

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

December 16, 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 10/18/2022, 10/19/2022 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
 [REDACTED] [REDACTED] 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, Incident Exit Conference Date: 11/02/2022

Inspection Dates and Department Representative

10/18/2022 - On-Site: [REDACTED]
 10/19/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 Residents Served: 50

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: 50
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 16 Have Physical Disability: 1

Inspections / Reviews

10/18/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/20/2022

12/12/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/15/2022
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/16/2022

Inspections / Reviews *(continued)*

12/16/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

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 9/12/22, resident #1 was given a dose of Metformin at 12:30pm. The resident had this medication administered in the morning and was not due another dose until 5pm. This medication error was not reported to the department until 10/19/22

Plan of Correction

Accept (MM - 11/20/2022)

1. Med error had not been reported because it was discovered during the inspection by the PCHA.
2. PCHA will audit resident records for other medication errors by reviewing the 24-hour reports and internal incident logs to ensure there are not any other missing medication errors reports by 11/30/22.
3. PCHA implemented an incident report log to track incidents and their report dates on 10/18/22.
4. All med techs and nurses will be re-trained regarding reportable incidents process by 11/30/22.
5. PCHA updated the PC nurses reference book as well as the Nursing Supervisors reference book with more detailed instructions on what and how to report on 10/18/22.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (MM - 12/16/2022)

23a - Activities of Daily Living Assistance

2. 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 #3 requires assistance for ADLS and toileting. On 9/21/22, Resident #3 waited over 18 minutes and 32 minutes for staff to respond to resident #3's call bell.

Plan of Correction

Accept (MM - 12/12/2022)

1. Time of call bell does not necessarily mean the resident waited for a response. Sometimes team members forget to reset the call bell. PCHA has been frequently observant of the call bell screen and has gone to residents whose bells are on to see if the resident needs something and each time, the resident has already received the needed care. PCHA also spoke to the Ombudsman who reported she does not get complaints from our residents.
2. PCHA and Staff Development will educate team members about the importance of turning off call bells by 11/30/22.
3. By 11/17/22, PCHA will pull a call bell report each morning while preparing for morning stand-up so that call bell times can be discussed with both team members and individual residents to identify any times when resident actually waited.
4. We are in the process of updating our call-bell system. We are working with our provider to get automatic reports as well as to create an escalation process in which a call bell that is not answered by the aides, will then go to the nurses, then to the administrator. Time frame from vendor will be forwarded to DHS when we receive it.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (MM - 12/16/2022)

141a 1-10 Medical Evaluation Information

3. 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

The most recent medical evaluation for Resident #2 does not contain the date the resident was evaluated, or the date the form was completed.

Plan of Correction**Accept (MM - 11/20/2022)**

1. PCHA will audit all medical evaluations for completion by 11/30/22.
2. by 11/30/22, Nurse will call medical provider for any incomplete medical evaluations and ask the provider for the missing information. The nurse will document the physician's response.
3. Moving forward, anytime the PCHS receives a DME, the nurse will review the DME for completeness and immediately contact the provider if any information is incomplete and obtain and document the physician's responses. Nurse will be trained on this process by 11/30/22.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (MM - 12/16/2022)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Metformin 500mg to be administered twice daily at 8:30am and 5:00pm. On 9/12/22, Resident #1 received this medication early at 12:30pm instead of the correct administration time of 5:00pm.

Plan of Correction**Accept (MM - 11/20/2022)**

1. Please note resident did not have adverse outcome due to medication administration.
2. Staff development re-trained the med tech on
3. All team members will receive training on checking the eMar prior to the end of their shifts to look for any unsigned medications so that missing signatures can be addressed. (We use ██████ packs, so if the package is opened, all the meds in the pack are administered at once, but they have to be documented individually by 11/30/22.
4. The nurse will check the eMars at the beginning of the morning shift for any missing documentation by 11/30/22.

187d - Follow Prescriber's Orders *(continued)*

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (MM - 12/16/2022)