

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to 450 EAST PHILADELPHIA AVENUE OPERATIONS LLC

To operate MIFFLIN COURT

Located at 450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA 19607

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 67  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

and shall remain in effect from April 2, 2012 until April 2, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 222060

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

**MAR 26 2012**

Mr. Walt Kielar, Senior Vice-President  
450 East Philadelphia Avenue Operations LLC  
Mifflin Court  
450 East Philadelphia Avenue  
Shillington, Pennsylvania 19607

Dear Mr. Kielar:

As a result of the Department of Public Welfare's licensing inspection on February 21, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME MIFFLIN COURT, 450 EAST PHILADELPHIA AVENUE SHILLINGTON, PA 19607		CURRENT LICENSE NUMBER 222060	
INSPECTION DATES (Include all dates of the inspection) 02/21/2012		REGIONAL REPRESENTATIVE Jason Harvey, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Carole Duggan Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Carole Duggan</i>	DATE <i>3/5/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. [Signature]</i>	DATE <i>3/9/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	The home did not complete the required Reportable Incident form and submit it to the Department when resident #1 passed away in the home on 12/15/11.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center;">MAR 06 2012</div> <div style="text-align: center;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>	2/21/2012	16c 2/21/12 DPW Reportable Incident report was completed and submitted to DPW with Death Certificate of Resident #1- Effective Immediately, ED/or designee will oversee and monitor all Reportable Incidents to assure compliance with Regulation 16c.	<div style="text-align: center; font-size: 0.8em;">                     Steps have been taken to correct violation; full compliance is not verifiable                      [Signature]                      Date: [Date] Initials (DPW)                 </div>

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26a The home shall establish and implement a quality management plan.	At the time of inspection, the home was unable to provide documentation that an annual Quality Management Plan review was implemented in 2011; the home's policy states one will be completed annually.	2/22/2012	<p><b>26a</b></p> <p>QMI binder was misplaced and not able to be located. Facility has been completing QMI meetings. On 2/22/12 Created a new Quality Management/Improvement binder. As before, this QMI plan will be reviewed on a quarterly basis. First projected meeting is set for April 2012. The QMI committee will continue to include the ED, the RCD, the Maintenance Director and the Business Office Manager. The committee will review all procedures, reportable incidents, complaint procedures and staff person training along with licensing violations and plans of correction dating back to January 1, 2012</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Steps have been taken to correct violation; full compliance is not verifiable                      Date: <i>3/9/12</i>                      Initials (DPW): <i>DPW</i> </p>

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The private phones located in bedroom #s 301, 309, and 327 did not have the current Personal Care Home Complaint Hotline phone number posted on or near them. The number posted was 1-800-254-5164; the current number is 877-401-8835	2/21/2012	91 2/21/12 All private phone labels have been updated with the current Personal Care Home Complaint phone number. Going forward, RCD nursing staff and housekeeping staff will do weekly checks of residents' rooms to ensure all private phone labels are correct and legible.	<div style="text-align: right;"> <p>Steps have been taken to correct violation, full compliance is not verifiable.</p> <p><i>[Signature]</i> Initials (DP/PA) Date</p> </div>

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102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	Two unlabeled soap dishes, with bars of soap in them, were stored on the shelf in the bathroom adjoining bedroom #208. The bathroom is shared by two residents.	2/21/2012	102i 2/21/12 Soap dishes were labeled with resident's names in shared room #208 to comply with Regulation 102i. Going forward, upon admission, individual soap dishes will be labeled in shared rooms. Checks will be made by housekeeping and nursing staff to keep all labels updated.	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <i>MM/DD/YY</i> Initials (DPW) <i>MM</i></p>

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<p>141a</p> <p>The medical evaluation shall include the following:</p> <p>(1) A general physical examination by a physician, physician's assistant or nurse practitioner.</p> <p>(2) Medical diagnosis including physical or mental disabilities of the resident, if any.</p> <p>(3) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>(4) Special health or dietary needs of the resident.</p> <p>(5) Allergies.</p> <p>(6) Immunization</p>	<p>The most current medical evaluation for resident #2 (dated 7/1/11) indicated the resident requires assistance with medications; the most current assessment (dated 9/10/11) and support plan (dated 9/25/11) indicate the resident can self-administer medication without assistance. Until the discrepancy is resolved, the more stringent assessment applies.</p> <p>Resident #3 had the following OTC medications stored on the sink counter top located in the bathroom adjoining the resident's bedroom: Metamucil Orange 30.4 ounce bottle, Miralax 8.3 ounce bottle, Target Brand Antibiotic Ointment 1 ounce tube. The most current medical evaluation (dated 9/1/11), assessment (11/16/11), and support plan (12/1/11) indicate the resident requires assistance in medication administration.</p> <p>Resident #11 had three Tums tablets stored in a cup located on the night table adjacent to the resident's bed. The most current medical evaluation (dated 12/14/11), assessment (12/30/11), and support plan (1/14/12) indicate the resident requires assistance in medication administration.</p>	<p>2/21/2012</p>	<p><b>141a</b></p> <p>2/21/12 Current medical evaluation for resident #2 was faxed to PCP with instructions for correction and PCP was contacted via phone at time of violation. Resident's medication was removed from resident's room and was not returned until corrected medical evaluation was received on 2/23/12.</p> <p><b>141a</b></p> <p>2/21/12 OTC medication was found in resident #3's room. OTC medication was removed from resident's room immediately following DPW inspection review.</p> <p><b>141a</b></p> <p>2/21/12 Resident #11 OTC medication found in room. Medication removed at time of inspection.</p>	<p style="text-align: center;">Steps have been taken to correct violation, full compliance is not verifiable</p> <p style="text-align: center;">Date <i>[Signature]</i> Initials (DPW)</p> <p style="text-align: center;">2/21/2012</p> <p style="text-align: center;">2/21/2012</p>

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		2/21/2012	(CONT. FROM PREVIOUS PG.) <b>141a</b> Effective immediately, medical evaluations will be monitored by ED, RCD and licensed staff on a weekly basis to assure in-house evaluations/assessments and DME contain the same information. Additionally, residents rooms will be checked regularly or weekly for medications to comply with Regulation 141a.	

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>The first aid kit located in the home's 1998 Ford bus, which is used to transport residents, had three packets of expired Ultra Seal Bacitracin Ointment USP 1.0g in it. The expiration date on them was "9/11".</p> <p>The first aid kit located in the dietary office had a box containing (4) -1/8 ounce packets of Water-Jel Burn Jel in it. The expiration date on the manufacturer's box was "11/2010".</p>	2/21/2012	<p><b>183d</b> 2/21/12 First aid kit in 1998 Ford bus was correctly restocked. Dietary office First aid kit was corrected with removal of burn gel. First aid kits will continue to be checked and dated on a weekly basis by designee and monitored by ED to comply with Regulation 183d</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <i>[Signature]</i> Initials (DPW): <i>[Signature]</i></p>

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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	Resident #4 over the counter medication of Vitamin B was not labeled with the resident's name.	2/21/2012	<b>184b</b> 2/21/12 OTC medication for resident #4 was labeled with resident's information with a permanent marker. Med cart will be audited by ED, RCD or licensed staff weekly to be in compliance with Regulation 184b.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

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184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	Resident #5's sample medication of Crestor 5mg, did not have written instructions from the prescriber or pharmacy label.	2/21/2012	<b>184c</b> 2/21/12 Resident #5's PCP was notified and requested label for resident#5's sample medication. Prescription label was received on 2/22/12 and placed on resident #5's medication. Med cart will be audited by ED, RCD and licensed staff weekly to be in compliance with Regulation 184c Staff will be rein-serviced regarding sample medication labeling	Steps have been taken to correct violation, full compliance is not verified. Date: <i>3/9/12</i> Initials: <i>(PRM)</i>

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>The "Master Key" used in conjunction with the medication administration records did not include the month and year.</p> <p>The Medication Administration Record for resident #7 did not indicate a diagnosis or purpose for Mucinex 600mg.</p> <p>Staff did not sign or initial the Medication Administration Record of resident #8 on 2/17/2012 to indicate that 500mg of Amoxicillin had been administered at 5pm.</p> <p>Staff did not sign or initial the Medication Administration Record of resident #9 on 2/17/2012 to indicate that 10mg of Hydralazine HCL had been administered at 5pm.</p> <p>Staff did not sign or initial the Medication Administration Record of resident #10 on 2/20/2012 to indicate that 4000 IU of Vitamin D had been administered at 8am.</p>	2/21/2012	<p><del>187a</del> Master Key was updated with month and year at time of inspection. The correct master key has been in use at Mifflin Court continually but on inspection date was not found in MARs. Monthly checks of Master Key log will be conducted by ED, and/or designee.</p> <hr/> <p><b>187a</b> All resident medication administration records (MARs) were reviewed by staff who gave and forgot to sign MARs for residents #7, #8, #9, #10 who corrected their omissions. MARs will be checked by each staff member administering medications prior to the end of each shift. MARs will be monitored and checked by ED/RCD/designee weekly or randomly to assure compliance with Regulation 187a.</p>	

Steps have been taken to correct violation; full compliance is not verified.  
 Date: \_\_\_\_\_  
 Initials (DP/ID): \_\_\_\_\_

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>- Cont. from previous page.</i>	

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187d The home shall follow the directions of the prescriber.	Bisacodyl 10mg Suppository prescribed to resident #6 to be administered as needed, was not on-hand at the time of the inspection.	2/21/2012	<p><b>187d</b> PCP was notified on 2/21/12 for new prescription for resident #6. Prescription was sent by pharmacy on 2/22/12 to facility and stored as directed.</p> <p>ALL PRN medications have been/will be checked to assure they are present on the medication cart during weekly medication cart checks by ED/RCD/designee Staff administering medication will be re-instructed regarding the importance on proper medication administration protocols, pour, give, sign</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Steps have been taken to correct violation; full compliance is not verified.                      Date: <i>3/9/12</i>                      Initials: <i>MAA</i>                      (DP/PA)                 </p>

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	An initial assessment was not completed for resident #12, who was admitted to the home on 1/30/12.	2/21/2012 + <i>ongoing</i>	225a 2/21/12 The initial assessment of resident #12 was completed. ED reviewed and retrained RCD on importance and timeline of assessment procedure. Effective immediately, ED or designee will oversee assessment procedure for all residents.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Steps have been taken to correct violation; full compliance is not verifiable                      _____                      Initials (DPW)                      _____                      Date                 </div>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME MIFFLIN COURT, 450 EAST PHILADELPHIA AVENUE SHILLINGTON, PA 19607		CURRENT LICENSE NUMBER 222060	
INSPECTION DATES (Include all dates of the inspection) 02/21/2012		REGIONAL REPRESENTATIVE Jason Harvey, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Carole Duggan Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Carole Duggan</i>	DATE <i>3/5/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. Koszalczyk</i>	DATE <i>3/9/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p>	<p>The most current assessment for resident #13 (dated 4/14/11) was not updated to include the resident may self-administer medications with assistance in opening the container or locked storage area, as indicated on the most current medical evaluation dated 1/5/12.</p>	<p>2/21/2012</p>	<p><b>225c</b></p> <p>2/21/12 Resident #13's current assessment was corrected by adding updated information to coincide with most current medical evaluation.</p> <p>ED, RCD will continually review assessments and medical evaluations.</p>	<p style="font-size: small;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: x-small;">Date: <i>[Signature]</i> Initials (DPW): <i>[Signature]</i></p>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME MIFFLIN COURT, 450 EAST PHILADELPHIA AVENUE SHILLINGTON, PA 19607		CURRENT LICENSE NUMBER 222060	
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SIGNATURE OF LEGAL ENTITY <i>Carole Juggan</i>	DATE <i>3/5/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskowitz</i>	DATE <i>3/9/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	At 10:15am resident information contained in the Medication Administration Record was located on top of the medication cart on the 2nd floor next to room #213 unlocked and accessible.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> MAR 06 2012  SCRANTON FIELD OFFICE Adult Residential Licensing			