

Department of Human Services  
Bureau of Human Service Licensing

April 12, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2021, 12/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
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: *MILLER PERSONAL CARE AT 19TH AND CHEW* License #: *21617* License Expiration: *12/08/2022*  
Address: *1925 TURNER STREET, ALLENTOWN, PA 18104*  
County: *LEHIGH* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**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: *61* Waking Staff: *46*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *12/02/2021*

**Inspection Dates and Department Representative**

11/30/2021 - On-Site: [REDACTED]  
12/02/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *60* Residents Served: *45*

**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: *45*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *16* Have Physical Disability: *0*

## Inspections / Reviews

11/30/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/09/2022*

02/28/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/07/2022*

03/09/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/16/2022*

04/11/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/15/2022*

04/12/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED]/21, Resident #2 was observed in Resident #2's room on the floor. Resident complained of pain to right hip and was transferred to the hospital for evaluation. Resident was admitted to hospital for hip pain and pubic fracture. The injury was not reported to the Department until [REDACTED]/21.

## Plan of Correction

**Do Not Accept**

On call team and all nursing staff in the building was trained on the reporting process for reporting all incidents within 24hrs.

Completion Date: 02/09/2022

Update: 02/28/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-28-2022 MM

## Plan of Correction

**Do Not Accept**

Please see attachment. All staff educated on the process and requirements of DHS/regulations

Completion Date: 03/04/2022

Update: 03/09/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 03-09-2022 MM

## Plan of Correction

**Accept**

Administrator provided education to on call administration and supervisors of DHS reporting requirements. Administrator will monitor requirements.

Completion Date: 04/11/2022

Update: 04/11/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04/11/2022 MM

## Document Submission

**Implemented**

Administrator will monitor for compliance. If after hours house nursing supervisor will complete any reportable incident reports. Administrator will monitor for compliance.

## 25b - Contract Signatures

## 1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

## Description of Violation

Resident # 1 and Resident #4 contracts were not signed by the resident. The resident contracts were signed by each resident's power of attorneys.

## 25b - Contract Signatures (continued)

**Plan of Correction****Do Not Accept**

*The sales team was contacted to make sure all admission documents are signed by the resident only.*

**Completion Date:** 02/09/2022

**Update:** 02/28/2022

*Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-28-2022 MM*

**Plan of Correction****Do Not Accept**

*Please see attachment. All staff educated on the process and requirements of DHS/regulations*

**Completion Date:** 03/04/2022

**Update:** 03/09/2022

*Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 03-09-2022 MM*

**Plan of Correction****Accept**

*Administrator will audit all new admissions contracts for the residents or POA signatures for compliance.*

**Completion Date:** 04/11/2022

**Update:** 04/11/2022

*Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04/11/2022 MM*

**Document Submission****Implemented**

*Admissions will be responsible for getting the correct signatures' on day of admission. Administrator will audit all new admissions for signatures and contact the resident or POA if signature is needed.*

## 60a - Staff/Support Plan

**1. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**Description of Violation**

*The home currently has 45 residents, 16 of who are considered to have mobility needs. On 10/30/21 one direct care staff were scheduled from 11pm to 7am. One staff persons would not be able to assist and evacuate 45 residents in the event of an emergency.*

**Plan of Correction****Do Not Accept**

*The scheduler was trained on how to come up with the required staffing hours for PC.*

**Completion Date:** 02/09/2022

**Update:** 02/28/2022

*Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-28-2022 MM*

**Plan of Correction****Do Not Accept**

*Please see attachment. All staff educated on the process and requirements of DHS/regulations*

**Completion Date:** 03/04/2022

60a - Staff/Support Plan (continued)

Update: 03/09/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 03-09-2022 MM

Plan of Correction

Accept

Administrator will monitor compliance of required staffing per DHS regulations.

Completion Date: 04/11/2022

Update: 04/11/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04/11/2022 MM

Document Submission

Implemented

Administrator will monitor schedule daily. Will notify staffing to assure that there is enough staff. House supervisor will monitor staff daily and assure that the building is staffed as per DHS regulations. Supervisor will contact administrator if coverage is needed.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4 participated in the development of his/her support plan on [redacted] However, the resident did not sign the support plan.

Plan of Correction

Do Not Accept

This support plan was in [redacted] chart when the surveyor was in the building. [redacted] did find the correct RASP due to two being in the chart with signed one in front. It was a duplicate RASP. Please speak with [redacted].

Completion Date: 02/09/2022

Update: 02/28/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-28-2022 MM

Plan of Correction

Do Not Accept

Please see attachment. All staff educated on the process and requirements of DHS/regulations.

Completion Date: 03/04/2022

Update: 03/09/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 03-09-2022 MM

Plan of Correction

Accept

Administrator will monitor all RASPs for signature's required for DHS regulations.

Completion Date: 04/11/2022

Update: 04/11/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04/11/2022 MM

**227g -Support Plan Signatures (continued)****Document Submission*****Implemented***

*Social worker will assure that the required signatures are on the RASP. Administrator will monitor all RASPS to assure that the required signatures are on the RASP. If the signatures are not on the RASP the administrator will assure that the signatures are obtained on a timely basis. And will audit quarterly and as needed for compliance.*