

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

March 21, 2023

[REDACTED], ADMINISTRATOR
450 EAST PHILADELPHIA AVENUE OPERATIONS LLC
450 EAST PHILADELPHIA AVENUE
[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 licensing inspections on 03/07/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *MIFFLIN COURT* License #: *22206* License Expiration: *04/02/2024*
 Address: *450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA 19607*
 County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [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: *10/03/1997* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/07/2023*

Inspection Dates and Department Representative

03/07/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *67* Residents Served: *45*
 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: *45*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

03/07/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND