

Department of Human Services  
Bureau of Human Service Licensing

June 11, 2022

[REDACTED], EXECUTIVE DIRECTOR  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2022, 03/23/2022 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: *MIFFLIN COURT* License #: *22206* License Expiration: *04/02/2023*  
Address: *450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA 19607*  
County: *BERKS* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/30/1987* Issued By: *PA L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *69* Waking Staff: *52*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *03/23/2022*

**Inspection Dates and Department Representative**

03/22/2022 - On-Site: [REDACTED]  
03/23/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *67* Residents Served: *55*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Secured Unit* Capacity: *14* Residents Served: *14*

**Hospice**

Current Residents: *0*

**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: *14* Have Physical Disability: *0*

## Inspections / Reviews

03/22/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/22/2022*

06/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/08/2022*

06/09/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/14/2022*

06/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1's most recent annual DME was incomplete. The following information was missing: The date their medical evaluation was completed; the date the medical form was completed, and their medications were not listed or attached to the form.

Resident #2's most recent annual DME was incomplete. The following information was missing: The date their medical evaluation was completed; the date the medical form was completed, and their medications were not listed or attached to the form.

Plan of Correction

Accept

RCD to audit and correct all DME's (January). All admission DME's will be checked by the RCD in the time frame specified per code. #rd shift supervisor to audit charts with monthly changeover. Direct care staff in-serviced for this protocol as above--please see attached in-service sheet.

Completion Date: 05/18/2022

Document Submission

Implemented

RCD to audit and correct all DME's (January). All admission DME's will be checked by the RCD in the time frame specified per code. #rd shift supervisor to audit charts with monthly changeover. Direct care staff in-serviced for this protocol as above--please see attached in-service sheet.

184b - Resident's Meds Labeled

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident’s name.

Description of Violation

Resident #3's [redacted] - to be administered daily for heart health and [redacted] daily supplement was not labeled with the resident's name.

Plan of Correction

Do Not Accept

RCD in-serviced all MEd Techs and Nurses to immediately name and date all medications. Are weekly (Monday) audits of the above to ensure compliance. Please see attached in-service form.

Completion Date: 05/18/2022

184b - Resident's Meds Labeled (continued)

Update: 06/03/2022

Who will monitor and be responsible for ongoing compliance?

Plan of Correction

Accept

RCD in-serviced all Med Techs and Nurses to immediately name and date all medications. Day shift LPN (Casey Hoffman) will be auditing med carts weekly (every Monday) to ensure resident names and dates are in compliance. Please see attached in-service form.

Completion Date: 06/07/2022

Document Submission

Implemented

RCD in-serviced all Med Techs and Nurses to immediately name and date all medications. Day shift LPN (Casey Hoffman) will be auditing med carts weekly (every Monday) to ensure resident names and dates are in compliance. Please see attached in-service form.

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:

Description of Violation

Resident #2 did not receive the following 9:00 AM medications on 3/9/22 and 3/17/22.

tab. daily for depression;

Repeat violation: 03/10/21

Plan of Correction

Do Not Accept

RCD re-educated and re-in-serviced Med Techs and Nurses who provide medication staff about medication refusal or not given (held) medications . MAR needs initialed and circled and the MAR page needs to be turned over with date, name and reason that the medication was not given. Also notify MD of any refusals. Please see attached staff in-service sheet.

Completion Date: 05/18/2022

Update: 06/03/2022

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

6-3-22 MM

Plan of Correction

Accept

Resident #2 is under Hospice care, and had been intermittently refusing some oral medications. Resident#2's Doctors and Hospice agency were aware of any medication refusals. Due to the resident's refusals and the residents' decline under Hospice, all medications were discontinue (were discontinued on 04/22/22).. Only comfort medications were to be given (as ordered) .

The RCD (Resident Care Director--Kelly Grainger) re-educated and re-in-serviced all Med Techs and Nurses (March

187a - Medication Record (continued)

24th, 2022) who provide medication about medication refusal or not given (held) medications . RCD also in-serviced Med Tech/Nurse staff that the Medication Administration Record will be initialed and circled by the person giving the medications and the MAR page will be turned over with date, name and reason that the medication was not given. Also in-servicing was done about notifying the Doctor of any refusals (this is done by the Med Tech/Nurse giving the medications at time of refusal). RCD will monitor ongoing compliance every Friday. Please see attached staff in-service sheet.

Completion Date: 06/07/2022

Document Submission

Implemented

Resident #2 is under Hospice care, and had been intermittently refusing some oral medications. Resident#2's Doctors and Hospice agency were aware of any medication refusals. Due to the resident's refusals and the residents' decline under Hospice, all medications were discontinued (were discontinued on 04/22/22).. Only comfort medications were to be given (as ordered) .

The RCD (Resident Care Director-- [redacted] ) re-educated and re-in-serviced all Med Techs and Nurses (March 24th, 2022) who provide medication about medication refusal or not given (held) medications . RCD also in-serviced Med Tech/Nurse staff that the Medication Administration Record will be initialed and circled by the person giving the medications and the MAR page will be turned over with date, name and reason that the medication was not given. Also in-servicing was done about notifying the Doctor of any refusals (this is done by the Med Tech/Nurse giving the medications at time of refusal). RCD will monitor ongoing compliance every Friday. Please see attached staff in-service sheet.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 DOA 7/8/21, did not have a preadmission screening form completed.

Plan of Correction

Do Not Accept

RCD implemented a new admission process which includes premade admission screening packets which include the facilities pre-assessment form, pre-admission screening form, a DME with medication list attached, and the Genesis mini-mental nd depression scales--this has started at Mifflin Court -05/10/2022. RCD will also verify that all admission paperwork is complete.

Completion Date: 05/18/2022

Update: 06/03/2022

Who is responsible for fixing the problem and what did they do to fix it?  
What action that person will take, and when that action will happen - (date).  
Who will monitor ongoing compliance?  
6-3-22 MM

Plan of Correction

Accept

Resident Care Director, Kelly Grainger, on March 24, 2022 verified that all admission paperwork was complete for every resident at Mifflin Court. The RCD implemented a new admission process to be used going forward which includes premade admission screening packets which include Mifflin Courts' pre-assessment form, pre-admission screening form, a DME form with medication list attached, and the Genesis mini-mental and depression scales to ensure compliance--this has started at Mifflin Court --05/10/2022. RCD, [redacted], will monitor and verify

224a - Preadmission Screen Form (continued)

that the admission paperwork and pre-admission screening is completed within 30 days prior to each admission.

Completion Date: 06/07/2022

Document Submission

Implemented

Resident Care Director, [REDACTED], on March 24, 2022 verified that all admission paperwork was complete for every resident at Mifflin Court. The RCD implemented a new admission process to be used going forward which includes premade admission screening packets which include Mifflin Courts' pre-assessment form, pre-admission screening form, a DME form with medication list attached, and the Genesis mini-mental and depression scales to ensure compliance--this has started at Mifflin Court --05/10/2022. RCD, [REDACTED], will monitor and verify that the admission paperwork and pre-admission screening is completed within 30 days prior to each admission.

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #4 resides on the secured dementia care unit and did not have a cognitive screening completed by a physician or geriatric assessment team prior to entering the secured dementia unit.

Plan of Correction

Do Not Accept

RCD implemented a new admission process which includes premade admission screening packets which include the facilities pre-assessment form, pre-admission screening form, a DME with medication list attached, and the Genesis mini-mental nd depression scales. Geriatric assessment team will assess nd sign all paperwork as needed. This process has started at Mifflin Court on 05/10/10. RCD will also verify that all admission paperwork is complete.

Completion Date: 05/18/2022

Update: 06/03/2022

Who will monitor and ensure ongoing compliance? 6-3-2022 MM

Plan of Correction

Accept

Resident Care Director [REDACTED] implemented a new admission process which includes premade admission screening packets which include the facilities pre-assessment form, pre-admission screening form, a DME with medication list attached, and the Genesis mini-mental and depression scales. This process has started at Mifflin Court on 05/10/10.

Resident Care Director [REDACTED] will monitor and ensure ongoing compliance and signatures for the cognitive preadmission screening form for every Memory Support admission within the 72 hours prior to admission.

Completion Date: 06/07/2022

Document Submission

Implemented

Resident Care Director [REDACTED] implemented a new admission process which includes premade admission screening packets which include the facilities pre-assessment form, pre-admission screening form, a DME with medication list attached, and the Genesis mini-mental and depression scales. This process has started at Mifflin Court on 05/10/10.

Resident Care Director [REDACTED] will monitor and ensure ongoing compliance and signatures for the cognitive preadmission screening form for every Memory Support admission within the 72 hours prior to admission.