

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

November 13, 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 10/17/2024 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: *57* Waking Staff: *43*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Fine* Exit Conference Date: *10/18/2024*

Inspection Dates and Department Representative

10/17/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *67* Residents Served: *44*

Secured Dementia Care Unit
 In Home: *Yes* Area: *n/a* Capacity: *14* Residents Served: *12*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *13* Have Physical Disability: *2*

Inspections / Reviews

10/17/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/02/2024*

11/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/08/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/09/2024*

Inspections / Reviews *(continued)*

11/13/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2024

Reviewer [REDACTED]

Follow-Up Type: *Not Required*

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

It was determined through staff interview and a review of resident [REDACTED] Medication Administration Record (MAR) that on [REDACTED] resident [REDACTED] 5pm medications were administered but not initialed as administered on the MAR. This includes medications [REDACTED], [REDACTED], [REDACTED], and [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/04/2024)

Staff were educated on [REDACTED] on MAR audits. Weekly audits will be done of the MARS by the DHW for 60 days or until we maintain compliance

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 11/13/2024)