tracheostomy blue corrugated tubing with fluid collection bag was placed in a trash container while the resident was actively using the tracheostomy.</p> <p>A follow up tour with Employee E15, Unit Manager on November 19, 2024, at 11:00 a.m. confirmed the above observations.</p> <p>28 Pa. Code 211.10(d) Resident care policies.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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 11/22/2024
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based upon observations, interviews, and review of facility documentation, it was determined that the facility failed to maintain an effective pest control program so that the facility is free of pests and rodents for two of eight units in the facility ([NAME] Pavilion first and second floor).</p> <p>Findings include:</p> <p>On November 19, 2024, at 11:33 a.m. surveyor observed a live roach in [NAME] Pavilion second floor nursing station. Licensed Practical Nurse (LPN) Employee E11 said, It happens a lot. The LPN indicated when staff observed pests, they document their findings in the maintenance book.</p> <p>Review of the maintenance book, the LPN stated the last time the area was treated for pest was on October 22, 2024. Further review of the maintenance book revealed documented sightings of roaches and mice on the unit since last treated. On November 21, 2024 at 1:00 p.m. surveyor observed additional pest sightings with Unit Manager, Registered Nurse, Employee E7.</p> <p>Observations on November 19, 2024, at 12:42 p.m. revealed multiple fruit flies hovering in Resident R72's room, room [ROOM NUMBER]A, over the bedside table.</p> <p>28 Pa Code 201.18(b)(3) Management</p>