

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

July 26, 2023

[REDACTED], ADMINISTRATOR  
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 06/07/2023 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]  
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: 12/08/2023  
 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**

Type: I 1 Date: 05/30/2019 Issued By: City of Allentown  
 Type: C 2 LP Date: 12/05/1988 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 57 Waking Staff: 43

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 06/07/2023

**Inspection Dates and Department Representative**

06/07/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 60 Residents Served: 51  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 2  
 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: 6 Have Physical Disability: 0

**Inspections / Reviews**

06/07/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/17/2023

07/18/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 07/24/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/21/2023

Inspections / Reviews *(continued)*

07/26/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 15c - Supervision

## 1. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

## Description of Violation

On [REDACTED]/23 staff A was suspended due to allegations of kissing a resident. An internal investigation was conducted, staff A was reinstated at the end of the home's internal investigation without consulting with Department of Human Services about a plan of supervision.

## Plan of Correction

Accept ([REDACTED] - 07/18/2023)

Staff member A was suspended on [REDACTED] 2023. An internal investigation was conducted by an interdisciplinary team and determined to be unsubstantiated. The employee returned to work on [REDACTED]/2023. Upon return, [REDACTED] assignment was changed, and [REDACTED] did not have further contact with the resident.

Key personnel, including the team members involved with the internal investigation will receive education to ensure that DHS is notified of a plan of supervision where an allegation of abuse has occurred.

After education occurs on 7/21/2023, reviews of reportable incidents will be conducted by the administrator or designee weekly for (4) consecutive weeks then periodically for (2) months to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/25/2023

Implemented [REDACTED] - 07/26/2023)

## 16c - Written Incident Report

## 2. 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

Resident #1 stated that staff were notified on Saturday [REDACTED] 23 of the allegation that staff A kept asking resident #1 and the resident was uncomfortable. The incident was not reported to the department until [REDACTED] 23. Resident #2 reported to staff B on Saturday [REDACTED]/23 that Staff A touched personal parts inappropriately while assisting transferring. The incident was not reported to the department until [REDACTED]/23.

## Plan of Correction

Accept (MM - [REDACTED]/2023)

Resident #1 reported to the nurse supervisor that [REDACTED] was made to feel uncomfortable by a staff member on [REDACTED]/2023. The nurse supervisor interviewed the resident and assigned the staff member to another location. The nurse supervisor did not complete a written report within 24 hours as required. Resident #2 reported to staff B on Saturday [REDACTED]/2023 that staff A touched personal parts inappropriately while assisting with transferring. Staff B did not report the incident until [REDACTED]/2023 at which time a written report was submitted.

On 5/8/2023 all nurse supervisors were re educated on DHS reporting requirements. On 6/9/2023 staff member B received education on abuse and immediate notification to a supervisor.

16c - Written Incident Report (continued)

Audits of incident reports will be completed weekly for (4) consecutive weeks by the administrator or designee to ensure timely reporting and monthly thereafter for (2) additional months to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/25/2023

Implemented (████) - 07/26/2023)

42b Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 is a hospice resident who is mainly bedridden, due to decline. Staff person A works 3 to 11 shift. At end of shift on █████, staff A went to Resident #1 room and kissed resident on cheek before Staff person A left work for the night. Staff person A asked resident #1 for a kiss on the cheek. Resident #1 felt uncomfortable and reported to their family, who then reported to the home.

Resident #2, who is dependent for transfers and ADL's and continence care rang call bell for assistance. Staff A answered call bell. During transfer, staff A placed hand on resident #2's hip and left breast. Resident #2 stated this was not the first time and thought the other times was a mistake. Resident told staff person A to remove their hand from breast or you will be picking yourself up from the floor. Staff person A immediately removed hand from Resident #2's breast and left the room. Resident #2 stated Resident #2 felt violated and unsafe.

Plan of Correction

Accept (████) 07/18/2023)

Upon notification on █████/23 of the allegation that a staff member kissed Resident#1 on the cheek on █████/23 and █████/23, the Administrator immediately suspended the employee and removed █████ from care within the home on 5/8/23 pending an internal investigation. When the Administrator was notified on 5/22/23 that Resident#2 was inappropriately transferred by a staff member on █████/23, the staff member was immediately suspended on 5/22/23 pending an investigation. Multiple agencies were notified of the incidents as required. On 5/25/23 the employee was terminated. A verbal report was received by the Administrator from Adult Protective Services around 6/1/23 indicating that the allegation of abuse was substantiated, however no written documentation could be provided to the facility.

Direct care staff received abuse training in May 2023 and include signs of abuse and immediate reporting requirements.

The Administrator or designee will monitor for abuse during Resident Council and notify them of the facility "open door policy" where they can discuss any issues with the administrator in private without fear of retaliation. The next scheduled staff meeting will include informal and formal discussion and examples of how to prevent abuse and immediate reporting of suspected or actual abuse.

Licensee's Proposed Overall Completion Date: 07/25/2023

## 42b - Abuse (continued)

Implemented (MM - 07/26/2023)

## 60a - Staff/Support Plan

## 4. 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 currently serves 51 residents, 6 of these residents need assistance to evacuate during an emergency. 1 hospice resident resides on the 4th floor. [REDACTED] 2 staff persons were scheduled from 11:00 pm to 7:15am. In the event of an emergency the home does not have enough staff to meet the needs of the residents.

Repeat Violation 2/14/23

## Plan of Correction

Accept ( [REDACTED] - 07/18/2023)

The current facility census is 49 with 6 residents with mobility needs and no residents are on hospice. The direct care staffing matrix is as follows: 5 staff on day shift (6:45-3:15), 4 staff on middle shift (2:45-11:15) and 2 staff on night shift (10:45-7:15) for a total of 88 direct care hours per day. The number of direct care staff hours within a 24-hour period exceeds the current required 55 direct care hours.

In the event of an emergency, the organization has a policy whereby security staff, who monitor fire alarms, make an overhead announcement directing health center staff to respond to the Personal Care Home for evacuation to fire safe areas. The additional health center staff respond to all shifts including night shift for emergencies.

An audit of fire drills will be conducted by the administrator or designee for 3 consecutive months to ensure evacuation occurs within the allotted evacuation time determined by the fire safety expert.

Licensee's Proposed Overall Completion Date: 07/25/2023

Implemented ( [REDACTED] - 07/26/2023)