



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: May 1, 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' licensing inspection on February 15, 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.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Human Services Licensing Supervisors

Enclosure
Licensing Inspection Summary

Violation Report: 22206 - 02/15/2018 - Foulkes, Kimberli
 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.

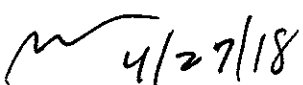
2a. DESCRIPTION OF VIOLATION

On 10/28/17, resident #1's, physician determined that the resident needed a referral to Med Options for psychiatric services. The referral was sent by the home to Med Options on 11/2/17 and the resident was seen by Med Options on 11/15/17 at which time a recommendation for psychotherapy was made. According to the home there are no set times for the psychiatrist's visits. They just come every week on a Thursday or Friday for anyone with orders. The resident missed appointments on 11/15/17 and 12/1/17 while out of the facility. The psychiatrist was going to discharge the resident because the resident was never seen. According to the resident's RASP dated 9/26/17, the resident required total physical assistance with managing all health care needs, securing healthcare, making and keeping appointments. The home did not have a system in place to ensure the appointments were taking place. The resident and resident's family was never informed that they needed to be in the home for the appointments as the home didn't know exactly when they would be scheduled.

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.

Resident #1 was discharged from facility by the family on [redacted] 18 due to his care needs and requiring a higher level of care and has not returned at this time. We have worked with our psychiatry services and now receive weekly, a list of residents, scheduled to be seen from all providers. Our staff then provides the residents who are scheduled, a reminder notice the day prior to the appointments of their upcoming appointment so they are aware of the appointment and can be available or notify the facility if they are unable to attend so we can reschedule the appointment if necessary. This is monitored and audited by the Executive Director or designee.


The administrator shall be responsible for ongoing compliance.

 4/27/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Holly Mofan, Executive Director</i>	Date <i>4/26/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/27/18</u> (Date)	Plan of correction implementation status as of <u>4/27/18</u> (Date)
The above plan of correction was approved by <u></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 - 02/15/2018 - Foulkes, Kimberli
 PCH Name: MIFFLIN COURT

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

On 10/28/17, resident #1's, physician determined that the resident needed a referral to Med Options for psychiatric services. The referral was sent by the home to Med Options on 11/2/17 and the resident was seen by Med Options on 11/15/17 at which time a recommendation for psychotherapy was made. The home did not update the residents support plan with a frequency for Med Options and a responsible party to ensure these needs were met.

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.

Resident #1 was discharged from facility by the family on [redacted] 18 due to his care needs and requiring a higher level of care and has not returned at this time. The facility receives a list of residents that are receiving services from Psychiatry and the frequency of their visits. This information is recorded on all resident's support plan with the frequency of their visits and the party that is responsible for making sure these needs are met. This process is monitored by the Resident Care Director and audited by the Executive Director or designee.

The administrator shall be responsible for ongoing compliance.

 4/27/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Holly Maylan, Executive Director	4/26/18

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The above plan of correction is approved as of 4/27/18
 (Date)

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