

Department of Human Services
Bureau of Human Service Licensing

April 12, 2022

[REDACTED]
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/31/2022, 02/03/2022, 03/04/2022 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: 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: 6107945231 Email: [REDACTED]

Legal Entity

Name: PHOEBE HOME INCORPORATED
Address: 1925 TURNER STREET, ALLENTOWN, PA, 18104
Phone: 6107945231 Email: [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: 66 Waking Staff: 50

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 02/04/2022

Inspection Dates and Department Representative

01/31/2022 - Off-Site: [REDACTED]
02/03/2022 - Off-Site: [REDACTED]
03/04/2022 - 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: Residents Served:

Hospice

Current Residents: 0

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: 17 Have Physical Disability: 1

Inspections / Reviews

01/31/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/13/2022*

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*

57b - 1 Hour/Day

1. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 12/19/21 the home's census was 49 residents with 17 immobile residents. The total required hours of direct care for this day was 66 hours. On 12/19/21 the home provided only 64 hours of direct care.

Plan of Correction

Accept

Staffing process evaluated. Administrator will send out staffing numbers per census and mobility needs to staffing department on a weekly basis.

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 check schedule daily and notify staffing to assure that the facility is staffed as per DHS regulations. The facility has been scheduling 3 to 4 staff on 7-3 and 3-11. And one LPN on 7-3 shift. Two staff are scheduled on 11-7 shift. If there are call offs the supervisor will check the schedule and obtain coverage.

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

On 12/30/21 and 12/31/21 there was only 1 direct care staff person in the home from 11:15pm to 3:00am. The home's census was 51 and 52 respectively on those dates with 17 immobile residents. The home did not have adequate staffing for the entire 3rd shift on 12/30/21 and 12/31/21.

Plan of Correction

Accept

Staffing process evaluated. Administrator will send out staffing numbers per census and mobility needs to staffing department on a weekly basis. Informing staffing of required hours and can not go below these hours.

Completion Date: 04/11/2022

Document Submission

Implemented

The administrator will check staffing daily and notify staffing with any changes. The nursing supervisor will address any call offs or staffing needs. Supervisor will check schedule and obtain coverage to assure that the 11-7 shift has two care givers on duty. Administrator will monitor for compliance.

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training (continued)**Description of Violation**

On 12/30/21 the home's census was 51 residents. On 12/31/21 the home's census was 52 residents. On both of these dates there was only 1 direct care staff person in the home who was trained in first aid and CPR from 11:15pm to 3:00am.

Plan of Correction**Accept**

Staffing alerted not to have less than 2 caregivers on the 11-7 shift. Staffing process evaluated. Administrator will send out staffing numbers per census and mobility needs to staffing department on a weekly basis. Informing staffing of required hours and can not go below these hours.

Completion Date: 04/11/2022

Document Submission**Implemented**

Administrator will monitor staffing daily to assure that there is adequate staff scheduled who is CPR and first aide certified. Supervisor will check schedule daily to assure that there is adequate staff who are CPR and first aide certified.