



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: April 4, 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 November 15, 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
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 21617 - 11/15/2018 - Dumas, Gerald
PCH Name: THE DAVID MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Administrator "A" acknowledged that it is the home's policy to notify family / a designee regarding any time the resident is injured. On 11/8/17, a staff person left a voice message for the family of resident # 1 regarding the resident's fall. The home did not attempt to re-contact the family until the resident was sent out to the hospital on 11/10/17.

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.

- on 12/27/17 staff person involved received an educational notation. Educated staff person on the importance of following protocol on how to properly notify family / POA on any changes / emergencies that occur.
- 3/30/18 - All staff to be re-educated on falls by staff development, and what to do in the event of a fall, and with any changes on an individual. -4/6/18
- 3/30/18 - 4/6/18 - All staff will review the policy & procedure on any incident in personal care by staff development.
- Staff educated yearly on Fall and Accident Prevention. Administrator will oversee to ensure ongoing compliance. CP


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

Signature of Legal Entity Representative (Required on EVERY Page) *Joe Schlerer, Executive Director / Amy Autera, PCHM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joe Schlerer, Executive Director* Date *3/28/18*

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

The above plan of correction is approved as of 4/3/18 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 4-3-18 (Date)

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

Violation Report: 21617 - 11/15/2018 - Dumas, Gerald
PCH Name: THE DAVID 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

The home did not update Resident's # 1's Resident Assessment and Support Plan (R.A.S.P.), to indicate that Resident # 1 had a history of falls and a plan put into place to prevent future falls. The first fall occurred in July 2017, the second fall in September 2017 and the third fall occurred 11/8/17. The falls are considered a significant change.

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.

• 3/30/18 - 4/16/18 - Social Worker / Designee educated on the importance of updating the RASP with any changes, and completing a new RASP + DME with any significant change / changes.

• Staff educated yearly on RASP's

The Administrator will oversee to ensure ongoing compliance of.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 09/22/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature], Executive Director / *[Handwritten Signature]*, PCH

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Name], Executive Director / *[Handwritten Name]*, PCH Date 3/29/18

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(Date)

Plan of correction implementation status as of 4-3-18
(Date)

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