



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2019

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's Bureau of Human Services Licensing annual inspection on January 8, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 22206 - 01/08/2019 - Harvey, Jason
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION
 The home does not have exterior lighting from rear exit to the east end exit of the facility in the event of an emergency.

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.

A light was installed on the exterior of the building at the indicated area to better illuminate exterior evacuation route to the fire safe area. The installation was completed on January 16, 2019 and pictures are included as attachment 1 and 2. Work order detailing work is attached as attachment 3.

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, Senior Executive Director</i>	Date <i>2/7/19</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>3-4-19</u> (Date) The above plan of correction was approved by <u><i>AG</i></u> (Initials)	Plan of correction implementation status as of <u>3-4-19</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
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Violation Report: 22206 - 01/08/2019 - Harvey, Jason
 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
 Resident #1 is prescribed Breo 100/25 inhaler. The manufacturer directions indicate the insulin is to be used within 6 weeks of the inhaler being opened. The home did not have documentation when the Breo Inhaler was opened.

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's Breo was discarded and replaced with a new one. The new inhaler was dated with an open date as soon as it was used the first time. Staff education was provided to all med techs and nurses to educate them that all insulin and inhalers must be dated with an open date as soon as it is used for the very first time (see attachment 4). This will help to ensure that all medications are able to be identified as expired and can be discarded. Audits of all inhalers and insulin was completed and no other medications were found to not have open dates or be expired (see attachment 5). Resident Care Director/Executive Director will conduct ongoing audits 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 Mylan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Holly Mylan, Senior Executive Director</i>	Date <i>2/7/19</i>
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Violation Report: 22206 - 01/08/2019 - Harvey, Jason
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The home did not properly maintain the diabetic flowsheet of the indicated residents due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:
 Resident #2- 8:59pm on 1/3/19 the reading was 304 but was incorrectly transcribed as 302.
 Resident #3- 8pm on 1/3/19 the reading was 123 but was incorrectly transcribed as 135.
 4pm on 1/1/19 the reading was 124 but was incorrectly transcribed as 123.

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.

All diabetic flow sheets were reviewed with glucometers for any errors that would cause a medication error and none were found. Staff was educated to double check all test results and verify them when recording on the diabetic flow sheets (see attachment 4). Audits were completed with no new errors found (see attachment 6). Resident Care Director/Executive Director will conduct ongoing audits 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 Maylan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Holly Maylan, Senior Executive Director</i>	Date <i>2/7/19</i>
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