



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: January 18, 2018

Ms. Susan Schlener
Executive Director
Phoebe Home Incorporated
1925 Turner Street
Allentown, Pennsylvania 18104

RE: The David A. Miller Personal Care Community
License #: 216170

Dear Ms. Schlener:

As a result of the Department of Human Services' licensing inspection on September 22, 2017 and September 27, 2017 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: 21617 - 09/22/2017 - Novak, Ryan
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident #1's RASP dated 5/29/17 has not been updated to reflect the home is keeping a closer watch on the resident while he/she is in the company of female residents.

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.

See attached plan of correction.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Beth Chick* PCHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *BETH CHICK PCHA* Date *11/13/17*

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

| | |
|--|--|
| The above plan of correction is approved as of <u>11/21/17</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials) | Plan of correction implementation status as of <u>1-16-18</u> (Date) <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 |
|--|--|

R2A 2

Plan of Correction- David A. Miller Personal Care Community

Violation- Resident #1's RASP dated 5/29/17 has not been updated to reflect the home is keeping a closer watch on the resident while he is in the company of female residents.

Plan of Correction- The PCF Manager wrote a nursing measure in the electronic medical record to "closely observe resident interactions with other residents while within the facility". The PCF Social Worker failed to update the resident's RASP to reflect this change in the resident's care, as per DHS regulation and facility policy. The RASP was updated on 9/22/17 during the site visit when the violation was pointed out (see attached RASP). The PCF Manager and PCF Social Worker were educated via read and sign on the importance of updating the RASP to reflect any change in care as per DHS regulation and per facility policy (see attached policy "Preadmission Screening, Medical Evaluation (DME) and Resident Assessment and Support Plan (RASP). To prevent this from happening again, the PCF Administrator will be responsible to audit 10% of RASPs each month for the next 2 quarters to ensure regulation is met (see attached audit). Findings will be brought to quarterly QA meetings.

PCF Administrator: Brian Chickley RN PCHA
Date: 11/15/17

Omne Hagyard, RLA
1-16-18