

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

December 18, 2022

[REDACTED] R
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 09/07/2022 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,
Anne Graziano

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

Staffing Hours

Resident Support Staff: Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 09/07/2022

Inspection Dates and Department Representative

09/07/2022 - On-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: 1

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: 11 Have Physical Disability: 1

Inspections / Reviews

09/07/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/03/2022

11/07/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/11/2022
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/14/2022

Inspections / Reviews *(continued)*

12/18/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/11/2022

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 toileting per their assessment and support plan dated [REDACTED] Resident #1 indicates that they frequently wait 30 minutes or more for their call bell to be answered after requesting assistance with toileting.

POC Submission

Directed (AG - 11/07/2022)

Note- We cannot verify wait times in our current call bell system. We are currently working with our software provider to configure our system to provide us needed data so that we can have solid data for use in QAPI. We will also program system to include an escalation pattern to alert Nurse, then PCHA if call bell is not answered. In the meantime, we will still implement a POC related to customer service as follows:

- 1. Staff Educator and PCHA will re-educate team members will be re: carrying phones, answering call bells promptly by 10/10/22.*
- 2. Staff Educator and PCHA will remind team members to look at the monitor screen to be aware of any open call bells by 10/10/22.*
- 3. Once our system is reconfigured to provide data, we will incorporate monthly reviews of call bell data as part of QAPI. (PCHA is working with software vendor for this and will be responsible for review.)*

Directed Plan of Correction:

The home will submit reports from the new system after 10-10-22 with Step 2 of the verification process to be reviewed in order to measure compliance.

AG, 11-7-22

Directed Completion Date: 10/10/2022

Implemented (AG - 12/18/2022)

132h - Designated Meeting Place

2. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill conducted on 8/12/22 at 5:39am, there were 50 residents in the home per the home's fire drill logs. Only 45 of 50 residents were evacuated.

POC Submission

Directed (AG - 11/07/2022)

Executive Director, Staff Development Instructor and Maintenance Manager were all present for the fire drill and thought all residents were evacuated. PCHA was present and after the fire drill, stated not everyone was evacuated. (Note PCHA did not speak up at time of drill.) Executive Director and Staff Development Instructor met and developed a more thorough process to ensure that team members are clear that all residents are evacuated.

- 1. Staff Development Instructor re-instituted a roster of residents to be placed on each med cart for use during emergencies. During any evacuation, team members are to use the roster to take role call to ensure all residents*

132h - Designated Meeting Place (continued)

are present in the fire safe area. (This is in addition to placing the evacuation signs on the resident doors. Roster had been used in past.) All training on roster use will be complete by 10/10/22. (Training to be provided by Staff Education and PCHA.)

- 2. The night shift will be responsible to make sure the roster is updated each time there is an admission or discharge.
- 3. The PCHA administrator or designee will audit the roster monthly as part of the QAPI process.
- 4. Fire Safety expert completed annual training on 9/12/22.

The home will submit a copy of the Home's fire Drill Log and a copy of the Home's most current Resident Roster for all fire drills that have taken place since the investigation in Step 2 of the verification process.

AG, 11-7-22

Directed Completion Date: 10/10/2022

Implemented (AG - 12/15/2022)

187d - Follow Prescriber's Orders

3. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Alphagan Sol 0.1% eyes drops, Eliquis 5mg tab, Entresto 24-26mg tab, Senna-S 8.6-50mg tab to be administered daily at 8:30pm. Per interviews with the resident and review of the medication administration record, these medications were not administered to Resident #3 until 10:45pm on 8/30/22. The home did not follow the prescriber's orders.

POC Submission

Accept (AG - 11/07/2022)

- 1. Team members will be reminded re: the five rights of medication administration by 9/30/22. (Via Relias Training)
- 2. Executive Director will monitor compliance monthly through QAPI.

Licensee's Plan Completion Date: 10/14/2022

Implemented (AG - 12/15/2022)

227d - Support Plan Medical/Dental

4. Requirements

- 2600.
- 227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Per staff interviews, Resident #2 can be verbally combative with staff and resistant to care. Resident #2's assessment and support plan, dated [REDACTED], does not have these behaviors documented, nor the home's plan to address them.

POC Submission

Directed (AG - 11/07/2022)

- 1. Resident's support plan was updated to reflect [REDACTED] behaviors.
- 2. PCHA will audit all support plans to be sure they are accurate by 10/15/22.

227d - Support Plan Medical/Dental (continued)

3. PCHA initiated support plan meetings to include direct staff who know residents best so that their knowledge is incorporated into support plans. The first meeting will be held on 10/10/22.
4. Team members will complete training re: responding to residents with Behavior and Psychological Symptoms of Dementia by 9/30/22 so that they can better address behaviors (via Relias).

Directed Plan of Correction:

The Home will submit a copy of the audit, including findings and actions taken, if warranted.

The Home will submit a copy of the updated RASP for Resident # 2.

The Home will select a similarly situated resident and submit their RASP for review to demonstrate understanding and compliance.

The Home will submit a copy of the training material covered at the training(s) and the signature sheets to accompany those trainings.

AG, 11-7-22

Directed Completion Date: 10/15/2022

Implemented (AG - 12/15/2022)