

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

December 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 07/21/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

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

Name: PHOEBE HOME INCORPORATED

Address: 1925 TURNER STREET, ALLENTOWN, PA, 18104

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/05/1988 Issued By: PALI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 65 Waking Staff: 49

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Complaint Exit Conference Date: 07/29/2022

Inspection Dates and Department Representative

07/21/2022 - On-Site [REDACTED]

[REDACTED] Inspection Dates

General Information

License Capacity: 60 Resident Served: 51

Secured Dementia Care Unit

In Home: No Area: Capacity: Resident Served:

Hospice

Current Resident : 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51

Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0

Have Mobility Need: 14 Have Physical Disability: 2

Inspections / Reviews

07/21/2022 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/12/2022

Inspections / Reviews (*continued*)

08/16/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/07/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/22/2022

08/23/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/07/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/26/2022

12/12/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/07/2022
Reviewer: [REDACTED] Follow-Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident 1 requires assistance with [REDACTED]. Resident 1 indicates that they must wait over 45 minutes at times for their call bell to be answered [REDACTED]

POC Submission

Accept

Staff to be educated by the Healthcare Director Of Nursing on answering the call bells on a timely manner. If a call bell is not answered with a timely manner the PCH Administrator will get a notification. Notification to be set up 8/15/2022. Administrator or nurse on duty will monitor call bells and assure the residents are getting assistance.

Licensee's Proposed Overall Completion Date: 08/15/2022

Implemented [REDACTED] - 12/12/2022)

60a - Staff/Support Plan

2. 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 has a current census of 51 residents, including 14 residents with mobility needs. It was determined through staff and resident interviews that the home is not scheduling adequate staff to meet the needs of the residents in a timely manner. Resident interviews indicate they have to wait 45-60 minutes at times to have their toileting needs met by the staff. Resident 3 indicated that it took staff an hour to respond to their call bell after a fall in the bathroom. Staff interviews and the schedule show that there are only 2 staff members working at times and that they have trouble answering call bells of residents timely.

POC Submission

Accept

Administrator doesn't have control over staffing. All scheduling is done through the Healthcare Center. Staffing needs are sent to the staffing coordinator, DON, Administrator and Campus Executive Director. PCH Administrator and Social Service Director will monitor residents for a higher level of care. Those residents who need a higher level of care will be transferred if appropriate to the Healthcare Center. Staffing schedule as follows four med Techs and a nurse 7-3 or 4 med techs and a CNA on 7-3. Four med techs on 3-11 and 2 med techs on 11-7. PCH Administrator will monitor for compliance and contact Campus Executive Director if more staff is needed.

Licensee's Proposed Overall Completion Date: 08/08/2022

Implemented [REDACTED] - 09/16/2022)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

81b - Resident Personal Equipment (continued)

Description of Violation

Resident 2 has an uncovered enabler bar that could be an entrapment hazard.

POC Submission

Accept

Corrected on the day of inspection. Resident who is alert and oriented removed the cover [redacted]. [redacted] told the inspector that [redacted] removed the cover. Resident educated the day of inspection the importance of keeping the cover on. Administrator and or designee will monitor for compliance. If resident removes cover the cover will be put on immediately and re-educate the resident of the importance of keeping the cover on.

Licensee's Proposed Overall Completion Date: 08/16/2022

Implemented ([redacted] - 09/16/2022)

132d Evacuation

4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire inspection letter dated 10-1-2021 indicates that the home has fire safe areas but does not identify the fire safe areas specifically, instead states "defend in place/sprinklers".

Fire-safe areas must always be designated in writing by a fire-safety expert .

POC Submission

Accept

The fire inspection letter did have the firesafe areas listed on the letter. The fire safety expert was notified and [redacted] will be sending an addendum. As soon as the addendum is sent Administrator will fax the letter to the DHS. Personal Care Home Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/08/2022

Implemented ([redacted] - 09/16/2022)

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident s room.

Description of Violation

An unlocked and unattended medication cart was observed on the 1st floor during the inspection.

POC Submission

Accept

Corrected the day of inspection. The Medication Tech was educated immediately the importance of keeping the medication cart locked and secure while unattended. Staff coordinator immediately scheduled education on Relias for all Med Techs. Administrator and or nurse will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/08/2022

Implemented ([redacted] - 09/16/2022)

183b - Meds and Syringes Locked (*continued*)

227g -Support Plan Signatures

6. Requirements

2600.

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

Description of Violation

The RASP dated [REDACTED]/2021 for Resident 3 was not signed by the resident and did not indicate that the resident refused or was unable to participate.

POC Submission**Accept**

The RASP was not missing the signature in the chart. The RASP that was given the the inspector was printed off the computer. Corrected at time of inspection. All charts audited the day after inspection for compliance. Social service director will upload all signed RASPS to Point Click Care. Administrator and designee will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/08/2022

Implemented ([REDACTED] - 09/16/2022)