

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

March 16, 2023

[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 02/14/2023, 02/21/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MILLER PERSONAL CARE AT 19TH AND CHEW **License #:** 21617 **License Expiration:** 12/08/2023
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: 55 **Total Daily Staff:** 110 **Waking Staff:** 83

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 02/14/2023

Inspection Dates and Department Representative

02/14/2023 On Site [REDACTED]
02/21/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 60 **Residents Served:** 48
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:** 48
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 7 **Have Physical Disability:** 3

Inspections / Reviews

02/14/2023 - Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/10/2023

03/09/2023 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 03/09/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/15/2023

Inspections / Reviews (*continued*)

03/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/16/2023

03/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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

The home routinely has 2 staff members on the 11p-7a shift. The home has 7 residents with mobility needs. 2 residents require a two person assist to transfer and 5 residents require a 1 person assist to transfer. In the event of an emergency the home does not have enough staff to meet the residents needs according to their RASPS.

Plan of Correction

Accept [REDACTED] - 03/10/2023)

Incase of emergency at PCF, staff from HCC are instructed to come over and support PCF. Attached is the fire response plan for Allentown Personal Care, this document outlines the additional staff required to support PCF in case of emergencies. They include Campus security, campus nursing supervisor, social worker, staff development, occupational health nurse and rehab staff.. Administrator will complete read and sign for policy within 2 3 week for all required employees who respond in addition to the PCF staff during and emergency. Additionally fire safety is part of new employees initial orientation and part of their annually training

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented [REDACTED] - 03/16/2023)

81b - Resident Personal Equipment

2. Requirements

2600.

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

Description of Violation

The bed in Resident #2 s room has a bed rail attached that is not covered to prevent injury.

Plan of Correction

Accept [REDACTED] - 03/10/2023)

Administrator discussed the need of bed rail covering with resident to prevent injury. Administrator and med tech modified bed rail cover and resident understands it must remain covered on 3/8/2023. Bed Rail coverings will be discussed at next resident Council meeting March 2. A bi-weekly audit will begin 3/10/2023 of all bed rail coverings.

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented [REDACTED] 03/16/2023)

103g - Storing Food

3. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A mixed tray of peaches, prunes and fruit cocktail were in the home s refrigerator located in the kitchenette of the dining room without a cover or a seal. A hot dog was in the Bain Marie located in the serving area of the dining room without a cover or a seal.

Plan of Correction

Accept [REDACTED] - 03/10/2023)

All dining staff will be in-serviced per Phoebe policy #12729859 Proper storage of food beginning 2/14/2023

103g - Storing Food (continued)

Supervisors will use the opening and closing checklist tool to ensure all items are covered, secured/sealed properly. Audit will be done two times per week by DDS or designee to ensure compliance is maintained. This audit began on 2/14/2023

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented () - 03/16/2023)

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 home conducted a sleeping hours fire drill on 2/20/23 at 5:56 am, evacuation of the residents took 21 minutes and 41 seconds. This time exceeds their designated time of 15 minutes from the fire safety expert.

Plan of Correction

Accept () 03/10/2023)

Administrator notified DHS of fire drill time immediately after it happened on 2/20/2023 because it was part of the complaint during their visit on 2/14/2023. Administrator identified there was a miscommunication with switch board operator making announcement overhead to the HCC for additional staff to assist to PCF for evacuation of residents. Staff development immediately educated switch board operator on procedure. The fire drill was rescheduled for 2/27/2023 and was successful. Staff are training annually of fire safety through Relias

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented () - 03/16/2023)

224a - Preadmission Screen Form

5. 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 #1's preadmission screening form is not dated to indicate when it was completed and does not include a determination that the home can meet the resident's needs.

Resident #3's pre-admission screening dated 1/27/23 does not indicated anything for date of birth.

Plan of Correction

Accept () 03/10/2023)

Beginning 2/14/2023 the administrator will conduct daily audits on prescreening form to ensure documentation on form is completed. The administrator corrected the pre- screening document for resident #1 on 2/14/2023. Administrator added DOB for resident #2 on 2/14/2023

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented () 03/16/2023)

224a - Preadmission Screen Form (*continued*)