



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 27 2018

Ms. Holly Moylan
Senior Executive Director
450 East Philadelphia Avenue Operations LLC
450 East Philadelphia Avenue
Shillington, Pennsylvania 19607

RE: Mifflin Court
License #222060

Dear Ms. Moylan:

As a result of the Department of Human Services' (Department) annual licensing inspection on January 24, 2018 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22206 - 01/24/2018 - Dumas, Gerald
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home utilizes a gas fired industrial dryer in the basement of the home. A carbon monoxide detector was not located at least 15 feet away from the fossil fuel burning device as required by The Care Facilities Carbon Monoxide Standard Act.

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.

We have contacted Berkshire Systems Group to come in and install a CO2 detector. Attached (attachment # 1) is the estimate and we will schedule to have it installed no later than 3/31/18. Administrator will monitor to ensure that it is installed and working properly.

Yes

Upon completion, the home will send digitized photos w/ accompanying remarks/ clarification to demonstrate compliance.
 CP 3/12/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Holly Madlan</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Holly Madlan</i>	<i>2/24/18</i>

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

The above plan of correction is approved as of 3-12-18
 (Date)

Plan of correction implementation status as of 3/12/18
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 22206 - 01/24/2018 - Dumas, Gerald
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The 2nd floor first aid kit did not include adhesive bandages and adhesive tape. The 3rd floor first aid kit did not include scissors, adhesive tape and a thermometer.

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.

We have removed the kits from 2nd and 3rd floor. We have replaced the first aid kit from the first floor wellness center with a portable first aid kit (attachment #2). We have also implemented a first aid kit check list (attachment #3) to ensure that all required items are present and not expired. All first aid kits will be checked monthly and Administrator or designee will audit to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Holly Moylan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Holly Moylan* Date *2/24/18*

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Violation Report: 22206 - 01/24/2018 - Dumas, Gerald
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 2 propane cylinders were located in the staff smoking area, posing a possible fire hazard.

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.

Propane tanks were removed from the smoking area during inspection and placed in an OSHA approved cabinet for flammable materials. They will be stored in the cabinet at all times when not in use. Administrator or designee will monitor for compliance.


The Adm will do a walk through the facility at least twice per month to ensure ongoing compliance. Cf. 3/12/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/01/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Holly Nolan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Holly Nolan* Date *2/24/18*

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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

Violation Report: 22206 - 01/24/2018 - Dumas, Gerald
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 On 1/24/18 at approximately 2:15 p.m., several small packets of expired bacitracin were found inside the first aid kit of the home's bus. The bus is used to transport 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.

The packets of expired bacitracin were removed immediately during inspection and replaced with new packets. We have implemented a first aid kit check list (attachment #3) to ensure that all required items are present and not expired. All first aid kits will be checked monthly and Administrator or designee will audit to ensure compliance.

yes.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Holly Mylan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Holly Mylan</i>	Date <i>2/24/18</i>
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Violation Report: 22206 - 01/24/2018 - Dumas, Gerald
 PCH Name: MIFFLIN COURT

1. REGULATION 55 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 # 1's MAR noted vitamin C 500mg 2 tablets daily, the label to the medication noted vitamin C 1000mg 1 tablet daily.

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.

The Medication Administration record was updated on the date of inspection to match the medication label. Med techs/nurses have been instructed to check the label on the medication and make sure it matches the order in the MAR's. Third shift will check weekly during cart checks (see attachment #4) and Administrator or designee will audit for compliance.

Yes

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Holly Mofan</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Holly Mofan</i>	<i>2/24/18</i>

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