

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

July 7, 2025

[REDACTED]  
PHOEBE HOME INCORPORATED  
[REDACTED]  
[REDACTED]

RE: MILLER PERSONAL CARE AT 19TH  
AND CHEW  
1925 TURNER STREET  
ALLENTOWN, PA, 18104  
LICENSE/COC#: 21617

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/17/2025, 05/12/2025, 05/16/2025 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: MILLER PERSONAL CARE AT 19TH AND CHEW License #: 21617 License Expiration: 12/08/2025
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: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 49 Waking Staff: 37

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 05/16/2025

Inspection Dates and Department Representative

04/17/2025 - On-Site: [Redacted]
05/12/2025 - Off-Site: [Redacted]
05/16/2025 - Off-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value, Category, Value. Rows include General Information (License Capacity: 60, Residents Served: 44), Secured Dementia Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: 5), and 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: 5, Have Physical Disability: 1).

Inspections / Reviews

Table with 3 columns: Date/Type, Lead Inspector, Follow-Up Type, Follow-Up Date. Rows include 04/17/2025 Partial (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 06/19/2025) and 06/27/2025 - POC Submission (Submitted By: [Redacted], Date Submitted: 07/01/2025, Reviewer: [Redacted], Follow-Up Type: Document Submission, Follow-Up Date: 07/02/2025).

Inspections / Reviews *(continued)*

07/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 16c - Written Incident Report

## 1. 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

On [REDACTED] Resident [REDACTED] was found [REDACTED] 9-1-1 was called and the resident was transported to Lehigh Valley Cedar Crest Hospital and admitted at 3:39 p.m. The home did not submit an incident report to the Department until [REDACTED]

Resident [REDACTED] has an order to receive [REDACTED], 8 units prior to a meal. On [REDACTED] the resident did not receive their insulin prior to the lunch meal. The home did not submit an incident report to the Department.

Resident [REDACTED] family made a formal complaint about verbal abuse to the administrator about Staff Person A on [REDACTED] - [REDACTED] at 11:36 a.m. the allegation was not reported to the Department until [REDACTED].

## Plan of Correction

Accept [REDACTED] - 06/27/2025)

A) 6/16/25 - 6/18/25 the Personal Care Administrator will perform a 30 day review of previous Incident Reports for compliance with reporting requirements.

B) On 6/16/25 and ongoing, Staff educator or designee will be re-educating LPN's and Med Techs on the reporting process as per the regulation, to 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. The education will be completed by 6/30/25.

C) Beginning 6/30/25, the Personal Care Administrator or designee will audit the Incidents reports daily for 4 weeks, 4x/wk for 3 weeks, and monthly for 1 Qtr to ensure Incidents requiring notification to the regional office are within the required time.

D) Results of the audit will be reviewed at QAPI

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 07/07/2025)

## 187d - Follow Prescriber's Orders

## 2. Requirements

2600.

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

## Description of Violation

Resident [REDACTED] has an order for Accuchecks 3x a day – if Blood Sugar is < 70 or > 400, to notify MD. The resident did not have their Accu-Check completed on [REDACTED] at the lunch or dinner meal. The resident did not have their Accu-Chek completed on [REDACTED] at the breakfast meal.

Resident [REDACTED] has an order to receive [REDACTED], 8 units prior to meal. On [REDACTED] the resident did not receive their [REDACTED] prior to the lunch meal.

187d Follow Prescriber's Orders (continued)

Plan of Correction

Accept [REDACTED] 06/27/2025)

- A) 6/16/25 6/20/25 the Personal Care Administrator will review all current resident orders for compliance as well as new admissions
- B) On 6/16/25 and ongoing, Staff educator or designee will be re educating LPN's and Med Techs on the regulation to follow the directions of the prescriber when administering medication or treatments. The education will be completed by 6/30/25
- C) Beginning 6/30/25, the Personal Care Administrator or designee will complete audits for physician orders compliance 3x/week for 2 weeks, then weekly for 2 weeks then monthly for 1 Qtr, to ensure the home is in compliance with following direction of the prescriber.
- D) Results of the audit will be reviewed at QAPI

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 07/07/2025)

188b - Medication Error Reporting

3. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [REDACTED] has an order to receive [REDACTED], 8 units prior to meal. On [REDACTED] the resident did not receive their [REDACTED] prior to the lunch meal. The prescriber was not notified regarding the medication error.

Plan of Correction

Accept [REDACTED] - 06/27/2025)

- A) On 6/16/ 25 and ongoing, Staff educator or designee will be re educating LPN's and Med Techs on the regulation of immediately reporting a medication error to the resident, the residents designated person and the prescriber. The education will be completed by 6/30/25
- B) Beginning 6/30/25, the Personal Care Administrator or designee will audit the Incidents reports daily for 4 weeks, 4x/wk for 3 weeks, and monthly for 1 Qtr to compliance.
- C) Results of the audit will be reviewed at QAPI

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 07/07/2025)

224a - Preadmission Screen Form

4. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

224a Preadmission Screen Form (continued)

**Description of Violation**

Resident [redacted] was admitted [redacted] The Preadmission screening completed [redacted] does not indicate if the facility can meet the resident needs.

**Plan of Correction**

Accepted [redacted] 06/27/2025)

A) 6/16/25 6/20/25 the Personal Care Administrator will review all current resident preadmission screenings form for compliance

B) On 6/16/25 and ongoing, the Personal Care Administrator or designee will be re educating LPN's and Administrator on the regulation and process of completion of the department's preadmission screening form that the needs of the residents can or cannot be met by the services provided by the home within 30 days prior to admission. The education will be completed by 6/30/25

C) Beginning 6/30/25, the Personal Care Administrator or designee will audit new admission prescreening forms for completion prior to the resident moving in. Audits will be on going.

D) Results of the audit will be reviewed at QAPI

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [redacted] - 07/07/2025)