

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

August 30, 2023

[REDACTED], ADMINISTRATOR
450 EAST PHILADELPHIA AVENUE OPERATIONS LLC
450 EAST PHILADELPHIA AVENUE
SHILLINGTON, PA, 19607

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 review on 05/24/2023, 05/25/2023 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: MIFFLIN COURT	Licence #: 22206	Licence Expiration: 04/02/2024
Address: 450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA 19607		
County: BERKS	Region: NORTHEAST	

Administrator		
Name: [REDACTED]	Phone: [REDACTED]	Email: [REDACTED]

Legal Entity	
Name: 450 EAST PHILADELPHIA AVENUE OPERATIONS LLC	
Address: 450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA, 19607	
Phone: 6107961600	Email: derek.groff@genesishcc.com

Certificate(s) of Occupancy		
Type: C 2 LP	Date: 10/30/1987	Issued By: PALI

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 65	Waking Staff: 49

Inspection Information		
Type: Full	Notice: Unannounced	BHA Docket #:
Reason: Renewal, Incident		Exit Conference Date: 05/25/2023

Inspection Dates and Department Representative	
05/24/2023 On Site	[REDACTED]
05/25/2023 On Site	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 67		Residents Served: 50	
Secured Dementia Care Unit			
In Home: Yes	Area: Secured Unit	Capacity: 14	Residents Served: 12
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: 15		Have Physical Disability: 0	

Inspections / Reviews		
05/24/2023 - Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 06/26/2023
06/26/2023 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 07/27/2023	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 07/03/2023

Inspections / Reviews *(continued)*

07/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/07/2023

08/30/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

At the time of inspection on 5/25/2023, the most recent DME for Resident 1 was dated 3/31/2022.

Plan of Correction

Directed (████ - 07/07/2023)

Resident Care Director to monitor completion of all medical evaluations and will monitor the annual dates for the DME's with a posted schedule in the Wellness Center (Nursing Station).

Please see attached (Annual) Medical Evaluation.

Within 30 days of receipt of this directed plan of correction:

The administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter.

The home shall have proof of the above audit and the audit will be made available to the department upon request.

The administrator shall monitor and be responsible for ongoing compliance.

Directed Completion Date: 08/07/2023

Implemented (████ - 08/30/2023)

181c - Self-administration Assessment

2. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 1 self-administers their own medications but has not been assessed in the last year to self-administer their medications. The last assessment to self-administer medications was completed 4/14/2022.

Plan of Correction

Directed (MM - 07/07/2023)

Self administration annuals are in our electronic system. This assessment was in our electronic system in our computer. We do not print them other than the initial admission assessment.

We are in compliance with 2600.181c as it was/is in our electronic system.

Please see attached Medication Self Administration form for Resident #1.

Within 20 days of receipt of this directed plan of correction:

A resident who desires to self-administer his/her medications shall be assessed

181c - Self-administration Assessment (continued)

by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders. All resident DME's shall be audited for completeness and accuracy. Proof of the audit shall be maintained by the home and available to the department upon request.

In the future, the home will ensure that the ability to self-administer medications is documented during the initial and annual medical evaluations. The administrator shall ensure that the documentation is available during the time of inspection.

The administrator shall monitor and be responsible for ongoing compliance.

Directed Completion Date: 07/27/2023

Implemented () - 08/30/2023

183f - Discontinued Medications

3. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

There was a [redacted] on the medication cart that expired 7/2022.

Plan of Correction

Directed () 07/07/2023

RCD to review expiration dates of all medications in a weekly basis. Staff also educated. Please see Expired Medication Med Tech in-service sheet attached.

Within 3 days of receipt of this directed plan of correction:

The identified medications will be discarded. In the future, the home will not keep expired or discontinued medications in the home.

The administrator shall be responsible for ongoing compliance.

Directed Completion Date: 07/10/2023

Implemented () - 08/30/2023

184a - Resident's Meds Labeled

4. Requirements

2600.

184a - Resident's Meds Labeled (continued)

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 - 4. The prescribed dosage and instructions for administration.
 - 5. The name and title of the prescriber.

Description of Violation

Resident 2's prescribed [REDACTED] had a pharmacy label that had faded and no longer had the required dosage, administration instructions, or the prescriber's information legible.

Plan of Correction

Directed ([REDACTED] - 07/07/2023)

RCD to review bi-weekly that pharmacy label remain intact on all medications . RCD has in-serviced MedTech staff to keep all medications intact as they are received from the Pharmacy. We can also reorder labels. Please see Medication Labels in-service attached.

Within 10 days of receipt of this directed plan of correction:

The home will ensure that all prescription and sample medication containers are labeled with the required information.

RCD to review bi-weekly that pharmacy label remains intact on all medications.

RCD has in-serviced MedTech staff to keep all medications intact as they are received from the Pharmacy.

The administrator shall monitor and be responsible for ongoing compliance.

Directed Completion Date: 07/17/2023

Implemented ([REDACTED] - 08/30/2023)

187a - Medication Record

5. Requirements

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The MAR for resident 3 was incomplete. Staff member A failed to identify the amount of insulin given on [REDACTED].

Repeat Violation 3/22/2022.

Plan of Correction

Directed ([REDACTED] - 07/07/2023)

RCD to monitor (ongoing) each residents' medication administration. record. RCD has in-serviced MedTech's re: medication management and documentation. Please see MAR completion in-service. Staff member is no longer employed by Mifflin Court.

187a - Medication Record (continued)

Within 15 days of receipt of this plan of correction:

All medication staff will be retrained regarding the proper documentation of insulin administered and the proper maintenance of such documentation. Also, the proper maintenance of homes MAR's.

A medication record shall be kept including the following for each resident for whom medications are administered:

- (1) Resident's name.**
 - (2) Drug allergies.**
 - (3) Name of medication.**
 - (4) Strength.**
 - (5) Dosage form.**
 - (6) Dose.**
 - (7) Route of administration.**
 - (8) Frequency of administration.**
 - (9) Administration times.**
 - (10) Duration of therapy, if applicable.**
 - (11) Special precautions, if applicable.**
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).**
 - (13) Date and time of medication administration.**
 - (14) Name and initials of the staff person administering the medication.**
- Documentation of staff training shall be maintained by the home and available to the department for review upon request.**
- The administrator shall monitor and be responsible for ongoing compliance.**

Directed Completion Date: 07/22/2023

Implemented ([REDACTED]) - 08/30/2023)

227d - Support Plan Medical/Dental

6. 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

Resident 4's RASP dated [REDACTED], was not updated to reflect their current diet of soft and ground foods.

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Directed (████) - 07/07/2023)

RCD to monitor and update RASP dietary updates and any significant changes as per 2600.227.d
Please see attached RASP Altered change in diet in-service sheet.

**Within 20 days of receipt of this directed plan of correction:
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.
All resident's RASP shall be audited for completeness and accuracy.
The administrator shall monitor and be responsible for ongoing compliance.**

Directed Completion Date: 07/27/2023

Implemented (████) - 08/30/2023)

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 5's RASP dated (████) was not signed by the assessor.

Plan of Correction

Directed (████) - 07/07/2023)

RCD has in-serviced staff and will continue to monitor completion of staff signatures and dates upon completion, including updates of any/all RASP's.
Please see attached resident #5 Assessors signature.

**Within 20 days of receipt of this directed plan of correction:
All support plans will be signed and dated by the individuals who participated in the development of the plans. If one or more of the individuals who participated in the development of the plan are unable to unwilling to sign, documentation of inability or unwillingness will be kept.
All resident's RASP shall be audited for completeness and accuracy.
The administrator shall monitor and be responsible for ongoing compliance.**

Directed Completion Date: 07/27/2023

227g -Support Plan Signatures (continued)

Implemented () - 08/30/2023)

231c - Preadmission Screening

8. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department’s preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 6 was admitted to the SDU on [redacted] but there was not a completed cognitive screening found in the record at time of inspection on [redacted].

Repeat Violation 3/22/2022.

Plan of Correction

Directed () - 07/07/2023)

RCD to monitor and ensure that all cognitive screenings are completed within the timeframe of admission to SDU as per 2600.231c

Please see updated Cognitive Screening for resident #6

Within 10 days of receipt of this directed plan of correction:

The home will ensure that all residents admitted after the date shown have a preadmission screening completed that includes the cognitive screening. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident’s needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency.

All resident's records shall be audited for completeness and accuracy.

The administrator shall monitor and be responsible for ongoing compliance.

Directed Completion Date: 07/17/2023

Implemented () - 08/30/2023)

231f - Assessed Annually

9. Requirements

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

Secured Dementia Unit Resident 7 has not been assessed to be in a Secured Dementia Unit since [redacted]

231f - Assessed Annually (continued)

Plan of Correction

Directed (████) 07/07/2023)

RCD to assess each SDU resident on an annual basis as per 2600.231.f
Please see resident #7 SDU assessment.

**Within 10 days of receipt of this directed plan of correction:
The administrator will audit all residents' records to ensure that each resident has received an assessment within the past year. Any residents in need of an assessment will receive one within 15 days of the audit.
All resident's records shall be audited for completeness and accuracy.
The administrator shall monitor and be responsible for ongoing compliance.**

Directed Completion Date: 07/17/2023

Implemented (████) - 08/30/2023)

234a - Admission Support Plan

10. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 6 was admitted to the SDU (████) but there was no assessment completed within 72 hours of their admission into SDU.

Plan of Correction

Directed (████) - 07/07/2023)

RCD to monitor the above and ensure that all DME documentation is completed within the 72 hr timeframe as per 2600.234.a. Residents' daughter/POA had been on vacation 05/04/23 and was not available until 05/16/23. Daughter had originally agreed to move resident to SDU 05/04/23 and then decided to wait until she returned from vacation. Unfortunately we did not redo the DME from 05/04/23 and therefore also did not complete the RASP until 05/25/23. Please see attached DME, RASP and also 05/04/23 pre-screen.

**Within 20 days of receipt of this directed plan of correction:
The identified resident(s) will have a detailed, comprehensive support plan that identifies exactly how the home plans to meet the resident(s)'s needs. The support plans will be completed on the Department's required form. Forms will be filled out in their entirety, including signatures and dates.**

234a - Admission Support Plan (continued)

**All resident's records shall be audited for completeness and accuracy.
The administrator shall monitor and be responsible for ongoing compliance.**

Directed Completion Date: 06/28/2023

Implemented ([REDACTED] - 08/30/2023)

234d Support Plan Revision

11. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident s condition changes.

Description of Violation

The most recent RASP for Resident 7 was dated [REDACTED].

Plan of Correction

Directed (MM - 07/07/2023)

RCD to ensure completion of support plan on an annual basis.

Continue to follow Point Click Care UDA schedule reminder tool.

RASP assessment had been changed from initial to annual on 04/09/23.

Please see attached RASP documentation from computer Point Click Care.

Within 30 days of receipt of this directed plan of correction:

The identified resident(s) will have a detailed, comprehensive support plan that identifies exactly how the home plans to meet the resident(s)'s needs. The support plans will be completed on the Department's required form. Forms will be filled out in their entirety, including signatures and dates.

All resident's records shall be audited for completeness and accuracy.

The administrator shall monitor and be responsible for ongoing compliance.

Directed Completion Date: 08/07/2023

Implemented ([REDACTED] - 08/30/2023)