



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **PHOEBE HOME INCORPORATED**  
LEGAL ENTITY

To operate **MILLER PERSONAL CARE AT 19TH AND CHEW**  
NAME OF FACILITY OR AGENCY

Located at **1925 TURNER STREET, ALLENTOWN, PA 18104**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **60**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 14,** **2025** until **November 14,** **2025**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216171**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]  
CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: MAY 14, 2025

[REDACTED]  
Phoebe Home Incorporated  
[REDACTED]

RE: Miller Personal Care at 19<sup>th</sup> and Chew  
1925 Turner St,  
Allentown, PA 18104  
License: 21617

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on March 14, 2025, and March 31, 2025, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 21617) dated December 8, 2024, to December 8, 2025, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated December 8, 2024, to December 8, 2025, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 14, 2025 to November 14, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide

to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Lestia Fetzer, Workload Manager  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Forum Place, 6<sup>th</sup> Floor  
PO Box 2675  
Harrisburg, Pennsylvania 17105-2675  
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc: Megan Rubenstein-Robbins, Office of General Counsel  
Theresa Hartman, Bureau Director  
Sheila Page, Director of Operations  
Michele Moskalczyk, Regional Director

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

**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]

**Legal Entity**

Name: PHOEBE HOME INCORPORATED  
Address: 1925 TURNER STREET, ALLENTOWN, PA, 18104  
Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 02/09/1998 Issued By: L&I  
Type: I-1 Date: 05/30/2019 Issued By: City of Allentown

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 53 Waking Staff: 40

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint, Incident Exit Conference Date: 04/04/2025

**Inspection Dates and Department Representative**

03/14/2025 - On-Site: [REDACTED]  
03/31/2025 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 60 Residents Served: 47

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 4

**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: 6 Have Physical Disability: 1

## Inspections / Reviews

## 03/14/2025 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/19/2025*

## 04/16/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *04/11/2025*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/21/2025*

## 04/30/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *04/17/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

## 04/30/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: *04/30/2025*

[REDACTED]

Follow-Up Type: *Enforcement*

## 25c10 - Advance Notice

**1. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

10. A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

**Description of Violation**

*Resident #2 had 4 bed moves between private and semi-private rooms over the last 3 months due to resident's change to benevolent care. The home did not provide a written 30-day notice to the resident for each of the bed moves or changes to the resident contract.*

**Plan of Correction****Directed [REDACTED] - 04/29/2025)**

*Administrator and nurse did in-fact several times notify both family and resident verbally for each move.*

*Administrator spoke with resident several times to ensure she was comfortable in [REDACTED] new room. Moving forward, all staff involved in room changes will be trained on this DHS requirements for written notices. These staff members will explicitly require that when written notice is provided, it must be documented in the residents file at least 30 days in advance, except in emergencies. All 30 day written notices will be issued and signed by the resident or responsible party. A copy will be placed in the resident's file. If the resident or responsible party refuses to sign, staff will document the date and time of verbal notification in the file. The administrator or nurse in charge, will coordinate with [REDACTED] and resident ensuring they are informed and will be responsible to see that all 30 day notices given moving forward are placed in resident's file. On 3/25/25 Both administrator, Ft, and PT nurse reviewed Phoebe contract and regulation 25c10. See Attached. It is the responsibility of above to obtain required signatures and place in resident's file.*

*Proposed Overall Completion Date: 04/17/2025*

***Directed: In addition to the above plan of correction, the administrator or designee will review the contract of any resident prior to moving a resident from their current room. The resident will only be moved if the proper notice was given in writing and available to be reviewed. These reviews will be documented with the name of the reviewer, date of review, and date of the room change.***

**Directed Completion Date: 05/21/2025**

## 42b - Abuse

**2. 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**

*On [REDACTED]/25 Resident #1 was found outside lying at the bottom of the stairs off from the front door of the home. Resident was known to go outside to smoke and would navigate the three stairs to the public sidewalk with [REDACTED] walker. Resident had 3 known falls ([REDACTED]/24, [REDACTED]/25 and [REDACTED]/25) prior to this fall. Upon discharge from [REDACTED] Hospital emergency room due to a fall on [REDACTED] 25, discharge instructions indicated a referral to be made for the resident to begin physical therapy. The home did not follow up on this referral prior to the residents fall on 2/12/25 and did not put safety measures in place to prevent falls. The death certificate states the Resident passed away from a closed head*

42b - Abuse (continued)

injury and fall on [REDACTED] 25.

Plan of Correction

Directed [REDACTED] - 04/29/2025)

Resident was aware upon admission that this facility was a non smoking facility. Signs are clearly placed throughout community denoting this fact. Resident had been offered several smoking cessation alternatives and refused. Residents [REDACTED] also spoke to [REDACTED] and requested that [REDACTED] did not go outside after 4 pm to no avail. [REDACTED] also asked facility to not allow the resident the right or privilege to go out. Resident had been asked by staff to sign out and inform them at the nursing statin located on the first floor if [REDACTED] were going out so [REDACTED] could be monitored more closely. Resident failed to do so. This incident was reported to the appropriate state agencies per regulations. The resident's medical records were reviewed to assess the impact of the missed therapy follow up. A therapy order was sent to the physical therapy department. A facility wide audit of all residents with recent falls was conducted to ensure appropriate therapy referrals and follow ups were completed. There were no identified gaps in therapy referrals noted as of 3/25/25. The facility's fall management and therapy referral policies have been reviewed and will include mandatory follow up tracking by the nurse in charge. Charge nurse has been retrained on the protocol for referrals to therapy after a fall on 3/25/25. Education included the importance of timely follow-up, documentation, and communication between departments. The charge nurse will review all fall incidents on a weekly basis to verify if referrals were made and followed through. Random audits will be conducted on a monthly basis by the administrator to ensure compliance in met and continues. On 2/12/25, [REDACTED] spoke with resident's [REDACTED] y. They requested that we do not allow resident to go out after 4pm. [REDACTED] explained that this was [REDACTED] home and a right [REDACTED] had to leave when [REDACTED] chose, but would speak with [REDACTED]. Please see attached. On 3/25/25 Administrator. FT and PT nurses reviewed the attached. We will check our PCC system each morning identifying and falls with the past 24 hours and make recommendations accordingly.

Proposed Overall Completion Date: 04/17/2025

**Directed: In addition to the above plan of correction, a fall assessment will be completed on all residents. Any resident designated as a fall risk will be reviewed to ensure that the home can safely meet the needs of the resident. Any resident that is unable to have their needs safely met will be issued a safe discharge with appropriate notice given. The home will provide staff to safely meet the needs of all residents in the home at all times. The home will continue to evaluate residents for fall risk every month for the next 6 months. These assessments will be documented with name of resident, staff completing assessment, date, and determination of the assessment.**

Directed Completion Date: 05/21/2025

142a - Secure Medical Care

3. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident 1 had 3 documented falls on [REDACTED] 24, [REDACTED] /25 and [REDACTED] /25. Upon discharge from [REDACTED] Hospital emergency room due to the fall on [REDACTED] 25, discharge instructions indicated a referral to be made for the resident to

**142a - Secure Medical Care (continued)**

begin physical therapy. The home did not follow up on this referral prior to the residents fall on [REDACTED]/25 which resulted in their death.

**Plan of Correction****Directed [REDACTED] - 04/29/2025)**

The resident's medical records were reviewed to assess the impact of the missed therapy follow up. A therapy order was sent to the physical therapy department. A facility wide audit of all residents with recent falls was conducted to ensure appropriate therapy referrals and follow ups were completed. There were no identified gaps in therapy referrals noted as of 3/25/25. The facility's fall management and therapy referral policies have been reviewed and will include mandatory follow up tracking by the nurse in charge. Charge nurse has been retrained on the protocol for referrals to therapy after a fall on 3/25/25. Education included the importance of timely follow-up, documentation, and communication between departments. The charge nurse will review all fall incidents on a weekly basis to verify if referrals were made and followed through. Random audits will be conducted on a monthly basis by the administrator to ensure compliance in met and continues. Please see attached. We reviewed on daily assignment which includes looking into PCC for incidents that occurred in a 24 hour period. We have 3 days in which out close an incident in PCC. This gives us an idea of how to identify a resident who may have had frequent falls. We will then follow our falls protocol moving forward.

Proposed Overall Completion Date: 04/17/2025

**Directed: In addition to the above plan of correction, the home will review all discharge instructions or orders of residents immediately upon their return from hospital or any medical appointment to the facility. All orders will be followed and recommendations for follow up assessments will be initiated within 48-hours.**

Directed Completion Date: 05/21/2025