

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

April 9, 2026

[REDACTED]  
450 EAST PHILADELPHIA AVENUE OPERATIONS LLC  
[REDACTED]

RE: MIFFLIN COURT  
450 EAST PHILADELPHIA AVENUE  
SHILLINGTON, PA, 19607  
LICENSE/COC#: 22206

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/25/2026 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *MIFFLIN COURT* License #: *22206* License Expiration: *04/24/2026*  
 Address: *450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA 19607*  
 County: *BERKS* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *450 EAST PHILADELPHIA AVENUE OPERATIONS LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/30/1987* Issued By: *Dept of L&I*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Interim* Exit Conference Date: *03/25/2026*

**Inspection Dates and Department Representative**

03/25/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *67* Residents Served: *42*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Memory Care* Capacity: *14* Residents Served: *10*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *11* Have Physical Disability: *0*

**Inspections / Reviews**

03/25/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**