

Department of Human Services
Bureau of Human Service Licensing

April 8, 2021

██████████ EXECUTIVE DIRECTOR
450 EAST PHILADELPHIA AVENUE OPERATIONS LLC
450 EAST PHILADELPHIA AVENUE
SHILLINGTON, PA 19607

RE: MIFFLIN COURT
450 EAST PHILADELPHIA AVENUE
SHILLINGTON, PA, 19607
LICENSE/COC#: 22206

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/10/2021, 03/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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: MIFFLIN COURT **Licen e #:** 22206 **Licen e Expiration Date:** 04/02/2021
Addr e : 450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA 19607
County: BERKS **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 6107961600 **Email:** [REDACTED]

Legal Entity

Name: 450 EAST PHILADELPHIA AVENUE OPERATIONS LLC
Address: 450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA, 19607
Phone: 6107961600 **Email:** [REDACTED]

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:** 62 **Waking Staff:** 47

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 03/11/2021

Inspection Dates and Department Representative

03/10/2021 - On-Site: [REDACTED]
03/11/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 67 **Residents Served:** 48

Secured Dementia Care Unit

In Home: Yes **Area:** 0 **Capacity:** 14 **Re ident Served:** 12

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 48
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 14 **Have Physical Disability:** 0

Inspections / Reviews

03/10/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *04/05/2021*

4/6/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/13/2021*

4/8/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 3/11/21 at 10:00 am, the Licensing Inspection Summary from 2/20/20, was posted in the home's Inspection binder, which was located at the front desk. The resident privacy coding sheet was attached to the Licensing Inspection Summary.

Plan of Correction

Accept

This was the error of the Executive Director. When preparing for the annual inspection @ 2 weeks before the inspection occurred, I re-copied the 2020 Licensing Summary so that it was "new" and more legible. I forgot to remove the privacy coding sheet when I re-copied the original 02/20/20 Inspection Summary. The privacy coding sheet was removed from the lobby on the day of Mifflin Courts' inspection on 03/10/21 at 10:00.

Completion Date: 03/10/2021

Document Submission

Implemented

Completed

183d Prescription Current

1. Requirements

2600.

- 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 3/11/21, a medication for Resident #5 was located in medication cart for the 3rd floor. The medication was Albuterol 2 puffs 4 times a day to be administered as needed. The resident is no longer in the home.

Plan of Correction

Accept

This medication was for a recently discharged (Expired) resident. The Medication was removed from the medication cart on 0311/21.

Staff will immediately remove any medications from the medication carts for any resident no longer receiving medications at Mifflin Court.

Completion Date 03/11/2021

Update 04/06/2021

Please send/Attach proof of d/c order for resident #5's medication.

Immediately and Ongoing:

The administrator or designee shall monitor medications and AUDIT medications bi-weekly X's 4 months.

Document Submission

Implemented

Please see attachment 04/06/21
and
04/06/21 update acknowledged

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

The home did not properly maintain the Medication Administration Record (MAR) of the indicated residents due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #1 – At 1630 on 3/8/21 the reading on the glucometer was 230 but was incorrectly transcribed as 154. Resident #2 – At 0830 on 3/10/21 the reading on the glucometer was 294 but was incorrectly transcribed as 295.

Plan of Correction

Accept

Staff will double check blood glucose test results before documenting on the MAR to maintain correct documentation.

Completion Date: 03/12/2021

Update - 04/06/2021

Immediately and Ongoing:

The administrator or designee shall AUDIT MAR's weekly X's 3 months to maintain ongoing compliance with this regulation.

Document Submission

Implemented

04/06/21 Update acknowledged

187a - Medication Record

1. Requirements

2600.

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

8. Frequency of administration.

Description of Violation

Resident #3 is prescribed Senna 8.6mg 2 tablets by mouth every other day. However, resident #3 medication administration record does not indicate this medication was given on 3/5/21.

Plan of Correction

Accept

Documentation Error. the Med Tech administering this medication was on [redacted] last day of work at Mifflin Court on [redacted]. The Med Tech had a very good rapport with Resident 3, [redacted] became distracted while [redacted] and Resident 3 said their "goodbyes" to each other. The Med Tech did administer the medication Senokot on the day and time as ordered (meds come in pre packaged packets). Resident 3 also knows [redacted] received the medication as per [redacted] conversation with the Executive Director. *Please see attached*

Completion Date: 03/12/2021

Update - 04/06/2021

Immediately and Ongoing:

The administrator or designee shall AUDIT MAR's weekly X's 3 months to maintain ongoing compliance with this regulation.

Document Submission

Implemented

04/06/21 Update acknowledged

188b - Medication Error Reporting

1. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #3 is prescribed Senna 8.6mg 2 tablets by mouth every other day.. However, resident #3 was administered Senna on 3/3/21 at 2100 and on 3/7/21 at 2100. However, the dose on 3/5/21 at 2100 was not given. The medication error was not reported to the department.

Plan of Correction

Accept

Documentation Error. the Med Tech administering this medication was on [redacted] last day of work at Mifflin Court on [redacted]. The Med Tech had a very good rapport with Resident 3, [redacted] became distracted while [redacted] and Resident 3 said their "goodbyes" to each other. The Med Tech did administer the medication Senokot on the day and time as ordered (meds come in pre packaged packets). Resident 3 also knows [redacted] received the medication as per [redacted] conversation with the Executive Director. *Please see attached*

Completion Date: 03/12/2021

Update - 04/06/2021

Immediately and Ongoing:

The home will ensure that all medication errors are reported to the Department, the resident, the resident's designated person and the prescriber.

The administrator shall monitor weekly X's 3 months.

Document Submission

Implemented

Update 04/06/21 acknowledged

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident # 4 most recent assessment was completed on 2/24/20. Resident #6 and 7's most recent assessment was completed on 2/3/20. Resident #4, 6, and 7 did not receive an annual assessment within the required timeframe.

Plan of Correction

Accept

RASP's were updated for resident 4, 6, and 7. I have an LPN reviewing all RASP's t ensure compliance going forward. *Please see attached*

Completion Date: 03/26/2021

Update - 04/06/2021

Please send/Attach updated RASP for resident 4, 6 and 7.

Document Submission

Implemented

The updated RASPS were sent on 04/01/21 for Residents 4, 6, and 7