

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395425	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/30/2024
NAME OF PROVIDER OR SUPPLIER: DEER MEADOWS REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 8301 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19152		
STATE LICENSE NUMBER: 020202				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0760	Based on an Abbreviated Survey in response to two complaints, completed on December 30, 2024, it was determined that Deer Meadows Rehabilitation Center was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0760		
SS=D				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0760 SS=D	Continued from page 1 483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by:	F 0760	The provider submits the following plan of correction in good faith and to comply with Federal regulation. This plan is not admission of wrong doing nor does it reflect agreement with the facts and conclusion stated in the statement deficiencies. Resident physician notified on 1/13/2025 that resident received his 5pm medications 2 hours late on 12/24/2024 LPN that administered medication late on 12/24/2025 will be educated about facility medication administration policy DON or designee will educate licensed nursing staff about Facility medication administration policy and notifying physician if medication is not administered within 2 hours as ordered by 1/24/2025 The DON/Designee will conduct random med pass observations of 5 residents per unit to ensure medications are administered timely Audits will be done weekly x 4 weeks then monthly x 2 months Result of medication pass audit will be presented at monthly QAPI until	Completion Date: 01/26/2025 Status: APPROVED Date: 01/21/2025

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F 0760 SS=D	Continued from page 2	F 0760	substantial compliance is achieved	

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F 0760 SS=D	Continued from page 3 Based on review of clinical record, facility policy, and staff and resident interviews, it was determined that the facility failed to provide medications timely, resulting in significant medication error for one of five residents reviewed (Resident R1). Findings include: Review of facility policy "Medication Administration/ Disposition", revised September 2023, revealed medications should be administered in a safe and timely manner, and as prescribed. Facility staff involved in the administration of resident care will be knowledgeable of the policies and procedures regarding pharmacy services including medication administration. Medications, both prescription and non-prescription, shall be administered under the orders of the attending physician or the physician's designee. Further review of facility policy revealed medications must be administered in accordance with the written physician orders, including any	F 0760		

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F 0760 SS=D	Continued from page 4 required timeframe. Medications must also be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meals). May not exceed 2 hours of prescribed time for medication. Clinical record review revealed Resident R1 was admitted to the facility August 19, 2020 with a diagnoses of heart failure (condition where the heart muscle can't pump blood as well as it should), thrombocytopenia (condition which causes low blood platelet count, which help blood clots), morbid obesity, and gout (painful form of arthritis caused by excess uric acid in the body). Interview on December 30, 2024 at 9:45 a.m. with Resident R1 revealed he received his medications two hours late on December 24, 2025 at 5:00 p.m. Review of Resident R1's physician orders revealed on December 24, 2024 Resident R1 had physician orders for multiple medications to be administered at 5:00 p.m.	F 0760		

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F 0760 SS=D	Continued from page 5 Review of Resident R1's medication administration record (MAR) dated December 24, 2024 revealed the following for medications scheduled to be given at 5:00 p.m.: Atorvastatin Calcium Tablet 20 mg- administered at 7:11 p.m. Fluticasone Propionate Suspension- administer at 7:15 p.m. Refresh Tears Ophthalmic Solution- administered at 7:12 p.m. Tramadol HCL Tablet 50 mg- administered 7:15 p.m. Lidocaine External Patch 4% (Lidocaine)- administered 7:18 p.m. Floranex Oral Tablet (Lactobacillus)- administered 7:17 p.m.	F 0760		

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F 0760 SS=D	Continued from page 6 Pantoprazole Sodium Tablet Delayed Release 40 mg- administered 7:12 p.m. Tizanidine HCL Oral Tablet 2 mg- administered 7:12 p.m. Interview on December 30, 2024 at 1:00 p.m. with Employee E1, Administrator, revealed Resident R1 was administered his scheduled medications two hours late, which is outside the one hour timeframe indicated in facility policy. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.	F 0760		



Certified End Page

DEER MEADOWS REHABILITATION CENTER

STATE LICENSE NUMBER: 020202

SURVEY EXIT DATE: 12/30/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY