

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] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: PHOEBE HOME INCORPORATED
 Address: 1925 TURNER STREET, ALLENTOWN, PA, 18104
 Phone: [REDACTED] Email: [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: 48 Waking Staff: 36

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Incident, Interim Exit Conference Date: 11/19/2025

Inspection Dates and Department Representative

11/19/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 42
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 6 Have Physical Disability: 1

Inspections / Reviews

11/19/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/20/2025

12/23/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/29/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/30/2025

Inspections / Reviews *(continued)*

12/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 1's significant change assessment, dated [REDACTED] was incomplete and did not include any information in the description of supervisory or description of mobility needs.

Resident 2's assessment was completed on [REDACTED]; but was not updated to include changes in cognitive or behavioral needs including increased wandering, that were noted in the progress notes beginning on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 12/23/2025)

1. Immediate Interventions: On [REDACTED] Resident 1 was discharged to another Personal Care Home with wander guard system. This is a closed chart and is unable to be updated. On 12/16/25, Resident #2 RASP finalized to reflect significant change and updated support plan (Exhibit 1)
2. On 12/15/25, Executive Director educated Personal Care Home Administrator on the requirements within Regulation 225c. (Exhibit 2)
3. By 12/23/25, Personal Care Home Administrator will re-educate current LPN staff on the requirements of Regulation 225c, including completing a Significant Change RASP in response to a Resident's change in level of care and completion of all RASP sections within identified areas of need (Assessment, Support Plan and Responsible Party). (Exhibit 3)
4. By 12/31/25, Personal Care Home Administrator or Designee will audit current Resident RASPs for compliance with Regulation 225c. (Exhibit 4)
5. Beginning 1/4/26, LPN or Designee will audit New RASPs weekly for 6 weeks for compliance with Regulation 225c. (Exhibit 5)
6. Personal Care Home Administrator and Executive Director will verify audit completion. (Exhibit 6)
7. Audit findings and outcomes will be reviewed at monthly QAPI.
8. Personal Care Home Administrator will monitor for on-going compliance.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented ([REDACTED] - 12/30/2025)