



Sent via e-mail to: derek.groff@genesishcc.com
Mailing Date: March 11, 2020

Mr. Derek Groff
Executive Director
450 East Philadelphia Avenue Operations LLC
450 East Philadelphia Avenue
Shillington, Pennsylvania 19607

RE: Mifflin Court
License #222060

Dear Mr. Groff:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 12, 2020 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *MIFFLIN COURT*

License Number: *22206*

Address: *450 EAST PHILADELPHIA AVENUE,, SHILLINGTON, PA 19607*

County: *BERKS*

Region: *NORTHEAST*

Administrator

Name: *Derek Groff*

Phone: *6107961600*

Email: *derek.groff@genesishcc.com*

Legal Entity

Name: *450 EAST PHILADELPHIA AVENUE OPERATIONS LLC*

Address: *450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA, 19607*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *10/03/1997*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *74*

Waking Staff: *56*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

02/12/2020 - On-Site: Amy Deluca, Ann O'Haire, Pamela Harris

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *67*

Residents Served: *55*

Secured Dementia Care Unit

In Home: *Yes*

Area: *2nd floor*

Capacity: *14*

Residents Served: *13*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *55*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *19*

Have Physical Disability: *0*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's boiler inspection certificate expired 1/17/20. The home's maintenance director indicated that the inspector has not yet come to inspect the boiler.

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.)

BOILER INSPECTOR WAS CALLED AND DID INSPECT BOILER ON 02/14/2020 (SEE ATTACHED CERTIFICATE).

WE WERE INFORMED THAT THE INSPECTORS WERE "OFF THEIR REGULAR SCHEDULE, BECAUSE THE REGULAR GUY NO LONGER WORKS THERE" WITH THIS, THE REASON FOR THE LATE INSPECTION.

WE WILL ENSURE THAT THE BOILER INSPECTION IS COMPLETED BY THE TIME FRAME SPECIFIED.

Legal Entity Representative



Signature

Derek Goff - EXECUTIVE DIRECTOR 02/14/20
Printed Name and Title Date

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

The above plan of correction is approved as of 3-4-2020 (Date)

Plan of correction implementation status as of 3-4-2020 (Date)

Implemented

Not Implemented

The above plan of correction was approved by MM (Initials)

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff person A, who was hired as a direct care worker on 8/6/19, did not have documentation of a high school diploma, GED, or documentation of a CNA license.

Plan of Correction (POC)

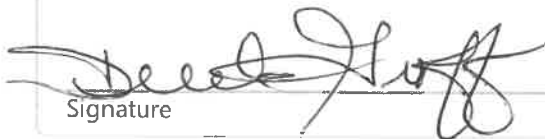
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

STAFF PERSON A INFORMED US THAT SHE WAS IN THE PROCESS OF OBTAINING HER GED UPON HERE. WE DID TERMINATE HER IMMEDIATELY WHEN WE DISCOVERED THAT SHE WAS NOT ACTIVELY OBTAINING HER GED (SHE WAS ACTUALLY SCHEDULED TO BE IN THE "NEXT ROUND" OF GED CLASSES).

WE DID NOT OBTAIN THE PROPER DOCUMENTATION FOR HER GED WITHIN THE 30 DAY PERIOD AS OUTLINED IN 2600.54A.

CORRECTIVE ACTIONS - NO EMPLOYEE WILL BE HIRED WITHOUT PROOF OF HAVING A HIGH SCHOOL DIPLOMA, GED, OR ACTIVE REGISTRY STATUS ON PA NURSE AID REGISTRY, FOR DIRECT CARE STAFF POSITION.

Legal Entity Representative



Signature

Derek Hoff EXECUTIVE DIRECTOR 03/04/20

Printed Name and Title

Date

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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit door in the first floor activity room was blocked by a row of chairs during morning activities.

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 FLOOR IN FRONT OF THE EXIT DOOR HAS BE MARKED WITH TEXTURED NON-SLIP TAPE TO INDICATE WHERE CHAIRS/WHEELCHAIRS CANNOT BE, SO THE EXIT DOOR REMAINS CLEAR. STAFF WILL ALSO ENSURE THAT THE RESIDENTS SEATING IS SPACED APPROPRIATELY TO ENSURE THAT AN EGRESS ROUTE IS OPEN IN THE ACTIVITY ROOM.

WE ARE ALSO IN THE PROCESS OF MOVING OUR ACTIVITY ROOM INTO A MUCH LARGER ROOM, AS WE HAVE OUTGROWN OUR CURRENT ACTIVITY ROOM (AS OUTLINED IN THE VIOLATION). EXPECTED COMPLETION OF NEW ACTIVITY ROOM IS APPROX. 1 MONTH.

Immediately and Ongoing:
The identified area will be unobstructed, as will all stairways, hallways, doorways, passageways and egress routes from rooms and from the building. The administrator shall be responsible for ongoing compliance. 3-4-2020 - MM

Legal Entity Representative

Debra Hoff
Signature

Debra Hoff EXECUTIVE DIRECTOR 3/4/20
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)

184a - Labeling OTC/CAM

Regulations

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 - 4. The prescribed dosage and instructions for administration.

Description of Violation

The medication Omeprazole for resident #1 had a pharmacy label that indicated the dosage was 1 tablet in the morning and 1 tablet in the evening. The actual order for the medication is 1 tablet daily, which was documented on the Medication Administration record (MAR). The pharmacy label did not have the correct dosage instructions.

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.)

Med carts are audited weekly by night shift & DON. There was a green "refer to MAR" sticker on the omeprazole bottle. Unfortunately, it had fallen off to the bottom of the drawer causing a citation. Nursing staff asked inspector if we could put a clear piece of tape over the stickers to help secure & prevent further citations in the future. The inspector agreed this would be appropriate so staff will follow this guideline for the future.

Immediately and Ongoing:

The home will ensure that all prescription and sample medication containers are labeled with the required information.

3-4-2020 - MM

Legal Entity Representative

Jaime Zap
Signature

Jaime Zap - RN
Printed Name and Title

3/4/2020
Date

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(Date)

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(Date)

Implemented SEE ABOVE

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(Initials)

231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

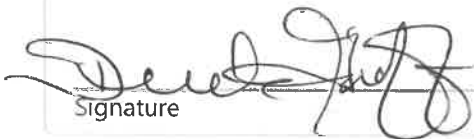
Resident #2 was admitted to the home's secure dementia unit on 11/28/2018. The home did not have documentation that the resident and/or the resident's designated person did not object to the resident being placed in a secure unit.

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.)

I HAVE BEEN ASSURED THAT THIS DOCUMENT WAS SIGNED AND COMPLETED WHEN RESIDENT #2 WAS ORIGINALLY ADMITTED TO THE SECURED MEMORY SUPPORT UNIT. HOWEVER, WE ARE UNABLE TO PRODUCE THE ORIGINAL DOCUMENT. THE DOCUMENTS IN QUESTION WERE COMPLETED ON 02/12/2020. PLEASE SEE ATTACHED DOCUMENTS - 3 PAGES. - WE WILL ENSURE THAT THIS DOCUMENT IS COMPLETED FOR ALL MEMORY SUPPORT ADMISSIONS.

Legal Entity Representative


Signature

Derek Graf - EXECUTIVE DIRECTOR 03/04/20
Printed Name and Title Date

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