



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: mbutch@phoebe.org
MAILING DATE: January 13, 2020

Ms. Michele Butch
PCH Administrator
Phoebe Home, Incorporated
1925 Turner Street
Allentown, Pennsylvania 18104

RE: Miller Personal Care at 19th and Chew
License #: 216170

Dear Ms. Butch:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 8, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: THE DAVID A. MILLER PERSONAL CARE COMMUNITY
Address: 1925 TURNER STREET,, ALLENTOWN, PA 18104
County: LEHIGH

License Number: 21617

Region: NORTHEAST

Administrator

Name: Michele Butch

Phone: 6107945231

Email: MBUTCH@PHOEBE.ORG

Legal Entity

Name: PHOEBE HOME INCORPORATED
Address: 1925 TURNER STREET, ALLENTOWN, PA, 18104

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/05/1988

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 62

Waking Staff: 47

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

10/08/2019 - On-Site: Ryan Yankow, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60

Residents Served: 46

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 46

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 16

Have Physical Disability: 1

65f - Training Topics

Regulations

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - 6. Safe management techniques.
 - 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff member A hired 11/1/10 did not receive training in safe management techniques and care for residents with an intellectual disability in 2018.

Direct care staff member B hired 2/2/15 did not receive training in safe management techniques, care for residents with an intellectual disability and instructions on meeting the needs of the residents as per the DME and RASP in 2018.

Repeat Violation: 10/10/18

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.)

Legal Entity Representative

Michelle Butch
Signature

Michelle Butch
Printed Name and Title

1/9/2020
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 1-9-2020 (Date)

Plan of correction implementation status as of 1-9-2020 (Date)

The above plan of correction was approved by *ag* (Initials)

- Fully Implemented
- Partially Implemented ~~Adapted to Progress~~
- Partially Implemented ~~Inadequate Progress~~
- Not Implemented

Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A. Miller Personal Care Community License number 216170
Administrator: Michele Butch

Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A. Miller Personal Care Community License number 216170
Administrator: Michele Butch

Regulation 2600.65 (f) Training topics for the annual training for direct care staff persons shall include the following:

- (6) Safe management techniques
- (7) Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Violation: Direct care staff member A hired 11/1/10 did not receive training in safe management techniques and care for residents with an intellectual disability in 2018.

Direct care staff member B hired 2/2/15 did not receive training in safe management techniques, care for residents with an intellectual disability and instructions on meeting the needs of the residents as per the DME and RASP in 2018.

Repeat Violation: 10/10/18

Plan of Correction: Staff members missing training were provided that training in November 2019, see their attached transcripts. 2020 staff training plan was updated to include this training and will be going forward for all staff, please see the attached 2020 training plan/schedule. This is monitored monthly by staff development and reported out to the administrator.

PCHA Signature: Michele Butch Date: 1/9/2020

ag

1-9-2020

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Direct care staff member A hired 11/1/10 did not receive training in resident rights in 2018.

Ancillary staff member C hired 7/6/15 did not receive training in fire safety in 2018.

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.)

Legal Entity Representative

Michele Boutch
Signature

Michele Boutch PCCHA 1/9/2020
Printed Name and Title Date

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- Partially Implemented ~~adequate progress~~
- Partially Implemented ~~inadequate progress~~
- Not Implemented

Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A. Miller Personal Care Community
Administrator: Michele Butch

License number 216170

Regulation 2600.65 (g) Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Violation: Direct care staff member A hired 11/1/10 did not receive training in resident rights in 2018.

Ancillary staff member C hired 7/6/15 did not receive training in fire safety in 2018.

Plan of Correction: Staff members missing training were provided that training in November 2019, see their attached transcripts. 2020 staff training plan was updated to include this training and will be going forward for all staff, please see the attached 2020 training plan/schedule. This is monitored monthly by staff development and reported out to the administrator.

PCHA Signature: Michelle Butch Date: 1/9/2020

ag

1-9-2020

81b - Resident Personal Equipment

Regulations

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident room #210 has an enabler bar attached to their bed that doesn't contain a cover causing a possible safety hazard.

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.)

Legal Entity Representative

Signature: Michele Butch Printed Name and Title: Michele Butch PCHA Date: 1/9/2020

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Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A. Miller Personal Care Community
Administrator: Michele Butch

License number 216170

Regulation 2600.81 (b) Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Violation: Resident room #210 has an enabler bar attached to their bed that doesn't contain a cover causing a possible safety hazard.

Plan of Correction: A read and sign (see attached) was presented to the charge nurse, social worker, medication technicians and administrator to further educate them on the importance of covering bed canes so that residents do not get arms caught in them. All staff are responsible for making sure that bed canes have covers. Starting 11/19/19 Administrator will include ensuring that bed canes are covered during monthly room checks.

This resident's bed cane was covered and all other bed canes in use were checked for covers.

PCHA Signature: Michele Butch Date: 1/9/2020

ag

1-9-2020

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire letter from Ed Knight dated 6/5/19 gives the home an evacuation time 6 min 30 sec based on the home's construction. The home conducted 13 fire drills between October of 2018 and October of 2019 the home is only evacuating the residents from the fire effected floor of the facility. The home is not evacuating the residents from the 3 other floors or conducting a head count of all residents within the 6min and 30 sec evacuation time.

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.)

Legal Entity Representative

Michelle Burt

Signature

Michelle Burt, CHA 1/9/2020

Printed Name and Title

Date

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Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A. Miller Personal Care Community
Administrator: Michele Butch

License number 216170

Regulation 2600.132 (d) Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Violation: The fire letter from Ed Knight dated 6/5/19 gives the home an evacuation time 6 min 30 sec based on the home's construction. The home conducted 13 fire drills between October of 2018 and October of 2019 the home is only evacuating the residents from the fire effected floor of the facility. The home is not evacuating the residents from the 3 other floors or conducting a head count of all residents within the 6min and 30 sec evacuation time.

Plan of Correction: A fire safety expert, in years past, had determined that 6.5 minutes was the appropriate time to evacuate the entire building to areas of safe refuge during a fire alarm. In practicality this time was no longer doable to the changing demographics in our building over the years. Not realizing that this time could be re-evaluated by a fire safety expert we changed the way we were drilling to only drill a floor at a time, this change had been reviewed and approved by the fire safety expert and the local captain of the fire department. During the night shift fire drill on 3/19/19 it took 5.5 minutes to evacuate the 4th floor. It was determined that based on the time that it took to evacuate one floor during a middle of the night fire alarm that we either did not have enough staff or we did not have enough time to evacuate the entire building. Therefore, on October 28, 2019 we had the fire safety Expert, Ed Knight, revisit our facility and recalculate the time that it takes to evacuate the entire building to areas of safe refuge and account for every resident. We did this drill at 2pm and it took 9 minutes and 5 seconds to evacuate the entire building during the day shift. Therefore, he determined that the time to evacuate the entire building based on staffing levels at all times should be 15 minutes. See attached letter from Ed Knight.

A read and sign (see attached) was presented to the charge nurse, social worker, medication technicians and administrator to notify them that going forward all floors would be evacuated to the areas of safe refuge during fire alarms. This was corrected with the October 28, 2019 fire drill and going forward this process will be tracked and monitored by the administrator during monthly fire drills.

ag

1-9-2020

PCHA Signature: *Michelle Baker* Date: *1/9/2020*

ag

Adult Residential Licensing – Personal Care Homes
Fire Evacuation Time/Fire Safe Area Designation
55 Pa. Code 2600 132(d)

To Whom It May Concern:

On 10/28/19, I inspected Phoebe Homes, Inc. (Miller Personal Care), located at
1925 Turner St. Allen town, PA 18104
(Name of home)
(Address of home)

Based on that inspection, I have determined that the maximum safe evacuation time for the home, from the time the fire alarm sounds until all residents have evacuated to the outside of the building / fire safe areas)

is 15 minutes and 00 seconds. I have made this determination based on the design and construction of the home.
(Circle only one)

In addition, I have determined that the home does / does NOT have a fire safe area(s).
(Circle only one)

The fire safe areas in this home, if any, are:

Fully Sprinklered (non-combustible).
Today's Evac Time 9:05

DO NOT complete this section if the home does not have fire safe areas. Describe fire safe areas in detail. The description must include the number of fire safe areas and the specific location of each fire safe area. Attach additional pages if necessary and include a diagram if appropriate to precisely identify the area(s).

I am qualified to make these determinations because I am not an employee of the home and hold the following credentials (Circle one or more of the following):

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1. Member of a local fire department <u>Ret'd</u> | <input checked="" type="checkbox"/> 6. Graduate of a county or Commonwealth fire school <u>Ret'd</u> |
| <input type="checkbox"/> 2. Fire protection engineer | <input checked="" type="checkbox"/> 7. Member trained and certified by a county or Commonwealth fire school <u>Ret'd</u> |
| <input checked="" type="checkbox"/> 3. Commonwealth-licensed fire protection engineer <u>Ret'd</u> | <input type="checkbox"/> 8. Department of Labor and Industry building code inspector |
| <input checked="" type="checkbox"/> 4. College instructor in fire science <u>Ret'd</u> | <input checked="" type="checkbox"/> 9. Construction code official <u>Ret'd</u> |
| <input type="checkbox"/> 5. Insurance company fire control representative | |

Signature: [Signature]

Date: 10/28/19

Name: Edmond Knight

Title: Fire Safety Expert

Name and Address of Organization: 157 Knollwood DR / LANCASTER, PA 17601
Self employed

Telephone Number: 717-799-0430

This information is valid for one year from the date signed

* Fire safe areas are also referred to as areas of refuge in most fire codes. Under most building codes, a fire safe area usually requires a two-hour separation from other areas of the building, including self-enclosures, but this is not specifically required under chapter 2600

132f - Alternate Exit Routes

Regulations

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home conducted 13 fire drills between October of 2018 and October of 2019. The fire drill logs indicated all 13 fire drills were conducted by using STB 1st, STA 2nd, STA 3rd, STB 3rd Skywalk 4th exits.

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.)

Legal Entity Representative

Michelle Butch
Signature

Michelle Butch PCHA 1/9/2020
Printed Name and Title Date

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 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A. Miller Personal Care Community
Administrator: Michele Butch

License number 216170

Regulation 2600.132 (f) Alternate exit routes shall be used during fire drills.

Violation: The home conducted 13 fire drills between October of 2018 and October of 2019. The fire drill logs indicated all 13 fire drills were conducted by using STB 1st, STA 2nd, STA 3rd, STB 3rd Skywalk 4th exits.

Plan of Correction: The fire blanket was not being placed in an area that would block an exit or area of safe refuge. Effective 10/28/19 administrator will track and ensure that a different area of safe refuge is being blocked during each fire drill. This will be reported out on the standard DHS Fire drill report.

A read and sign (see attached) was also presented to all staff to ensure they understand that we will be blocking exits to ensure the residents do not become complacent in thinking they can go to the same exit every time. This was corrected with the October 28, 2019 fire drill and going forward this process will be tracked and monitored by the administrator during monthly fire drills.

PCHA Signature: Michele Butch Date: 1/9/2020

ag

1-9-2020

132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The home has 4 floors, during each monthly fire drill from October of 2018 and October of 2019 the home is only evacuating the residents from the fire effected floor of the facility.

Repeat Violation: 10/10/18

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.)

Legal Entity Representative

Michele Butch

Signature

Michele Butch

Printed Name and Title

1/9/2020

Date

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Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A. Miller Personal Care Community
Administrator: Michele Butch

License number 216170

Regulation 2600.132(h) Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Violation: The home has 4 floors, during each monthly fire drill from October of 2018 and October of 2019 the home is only evacuating the residents from the fire effected floor of the facility.

Repeat Violation: 10/10/18

Plan of Correction: A fire safety expert, in years past, had determined that 6.5 minutes was the appropriate time to evacuate the entire building to areas of safe refuge during a fire alarm. In practicality this time was no longer doable to the changing demographics in our building over the years. Not realizing that this time could be re-evaluated by a fire safety expert we changed the way we were drilling to only drill a floor at a time, this change had been reviewed and approved by the fire safety expert and the local captain of the fire department. During the night shift fire drill on 3/19/19 it took 5.5 minutes to evacuate the 4th floor. It was determined that based on the time that it took to evacuate one floor during a middle of the night fire alarm that we either did not have enough staff or we did not have enough time to evacuate the entire building. Therefore, on October 28, 2019 we had the fire safety Expert, Ed Knight, revisit our facility and recalculate the time that it takes to evacuate the entire building to areas of safe refuge and account for every resident. We did this drill at 2pm and it took 9 minutes and 5 seconds to evacuate the entire building during the day shift. Therefore, he determined that the time to evacuate the entire building based on staffing levels at all times should be 15 minutes. See attached letter from Ed Knight.

A read and sign (see attached) was presented to the charge nurse, social worker, medication technicians and administrator to notify them that going forward all floors would be evacuated to the areas of safe refuge during fire alarms. This was

corrected with the October 28, 2019 fire drill and going forward this process will be tracked and monitored by the administrator during monthly fire drills.

PCHA Signature: Michelle Bonta Date: 1/9/2020

ag

1-9-2020

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1's presersivon areds and clopidogrel do not have a diagnosis or purpose listed on the MAR.

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.)

Legal Entity Representative

Michelle Butch
Signature

Michelle Butch 1/9/2020
Printed Name and Title Date

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(Date)

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(Initials)

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- Partially Implemented ~~xx Inadequate Progress~~
- Not Implemented

Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A. Miller Personal Care Community
Administrator: Michele Butch

License number 216170

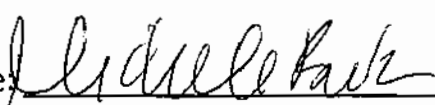
Regulation 2600.187(a)(12) A medication record shall be kept to include the following for each resident for whom medications are administered: Diagnosis or purpose for the medication, including pro re nata (PRN).

Violation: Resident #1's presersivon areds and clopidogrel do not have a diagnosis or purpose listed on the MAR.

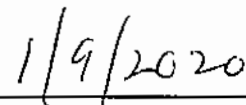
Plan of Correction: A read and sign (see attached) was presented to the charge nurse, social worker, medication technicians and administrator to further educate them on the requirement that each medication listed on the MAR must have a diagnosis associated with it. In additional all MAR's were reviewed to ensure that they have complete information. Going forward, during each patient's quarterly review of orders with the nurse and doctor, this will be checked to ensure that no order has been missed.

For 6 months starting January 2020, the Administrator, will select 5 residents (approximately 10%) to do a medication administration record review to verify that all meds have a diagnosis in the MAR.

PCHA Signature



Date:



ag

1-9-2020