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

August 5, 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 07/01/2026 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**: *sstiles@phoebe.org*

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**: *L & I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *79* **Waking Staff**: *59*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *07/01/2026*

Inspection Dates and Department Representative

07/01/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *43*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *43*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *36* **Have Physical Disability**: *1*

Inspections / Reviews

07/01/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/27/2026*

07/21/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/24/2026*

Reviewer: *Corey Pica* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/28/2026*

Inspections / Reviews *(continued)*

08/05/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/24/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

23b - Instrumental Activities of Daily Living Assistance

1. Requirements

2600.
23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] assessment and support plan dated [redacted] indicates that the resident requires staff assistance with transfers, toileting, urinary and fecal incontinence, and medication administration. According to interviews resident[redacted] had not received any assistance from staff for 5 hours on [redacted] Staff interviews verified that resident was found in a urine-soaked brief.

Plan of Correction ***Accept[redacted] - 07/21/2026)***

1. Immediate Fix Resident identified expired, chart closed, investigation was implemented and staff member terminated
2. Beginning July 2nd Personal Care Home Administrator will conduct an audit of current resident charts for compliance with Regulation 23b
3. Beginning 7/7/26 Personal Care Home Administrator will re-educated direct care staff on the requirements of Regulation 23b and requirements of their position.
4. Beginning 8/1/26 LPN or Designee will conduct random audits of assessments and support plans 2x /week for 2 weeks, then weekly for 2 weeks, then monthly for 1 Qtr. to ensure compliance with following support plan.
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 23b

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented[redacted] - 08/05/2026)

187d - Follow Prescriber's Orders

2. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident[redacted] is prescribed [redacted] every 4 hours, [redacted] apply topically to abdominal fold at 7:00 a.m., [redacted] twice daily on every day and evening shift for protection, Also, the resident requested their PRN medications [redacted]) by mouth every 2 hours, and [redacted] every 6 hours. However, resident [redacted] was not administered these medications on [redacted] prescribed between 7:00 a.m. to 3:00 p.m.

187d Follow Prescriber's Orders *(continued)*

Plan of Correction ***Accept [redacted] - 07/21/2026)***

1. Immediate Fix Resident identified expired, chart closed, investigation was implemented and staff member terminated
2. Beginning July 2nd Personal Care Home Administrator will audit an audit current resident orders for compliance with Regulation 187d
3. Beginning 7/7/26 Personal Care Home Administrator re educated direct care staff on regulation to follow directions of the prescriber when administering medications or treatments, and responsibilities of the position.
4. Beginning 8/1/26 LPN or Designee will conduct random audits 2x /week for 2 weeks, then weekly for 2 weeks, then monthly for 1 Qtr. to ensure compliance with following direction of the prescriber.
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 187d

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented [redacted] - 08/05/2026)

227c - Support Plan Revision

3. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted]s Support Plan dated [redacted] indicates that the resident began receiving hospice services on [redacted]. However, it does not indicate the hospice agency and home staff responsibilities for care of the resident.

Plan of Correction ***Accept [redacted] - 07/21/2026)***

1. Immediate Fix Resident identified expired, chart closed.
2. Beginning July 2nd Personal Care Home Administrator will conduct an audit of current hospice resident RASP's for compliance with Regulation 227c to reflect services being received hospice details & frequency.
3. Beginning 7/7/26 Personal Care Home Administrator re educated LPN staff on the requirements of Regulation 227c to reflect services being received hospice details and frequency
4. Beginning 8/1/26 LPN or Designee will conduct random audits weekly for 4 weeks of current resident orders for compliance with Regulation 227c as it pertains to hospice services.
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 227c

Proposed Overall Completion Date: 08/03/2026

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented [redacted] - 08/05/2026)