



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 30 2014

Mr. Walter J. Kielar, Senior Vice-President
450 East Philadelphia Avenue Operations LLC
450 East Philadelphia Avenue
Shillington, Pennsylvania 19607

RE: Mifflin Court
License #: 222060

Dear Mr. Kielar:

As a result of the Department of Public Welfare's licensing inspection on February 12, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period April 2, 2014 to April 2, 2015 was issued on December 18, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: MIFFLIN COURT		License Number: 22206
Address: 450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA 19607		County: Berks
Administrator: CAROLE DUGGAN		Region: NORTHEAST
Legal Entity Name: 450 EAST PHILADELPHIA AVENUE OPERATIONS LLC		
Legal Entity Address: 450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA 19607		
Certificate(s) of Occupancy C-2 LP 04/03/1997 PA L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 56	Waking Staff: 42
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/12/2014: OHaire, Anne; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 67	Number of Residents who:	
Number of Residents Served: 56	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 52	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 1	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 10		

Violation Report: 22200 - 02/12/2014 - O'Haire, Anne	
PCH Name: MIFFLIN COURT	
<p>1. REGULATION 55 Pa. Code §2600 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.</p>	
<p>2a. DESCRIPTION OF VIOLATION The contract dated 10/11/13 for Resident # 1 was not signed by the resident. The contract dated 8/2/13 for Resident # 2 was not signed by the resident.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</p> <p>25b Contracts for Resident #1 dated 10/11/13 and resident 2 dated 8/2/13 were not signed by residents Both Resident 1 and Resident 2 signed their contracts on date of inspection 2/12/14. Both contracts have date of inspection noted on the page. A Copy of the contract page is being sent with the POC. From date of inspection, 2/12/14, all new admission contracts will be reviewed by the Executive Director and Business Office manager.</p> <p>* The administrator shall monitor for ongoing compliance.</p> <p style="text-align: center;"><i>[Signature]</i> 3/7/14</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Carole Duggan</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carole Duggan Executive Director</i>	Date <i>3/3/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3/7/14</u> (Date)	Plan of correction implementation status as of <u>3/7/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22268 - 02/12/2014 - Olivar, Aone
 PCH Name: MIFFLIN COURT

1. REGULATION 65 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes

2a. DESCRIPTION OF VIOLATION

The following Exits which lead to a porch did not have clear passageways through the snow to ensure resident evacuation in the event of an emergency:

- Stairwell #2 in the Wellness Center
- 2 exits in the dining room
- Exit to the smokers porch from the dining room
- 2nd floor Solarium porch
- Patio Sensory Garden

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.100B. All walkways and exterior fire escapes did not have cleared passageways through accumulated snow. Attached pictures show all areas mentioned in the violation are now clear of snow. All exits, patios, and walkways will have clear passageways through snow to ensure resident evacuation. This will be monitored by the Maintenance Director.

** The administrator shall monitor and assure ongoing compliance -*

M
 3/7/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Carole Duggan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carole Duggan Executive Director* Date *3/3/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/7/14
 (Date)

The above plan of correction was approved by *M*
 (Initials)

Plan of correction implementation status as of 3/7/14
 (Date)

- Fully Implemented
- * Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22206 - 02/12/2014 - O'Hara, Anne
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

It has been determined through multiple staff interviews that the residents are not being completely evacuated to the outside of the building or into the fire safe stairwells during fire drills. The residents will congregate outside the stairwells and near the door ways if the weather is inclement.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

132h—On day of inspection multiple interviews of staff provided conflicting statements concerning residents being evacuated outside the building and into fire safe stairwells during a fire drill. On Tuesday February 18, 2014 a mandatory staff meeting was held with the purpose of re-educating all staff on the correct and complete resident evacuation to designated fire safe areas away from the building and into fire safe stairwells. All staff was given extensive retraining, which included, the location of the alarm center box, as well as, the inside and outside fire safe areas for the resident. Attached is the Mandatory Staff Training Flyer and the staff sign in sheet

* The administrator shall monitor and assure ongoing compliance -

m
3/7/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Carole Duggan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carole Duggan Executive Director* Date *3/3/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/7/14</u> (Date)	Plan of correction implementation status as of <u>3/7/14</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22206 - 02/12/2014 - O'Leary, Anne
 PCH Name: MIFFLIN COURT

1. REGULATION 65 Pa.Code §2600

2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

Resident # 3's Phlomena Mucio, Levothyroxine 88mcg. Tab. to be taken by mouth 1 time a day at 6:30am was not initialed as being given on 02/10/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.187(a) - Medication Record for each resident for whom medications are administered. Resident #3 Levothyroxine 88mcg tablet to given by mouth one time a day at 6:30 am. Medication was not Initialed on 2/10/14 to indicate it was given. Weekly audits by Resident Care Director along with any staff administering medications will recheck MAR at end of each shift.

** The administrator shall monitor and assure ongoing compliance.*
M
3/7/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Carole Duggan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carole Duggan Executive Director* Date *3/3/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *3/7/14*
 (Date)

The above plan of correction was approved by *M*
 (Initials)

Plan of correction implementation status as of *3/7/14*
 (Date)

- Fully Implemented
- * Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22206 - 02/17/2014 - O'laire, Anne
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

On the date of the inspection while the licensing representative was conducting a medication review and audit of the home's medication carts, it was observed that Resident #3 did not receive their Levothyroxine 88mcg. tab. on 02-10-14 at 6:30 am. One unused dose of Levothyroxine, was observed to be present in Resident #3 medication cartridge for Monday 02-10-14 and no documentation was found as to why Resident #3 did not receive their medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

. 188(b) - On date of inspection an unused dose of Levothyroxine was still present in resident #3's medication cartridge for Monday 2/10/14. Medication error is to be immediately reported to resident, resident's designated person, and physician prescribing medication. On 2/13/14 an incident report was faxed to DPW. A copy of the Incident Report is attached to POC. On 2/13/14 resident, resident's designated person, and physician prescribing medication were notified of the medication error (attached copy of physician's notification of medication error). Medication Administration Staff and Resident Care Director will continue to monitor MARS and medications of all residents on a daily and weekly basis.

* The administrator shall monitor and assure ongoing compliance.

M
 3/7/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Carole Duggan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carole Duggan Executive Director* Date *3/3/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/7/14
 (Date)

The above plan of correction was approved by *M*
 (Initials)

Plan of correction implementation status as of 3/7/14
 (Date)

- Fully Implemented
- * Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented