



**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**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 **January 13, 2026** until **January 13, 2027**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216170**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
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

Emailing Date: January 13, 2026

[REDACTED]  
[REDACTED]  
Phoebe Home Incorporated  
1925 Turner Street  
Allentown, Pennsylvania 18104

RE: Miller Personal Care at 19<sup>th</sup> and Chew  
License #: 216170

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on September 23, 2025 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

January 5, 2026

[REDACTED]  
PHOEBE HOME INCORPORATED  
1925 TURNER STREET  
ALLENTOWN, PA, 18104

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/23/2025 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: 11/14/2025  
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: 02/09/1988 Issued By: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 51 Waking Staff: 38

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Incident Exit Conference Date: 09/23/2025

**Inspection Dates and Department Representative**

09/23/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
License Capacity: 60	Residents Served: 45		
<b>Secured Dementia Care Unit</b>			
In Home: No	Area:	Capacity:	Residents Served:
<b>Hospice</b>			
Current Residents: 2			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 40		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 6	Have Physical Disability: 1		

**Inspections / Reviews**

09/23/2025 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/24/2025

10/24/2025 - POC Submission  
Submitted By: [REDACTED] Date Submitted: 10/31/2025  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/31/2025

Inspections / Reviews (*continued*)

10/27/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/03/2025

12/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 103e - Left Overs

**1. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*At 10:23 a.m., there was an unlabeled, undated Zip Lock bag of apple wedges in the first-floor kitchenette.*

*Repeat violation: 10/8/2024.*

**Plan of Correction**

Accept [REDACTED] - 10/24/2025)

1. On 9/23/25, Administrator discarded the unlabeled bag of apples.
2. Beginning 9/29/25, Administrator re-educated current staff on the requirements of Regulation 103e (Exhibit A)
3. Beginning 10/6/25, Administrator or Designee will audit the kitchenettes for continued compliance weekly for 4 weeks (Exhibit B)
4. Administrator will verify audit completion.
5. Audits will be reviewed at QAPI
6. Administrator will monitor on-going compliance

**Licensee's Proposed Overall Completion Date:** 10/24/2025

**Update:** 10/24/2025

*Please provide verification of staff education and of weekly audits.*

**Evidence of Completion**

Implemented [REDACTED] - 12/01/2025)

*See attached.*

**Update:** 12/01/2025

*Verified with documentation and on-site verification completed 11/19/2025.*

## 141a 1-10 Medical Evaluation Information

**2. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*Resident 1's medical evaluation dated [REDACTED]/25 did not include Blood pressure, weight, pulse, temperature readings.*

## 141a 1-10 Medical Evaluation Information (continued)

**Plan of Correction****Do Not Accept** [REDACTED] - 10/24/2025)

1. Beginning 9/29/25, Administrator re-educated current LPN staff on the requirements of Regulation 141.a (Exhibit C)
2. By 10/17/25, Administrator will audit current resident charts for compliance with Regulation 141.a (Exhibit D)
3. Beginning 10/20/25, LPN or Designee will audit new DME's for compliance with Regulation 141.a weekly for 4 weeks (Exhibit E)
4. Audits will be reviewed at QAPI
5. Administrator will verify audit completion.
6. Administrator will monitor on-going compliance

**Licensee's Proposed Overall Completion Date:** 10/24/2025**Update:** 10/24/2025

Please add how and when the issue cited was corrected.

**Plan of Correction****Accept** [REDACTED] - 10/27/2025)

1. On 10/24/25, LPN obtained permission from physician's practice to document Resident 1's missing information—Blood Pressure, Weight, Pulse and Temperature readings on DME originally signed on 5/7/25 from documentation recorded in EMR on 5/7/25 and 5/8/25. (Exhibit Y)
2. By 10/17/25, Personal Care Home Administrator will audit all current resident charts for compliance with Regulation 141.a (Exhibit D)
3. Beginning 9/29/25, Personal Care Home Administrator re-educated current LPN staff on the requirements of Regulation 141.a (Exhibit C)
4. On 10/24/25, Executive Director provided additional education to Personal Care Home Administrator to ensure compliance with Regulation 141.a to ensure DME completion in their entirety prior to Resident move in. (Exhibit Z)
5. Beginning 10/20/25, LPN or Designee will audit new DME's for compliance with Regulation 141.a weekly for 4 weeks (Exhibit E)
6. Audits will be reviewed at QAPI
7. Personal Care Home Administrator will verify audit completion.
8. Personal Care Home Administrator will monitor on-going compliance with Regulation 141.a

**Licensee's Proposed Overall Completion Date:** 10/24/2025**Update:** 10/27/2025

Please provide verification of exhibits C, D, E, Y, and Z.

**Evidence of Completion****Implemented** [REDACTED] - 12/01/2025)

See attached.

**Update:** 12/01/2025

Verified with documentation and on-site verification completed 11/19/2025.

## 162c - Menus Posted

**3. Requirements**

2600.

- 162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

162c - Menus Posted (*continued*)**Description of Violation**

*The home's menu for the current week and the following week was not posted in a public place within the home.*

**Plan of Correction**

**Accept** [REDACTED] - 10/24/2025)

1. On 9/23/25, Administrator posted the menus for the current week and the following week in the elevator
2. Beginning 9/29/25, Dining Supervisor re-educated dining staff on the requirements of Regulation 162c. (Exhibit F)
3. Beginning 10/20/25, Dining Supervisor or Designee will audit for compliance with Regulation 162c weekly for 4 weeks (Exhibit G)
4. Administrator will verify audit completion.
5. Audits will be reviewed at QAPI
6. Administrator will monitor on-going compliance

**Licensee's Proposed Overall Completion Date:** 10/24/2025

**Update:** 10/24/2025

*Please provide verification of education provided and of weekly audits.*

**Evidence of Completion**

**Implemented** [REDACTED] - 12/01/2025)

*See attached.*

**Update:** 12/01/2025

*Verified with documentation and on-site verification completed 11/19/2025.*

## 185a - Implement Storage Procedures

**4. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident 2's Lorazepam Tab 0.5 mg tab number 14 was opened and had clear tape on the back to keep the pill in place.*

**Plan of Correction**

**Accept** [REDACTED] - 10/24/2025)

1. Beginning 9/29/25, Administrator re-educated current staff on the requirements of Regulation 185a (Exhibit H)
2. On 10/15/25, Lorazepam Tab 0.5mg number 14 was destroyed by LPN and MT (Exhibit I)
3. Beginning 10/20/25, LPN or Designee will audit all med carts weekly for 4 weeks (Exhibit J)
4. Administrator will verify audit completion
5. Audits will be reviewed at QAPI
6. Administrator will monitor on-going compliance

**Licensee's Proposed Overall Completion Date:** 10/24/2025

**Update:** 10/24/2025

*Please provide verification of exhibits H, I, and J.*

**Evidence of Completion**

**Implemented** [REDACTED] - 12/01/2025)

*See attached.*

185a - Implement Storage Procedures (*continued*)

**Update:** 12/01/2025

*Verified with documentation and on-site verification completed 11/19/2025.*

## 224a - Preadmission Screen Form

**5. 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.

**Description of Violation**

*Resident 1's preadmission screening form, dated [REDACTED]/25 does not include sections I-B Printed Name of Personal Completing Screening, I-C: Signature of Person Completing Screening, I-F Screening Information Sources, Sensory Needs, II-J Instrumental Activities of Daily Living, Medical, Psychological, and Behavioral Diagnoses, History of Problematic Behavioral Diagnosis, History of Problematic Behavior, This resident Can safely use and avoid Poisonous Materials.*

*Repeat Violation: 4/17/25, et al.*

**Plan of Correction**

**Accept** [REDACTED] - 10/24/2025)

1. *Beginning 9/29/25, Administrator re-educated current LPN staff on the requirements of Regulation 224a. (Exhibit K)*
2. *By 10/17/25, Administrator will audit current resident Preadmission Screenings for compliance with Regulation 224a. (Exhibit L)*
3. *Beginning 10/20/25, Nurse or Designee will audit all new Preadmission Screenings for compliance with Regulation 224a weekly for 4 weeks (Exhibit M)*
4. *Administrator will verify audit completion.*
5. *Audits will be reviewed at QAPI*
6. *Administrator will monitor on-going compliance*

**Licensee's Proposed Overall Completion Date:** 10/24/2025

**Update:** 10/24/2025

*Please provide verification of exhibits K, L, and M.*

**Evidence of Completion**

**Implemented** [REDACTED] - 12/01/2025)

*See attached.*

**Update:** 12/01/2025

*Verified with documentation and on-site verification completed 11/19/2025.*

## 225a - Assessment 15 Days

**6. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

## 225a - Assessment 15 Days (continued)

**Description of Violation**

Resident 3's initial assessment dated [REDACTED]/2025 does not include Wound Service information or a plan to meet the service need.

Repeat Violation: 10/8/24.

**Plan of Correction**

Accept [REDACTED] - 10/24/2025)

1. Beginning 9/29/25, Administrator re-educated LPN staff on the requirements of Regulation 225a (Exhibit N)
2. On 10/15/25, Nurse updated Resident #3's RASP to include Wound Care with initial start date of 9/5/25. (Exhibit O)
3. By 10/17/25, Administrator will audit current Resident RASPs for compliance with Regulation 225a (Exhibit P)
4. Beginning 10/20/25, Nurse or Designee will audit RASPs of Residents receiving newly started services weekly for 4 weeks. (Exhibit Q)
5. Administrator will verify audit completion.
6. Audits will be reviewed at QAPI
7. Administrator will monitor on-going compliance

Licensee's Proposed Overall Completion Date: 10/24/2025

Update: 10/24/2025

Please provide exhibits N, O, P, and Q.

**Evidence of Completion**

Implemented [REDACTED] - 12/30/2025)

See attached.

Update: 12/30/2025

Verified with documentation and on-site verification completed 11/19/2025.

## 225c - Additional Assessment

**7. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

**Description of Violation**

Resident 4's assessment dated [REDACTED]/2025 does not include information that the resident utilizes an enabler bar.

**Plan of Correction**

Accept [REDACTED] - 10/24/2025)

1. On 9/23/25, Administrator updated Resident #4's RASP to include use of enabler (Exhibit R)
2. Beginning 9/29/25, Administrator re-educated LPN staff on the requirements of Regulation 225c (Exhibit N)
3. By 10/17/25, Administrator will audit current Resident RASPs for compliance with Regulation 225c (Exhibit S)
4. Beginning 10/20/25, Nurse or Designee will audit RASPs of Residents with newly placed equipment weekly for 4 weeks. (Exhibit T)
5. Administrator will verify audit completion.
6. Audits will be reviewed at QAPI
7. Administrator will monitor on-going compliance

Licensee's Proposed Overall Completion Date: 10/24/2025

225c - Additional Assessment (continued)

Update: 10/24/2025

Please provide exhibits N, R, S, and T.

Evidence of Completion

Implemented [redacted] - 12/30/2025)

See attached.

Update: 12/30/2025

Verified with documentation and on-site verification completed 11/19/2025.

252 - Record Content

8. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident 1's record does not include photograph, Marital Status, Religion, Race Occupation, Birthplace, and Citizenship.

Plan of Correction

Do Not Accept [redacted] - 10/24/2025)

1. Beginning 9/29/25, Administrator re-educated LPN staff on requirements of Regulation 252 (Exhibit U)
2. On 10/2/25, Administrative Assistant audited current resident Facesheets for compliance with Regulation 252 (Exhibit V)
3. Beginning 10/20/25, Administrator or Designee will audit new Facesheets for compliance with Regulation 252 for weekly for 4 weeks (Exhibit W)
4. Administrator will verify audit completion.
5. Audits will be reviewed at QAPI
6. Administrator will monitor on-going compliance

Licensee's Proposed Overall Completion Date: 10/24/2025

Update: 10/24/2025

Please add how and when the issue cited was corrected.

Plan of Correction

Accept [redacted] - 10/27/2025)

1. On 10/2/25, Personal Care Home Administrator updated Resident 1's Face Sheet to include missing items - Resident's photograph, marital status, religion, race, occupation, birthplace and citizenship. Updated Face Sheet was printed and placed on Resident's chart. (Exhibit ZZ)
2. On 10/2/25, Administrative Assistant audited all current resident Face Sheets for compliance with Regulation 252. Personal Care Home Administrator updated Face Sheet with identified missing items from the audit. Updated Face Sheet was printed and placed on chart (Exhibit V)
3. Beginning 9/29/25, Personal Care Home Administrator re-educated LPN staff on requirements of Regulation 252 (Exhibit U)
4. On 10/24/25, Executive Director provided additional education to Personal Care Home Administrator to ensure compliance with Regulation 252 to ensure Face Sheets are completed in their entirety with required Resident Identifying Information. (Exhibit X)
5. Beginning 10/20/25, Personal Care Home Administrator or Designee will audit new Face Sheets for compliance with Regulation 252 for weekly for 4 weeks (Exhibit W)
6. Personal Care Home Administrator will verify audit completion.
7. Audits will be reviewed at QAPI

252 - Record Content (continued)

8. Personal Care Home Administrator will ensure continued compliance with Regulation 252

Licensee's Proposed Overall Completion Date: 10/24/2025

Update: 10/27/2025

Please provide verification of exhibits U, V, W, X, and ZZ.

Evidence of Completion

Implemented [REDACTED] - 12/01/2025)

See attached.

Update: 12/01/2025

Verified with documentation and on-site verification completed 11/19/2025.