

Department of Human Services
Bureau of Human Service Licensing

February 18, 2021

██████████ ADMINISTRATOR
PHOEBE HOME INCORPORATED
1925 TURNER STREET
ALLENTOWN, PA 18104

RE: MILLER PERSONAL CARE AT 19TH
AND CHEW
1925 TURNER STREET
ALLENTOWN, PA, 18104
LICENSE/COC#: 21617

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2020, 07/15/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: MILLER PERSONAL CARE AT 19TH AND CHEW **Licen e #:** 21617 **Licen e Expiration Date:** 12/08/2020
Addr e : 1925 TURNER STREET, ALLENTOWN, PA 18104
County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 6107945231 **Email:** [REDACTED]

Legal Entity

Name: PHOEBE HOME INCORPORATED
Address: 1925 TURNER STREET, ALLENTOWN, PA, 18104
Phone: 6107945231 **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 60 **Waking Staff:** 45

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Rea on: Incident **Exit Conference Date:** 07/14/2020

Inspection Dates and Department Representative

07/14/2020 - On-Site: [REDACTED]
07/15/2020 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 49

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 49
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 11 **Have Physical Disability:** 1

Inspections / Reviews

07/14/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/17/2021*

2/18/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/01/2021*

2/18/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

107b - Emergency Procedures

1. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

- 5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.

Description of Violation

Smoke was observed on the 4th floor balcony on 7/6/20. Staff member A grabbed the fire extinguisher and put the smoke out. The fire alarms were not activated. The homes fire procedures indicate that if a fire is discovered in any part of the facility, immediately pull the nearest fire alarm. The staff member did not follow the homes emergency procedures.

Plan of Correction

Accept

The administrator posted the fire policy by the time clock as a reminder on 07/07/21.

The home administrator will start randomly going over staff fire policy and quizzes during staff meetings for continuous re-education on July 28, 2020

The home administrator will correct all quizzes and submit to staff who receive any wrong and re-educate immediately after staff meetings.

The administrator will re-educate staff on fire procedure and policy during staff meetings effective immediately.

Completion date: 07/28/20

Completion Date: 07/28/2020

Update - 02/18/2021

Upon Resubmission of the Plan of Correction, the home will attach documentation of compliance via the Portal . Documentation will consist of signature sheets from the re-education sessions and other information at the staff meeting from 7-28-2020

AG, 2-18-21

Document Submission

Implemented

Please see required documents attached.

Thank you

