

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

May 11, 2026

[REDACTED]
PHOEBE HOME INCORPORATED
[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 03/20/2026, 03/25/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MILLER PERSONAL CARE AT 19TH AND CHEW License #: 21617 License Expiration: 01/13/2027
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

Type: C-2 LP Date: 02/09/1988 Issued By: Dept L & I

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 03/25/2026

Inspection Dates and Department Representative

03/20/2026 - On-Site: [Redacted]
03/25/2026 - Off-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value 1, Value 2, Value 3. Rows include General Information (License Capacity: 60, Residents Served: 46), Secured Dementia Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: n/a), and Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 46, Diagnosed with Mental Illness: 0, Diagnosed with Intellectual Disability: 0, Have Mobility Need: 3, Have Physical Disability: 1).

Inspections / Reviews

Table with 3 columns: Date/Type, Lead Inspector, Follow-Up Type, Follow-Up Date. Rows include 03/20/2026 Partial (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 04/24/2026) and 05/06/2026 - POC Submission (Submitted By: [Redacted], Date Submitted: 05/07/2026, Reviewer: [Redacted], Follow-Up Type: Document Submission, Follow-Up Date: 05/08/2026).

Inspections / Reviews *(continued)*

05/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent annual medical evaluation was completed on [REDACTED] did not include weight, pulse rate, blood pressure, temperature, and cognitive functioning.

Plan of Correction

Accept ([REDACTED] - 05/06/2026)

1. On 3/25/26 MD completed Resident [REDACTED]'s missing information– Blood Pressure, Weight, Pulse and Temperature and cognitive function on DME originally signed on 11/21/25.
2. By 5/05/26, Personal Care Home Administrator will audit all current resident charts for compliance with Regulation 141.b
3. Beginning 4/21/26 Personal Care Home Administrator re-educated current LPN staff on the requirements of Regulation 141.b
4. Beginning 5/8/2026 LPN or Designee will audit current DME's for compliance with Regulation 141.b weekly for 4 weeks.
5. Audits will be reviewed at QAPI.
6. Personal Care Home Administrator will verify audit completion.
7. Personal Care Home Administrator will monitor on-going compliance with Regulation 141.b

Licensee's Proposed Overall Completion Date: 05/05/2026

Implemented [REDACTED] - 05/11/2026)