



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: February 18, 2015

Ms. Carole Duggan, Executive Director
450 East Philadelphia Avenue Operations LLC
450 East Philadelphia Avenue
Shillington, Pennsylvania 19607

RE: Mifflin Court
License # 222060

Dear Ms. Duggan:

As a result of the Department of Human Services' licensing inspection on January 8, 2015 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22206 - 01/08/2015 - Hummel, Jesse
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 1/3/15 at 1:30am resident #1 was observed sitting on a chair outside of the resident's room. The resident requested a bandage from the staff. Staff of the facility observed a bloody towel wrapped around the resident's leg. Staff of the facility observed the area. A puncture wound was observed on the resident's inner left calf. The staff of the facility returned the resident to the resident's room in order to clean the wound. Upon entering the room, blood was observed all over the kitchen floor and carpeting of the resident's room. The resident stated to the staff that the resident was scraping the side of the resident's calf and it began to bleed. The resident showed staff of the facility a nail file and a pair of clippers that was utilized. The staff of the facility cleaned and wrapped the resident's wound and placed the resident back in bed. There was no further treatment or observation provided to the resident. On 1/4/15 at 8:00am the resident was observed by staff on day shift. The resident's bandage was "pretty bloody." The dressing was removed, the wound was cleaned and redressed. Pressure was applied to the wound however the wound would not stop bleeding. The facility contacted Emergency Services. The resident was treated at the hospital and returned to the facility at 3:15pm. The facility failed to immediately secure medical care for the resident when the wound was observed on 1/3/15 at 1:30am.

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.


2600.142(a) First aid was provided when the wound was discovered NO further bleeding was noted. The resident's support plan was updated 1/3/15 and noted by the inspector on the day of investigation on 1/8/15. All staff were inserviced on 1/9/15 on providing care to all residents if and when their health status should change. The staff member in charge at the time of the incident received a corrective action notice. The Resident Care Director or designee will follow up on all incidents to ensure proper care was given & documented.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	Carole Duggan Executive Director
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Carole Duggan Executive Director	2/2/15

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The above plan of correction is approved as of <u>2-18-15</u> (Date)	Plan of correction implementation status as of <u>2-18-15</u> (Date)
The above plan of correction was approved by  (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