

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

November 5, 2024

[REDACTED]  
450 EAST PHILADELPHIA AVENUE OPERATIONS LLC  
[REDACTED]

RE: MIFFLIN COURT  
450 EAST PHILADELPHIA AVENUE  
SHILLINGTON, PA, 19607  
LICENSE/COC#: 22206

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/26/2024 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: *MIFFLIN COURT* License #: *22206* License Expiration: *02/20/2025*  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C 2 LP* Date: *10/30/1987* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Incident, Fine* Exit Conference Date: *08/26/2024*

**Inspection Dates and Department Representative**

*08/26/2024 On Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *67* Residents Served: *47*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *n/a* Capacity: *14* Residents Served: *11*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *11* Have Physical Disability: *0*

**Inspections / Reviews**

**08/26/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/16/2024*

**09/26/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *10/31/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/30/2024*

Inspections / Reviews (*continued*)

## 10/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/07/2024

## 11/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

184a - Resident's Meds Labeled

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident [redacted] has an order for [redacted] [redacted] twice daily. The pharmacy label incorrectly states the order is for [redacted] in the morning and [redacted] in the evening.

Resident [redacted] has a sliding scale order for [redacted] that starts at blood sugar readings of [redacted]. The pharmacy label for the [redacted] incorrectly states the sliding scale starts at blood sugar readings of [redacted]

Resident [redacted] has orders for [redacted] and [redacted] both with the parameter to hold for systolic blood pressure less than [redacted] and heart rate less than 60. The pharmacy labels for both medications did not include the parameters.

Plan of Correction

Accept [redacted] - 09/26/2024)

All pharmacy labels have been corrected on 8/21/2024 by the RCD. The RCD will do med cart audits weekly for 6 months or until the community complies. All pharmacy mistakes will be checked and corrected immediately by the RCD or trained LPN

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented ([redacted] - 11/05/2024)

187a - Medication Record

2. Requirements

2600.

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

6. Dose.
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

On [redacted] resident [redacted] medications scheduled for 4pm and 5pm were not initialed as administered on the resident's medication administration record (MAR). The medications were: [redacted], and [redacted]

On [redacted] and [redacted] resident [redacted] 9am medications were not initialed as administered as follows: [redacted] and [redacted]

Also, resident [redacted] MAR indicates an end date of 8/23/24 for the medication [redacted]. The medication was found to be included in the resident's pharmacy strip of daily medications. It was confirmed through staff that the medication is still ordered and being administered but staff are not initialing the medication as administered.

187a - Medication Record (continued)

Plan of Correction

Accepted ( [redacted] 10/02/2024)

Instructions for when a Medication Error occurs form

Medication Errors Include the following:

Failure to administer medication

Administration of the wrong medication

Administration of the wrong amount of medication

Failure to administer a medication at the prescribed time

Administration to the wrong resident

Administration through the wrong route

Instructions

Notify the resident immediately that the error occurred

Notify the MD and follow any recommended orders given (keep documentation of when the MD was notified in the resident's chart and any orders that were given)

Notify the POA of the medication error (document when the POA was notified in PCC)

Notify your supervisor/MOD of the error

The supervisor/MOD (administration) will then notify the state within 24 hours of the incident

The staff member that created the error will be inserviced and monitored to prevent any further errors

Staff was inserviced on 9/26/24 on this Instruction sheet, and the sheet was permanently placed in the front of the MAR book

impossible to miss every time the book is opened), it is posted on the employee time clock, and it is hanging on the employee breakroom as ongoing reminders.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented ( [redacted] 11/05/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident [redacted] morning medications were not administered on 8/2/24; the MAR indicates the medications were not available for administration. The missed medications include: [redacted] and [redacted].

Plan of Correction

Accepted ( [redacted] 09/26/2024)

Staff were inserviced on the proper way to handle missing meds on 9/3/24. Any new or change to orders will be handled by the RCD until we are able to complete the education with the staff. The pharmacy has been made aware and the RCD will be doing weekly checks on all incoming meds for the next 3 months or until we find that all staff and pharmacy are in compliance.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented ( [redacted] - 11/05/2024)