

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: 03/10/2025
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 0925	Based on an Abbreviated survey in response to a complaint completed on March 10, 2025, 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 and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0925		
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 0925 SS=D	Continued from page 1 483.90(i)(4) Maintains Effective Pest Control Program §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by:	F 0925	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 Rooms with exterminator baited boxes that were full removed from the rooms Deep cleaning and exterminator treatment of all rooms in Bair1 completed on 3/25/2025. Bair 2 deep cleaning/exterminator treatment will be completed by 4/1/2025 All staff will be educated by staff educator/designee about logging all pest concerns by room number or location in the exterminator log book. Deep cleaning and treatment will be completed by the exterminator for rooms and identified location. Director of Housekeeping will complete weekly audit of rooms in Bair 1 for sanitation, and baited box, if full, baited box would be removed, and room will be logged in	Completion Date: 04/02/2025 Status: APPROVED Date: 04/01/2025

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F 0925 SS=D	Continued from page 2	F 0925	<p>exterminator book for another treatment. Audit will be completed weekly x4, then monthly x 2 Director of Maintenance will complete weekly audit on different day from housekeeping director for baited box, if box is full, it would be removed, room will be logged in exterminator book for another treatment. Audit will be completed weekly x4, then monthly x3 Report of audits will be presented at Monthly QAPI until substantial compliance is achieved</p>	

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F 0925 SS=D	Continued from page 3 Based on observations of the physical environment, interviews with staff and reviews of the pest control operators reports, it was determined that the facility was not maintaining an effective pest control program on one of eight nursing units. Findings include: On March 10, 2025, at 10:06 a.m. observation made on unit Bair 1 in the hall roaches killed by unit manger, Employee E3. On March 10, 2025, at 10:10 am interview with unit manger, Employee E3 confirmed concerns related to in the nursing unit. On March 10, 2025, at 10:12 am interview with Resident R5, revealed an observation of many roaches and mice crawling in her room. Observation in resident room roaches baited that were full of roaches. On March 20, 2025, at 11:32 a.m. interview with	F 0925		

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F 0925 SS=D	Continued from page 4 Resident R6 also reported seeing roaches and bugs in his room. A review of the pest control reports for the past two months revealed the following: On February 7, 2025, go throughout the Bair 1 for roaches. On February 25, 2025, reported mice activity in the maintenance shop. Baited the drop ceilings throughout ground floor as well as dietary office. Heavy mice activity observed thought the kitchen. On February 25, 2025, reported rooms 113, 100 and 102 for mice and roaches. Recommend better sanitation and delustering in room 100. On March 5, 2025 - report of roach activity in room 106 Bair 1. Unable to properly treat room due to resident inside room sleeping. Baited and placed On March 10, 2025, at 11:22 am an interview with	F 0925		

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F 0925 SS=D	Continued from page 5 the Nursing Home Administrato, Employee E1 confirmed that roaches and mice were an issue in the facility. Facility will have a deep spray of 10 rooms at a time to have a deeper clean of the pest. 28 Pa. Code 201.18(a)(b)(1) Management 28 Pa. Code 201.14(a) Responsibility of licensee	F 0925			



Certified End Page

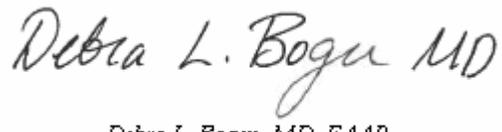
DEER MEADOWS REHABILITATION CENTER

STATE LICENSE NUMBER: 020202

SURVEY EXIT DATE: 03/10/2025

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