**Department of Human Services**
**Bureau of Human Service Licensing**

February 17, 2021

[redacted], ADMINISTRATOR
450 EAST PHILADELPHIA AVENUE OPERATIONS LLC
450 EAST PHILADELPHIA AVENUE
SHILLINGTON, PA 19607

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

## Facility Information

**Name**: *MIFFLIN COURT* **Licen e #**: *22206* **Licen e Expiration Date**: *04/02/2021*
**Addre** : *450 EAST PHILADELHIA AVENUE, SHILLINGTON, PA 19607*
**County**: *BERKS* **Region**: *NORTHEAST*

## Administrator

**Name**: [redacted] **Phone**: *6107961600* **Email**: [redacted]

## Legal Entity

**Name**: *450 EAST PHILADELPHIA AVENUE OPERATIONS LLC*
**Address:** *450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA, 19607*
**Phone**: *6107961600* **Email**: [redacted]

## Certificate(s) of Occupancy

**Type**: *C-2 LP* **Date**: *10/30/1997* **Issued By**: *L&I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *59* **Waking Staff**: *44*

## Inspection

**Type**: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
**Rea on**: *Incident* **Exit Conference Date**: *01/12/2021*

## Inspection Dates and Department Representative

*01/12/2021 - Off-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *67* **Residents Served**: *43*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *n/a* **Capacity**: *14* **Residents Served**: *11*

### Hospice

**Current Re ident** : *1*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *43*
**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *0*
**Have Mobility Need**: *16* **Have Physical Disability**: *0*

## Inspections / Reviews

**01/12/2021 - Partial**

**Lead In pector:** [redacted] **Follow Up Type:** *POC Submission* **Follow-Up Date:** *01/24/2021*

**2/1/2021 POC Submi ion**

**Lead Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/16/2021*

**2/17/2021 - Document Submission**

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

## 183a - Original Containers and Injections

**1. Requirements**

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

**Description of Violation**

*On 12/25/20 at approximately 8:00pm staff person A removed medications for 10 residents to be administered and placed them in medication cups. Staff person A subsequently forgot to administer the medications and they were discovered the following morning in a cabinet by another staff person.*

**Plan of Correction** **Accept**

*The staff member indicated above was terminated from [redacted] position at Mifflin Court on 01/04/21. The staff persons statement is directly quoted as follows :*

*Med Pass Statement. I [redacted] poured residents medicine into plastic cups at 20:00 ready to be distributed at 21:00. Both staff PCA's were toileting/aiding to Residents at 20:30. Staff member [redacted] requested to leave at 21:00. My attention was averted afterwards due to Resident in room [redacted] in need of attending, due to a bowel accident on self and in the bathroom and room floor. Afterwards, I continued to attend toilet/aid residents in rooms [redacted]. I was then alerted by resident in [redacted] who woke up from sleep and came out to dining area. Resident was experiencing grief "looking for [redacted] lost dog". I then tried to ease the resident by offering a drink of juice. Attempting to ease and lead resident back in to bed eventually at 21:45 successfully. My attention was completely deviated from distributing Residents medication by the incidents that needed and required my utmost attention at the time of administering. I apologize for my incompetence. This was an honest mistake on my behalf. There is NO excuse for this. I assure this will NOT happen again. Thank you"*

*[redacted] clearly understood the medication administration policy--[redacted] did not follow the policy. This was an isolated incident with the one employee, which led to employee termination.*

**Completion Date:** *01/04/2021*

**Update - 02/01/2021**

*Within 15 day of receipt of this plan of correction:*
*The home will not remove medications from their original labeled containers prior to administering the medication to residents.*
*The administrator shall re-educate staff regarding compliance with this regulation.*

**Document Submission** **Implemented**

*See attached from 02/11/21*

## 187b - Date/Time of Medication Admin.

**1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*On 12/25/20 at approximately 8:00pm staff person A removed medications for 10 residents to be administered and placed them in medication cups. Staff person A subsequently forgot to administer the medications and they were discovered the following morning in a cabinet by another staff person. Staff person A initialed the medication administration records (MARs) for the 10 residents without administering the medications.*

## 187b - Date/Time of Medication Admin. *(continued)*

**Plan of Correction** **Accept**

***Instructions for when a Medication Error occurs form***

***Medication Errors Include the following:***

*Failure to administer a medication*
*Administration of the wrong medication*
*Administration of he wrong amount of medication*
*Failure to administer a medication at the prescribed time*
*Administration to the wrong resident*
*Administration through the wrong route*

***Instructions***

***Notify resident immediately that the error occurred***
***Notify the MD and follow any recommended orders given*** *(keep documentation of when the MD was notified in the resident's chart and any orders that were given)*
***Notify the POA of the medication error*** *(document when POA was notified in PCC)*
***Notify your supervisor/MOD of the error***
***Supervisor/MOD*** *(administration)* ***will then notify the state within 24 hours of he incident***
***Staff member that created he error will be inserviced and monitored to prevent any further errors***

*Staff was inserviced on this Instruction sheet, and sheet was permanently placed in the front of the MAR book (impossible to miss everytime the book is opened), it is posted at the employee time clock, and it is hanging in the employee breakroom as ongoing reminders.*

**Completion Date:** *01/04/2021*

**Update - 02/01/2021**

*Please send/Attach proof of staff training.*

**Document Submission** **Implemented**

*See attached from 02/11/21*

## 187d - Follow Prescriber's Orders

1. **Requirements**

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

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

**Description of Violation**

*On 12/25/20 staff person A failed to administer the following medications to the following residents at 8:00pm:*
*Resident #1: Acetaminophen, Carbidova, Galantamine*
*Resident #2: Voltaren Gel, Metoprolol, Seroquel*
*Resident #3: Atorvastatin, Senna, Buspirone*
*Resident #4: Acetaminophen, aspirin, Atorvastatin, Seroquel*
*Resident #5: Metoprolol, Seroquel*
*Resident #6: Memantine, Metformin, Simvastatin*
*Resident #7: Ezetimibe, Lisinopril, Seroquel, Simvastatin*
*Resident #8: Aricept*
*Resident #9: Latanoprost drops*
*Resident #10: Latanoprost drops, Metoprolol, Nystatin powder*

**Plan of Correction** **Accept**

*AS above POC, and Instruction for when a Medication Error ocurs form.*

**Completion Date:** *01/04/2021*

**Update - 02/01/2021**

*Within 5 days of receipt of this plan of correction:*
*The home shall follow the directions of the prescriber. The administrator shall AUDIT and monitor compliance weekly x3 months for ongoing compliance.*

**Document Submission** **Implemented**

*See attached from 02/11/21*

## 188b - Medication Error Reporting

1. **Requirements**

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**Description of Violation**

*On 12/25/20 at 8:00pm staff person A failed to administer medications to residents #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10. According to staff interview, the medication errors were not reported to the residents' physicians and families.*

**Plan of Correction** **Accept**

*POC as above.*
*This lack of reporting was an error.*
*Please refer to Instructions for when a Medication Error occurs*

**Completion Date:** *01/04/2021*

**Update - 02/01/2021**

*Immediately and Ongoing:*
*The home will ensure that all medication errors are reported to the Department, the resident, the resident's designated person and the prescriber. The administrator shall monitor and be responsible for ongoing compliance.*

**Document Submission** **Implemented**

*See attached from 02/11/21*

# PRIVACY CODING DOCUMENT

## Facility Information

**Name**: *MIFFLIN COURT* **License #**: *22206* **License Expiration Date**: *04/02/2021*

**Address:** *450 EAST PHILADELHIA AVENUE, SHILLINGTON, PA 19607*

## Inspection

**Date**: *01/12/2021* **Type**: *Partial*

## Staff Privacy Coding

| Designation | Staff Members Name | Job Title | Date Hired |
|---|---|---|---|
| *Staff Member A* | *Maria Salgado* | *Med Tech* | |

## Resident Privacy Coding

| Designation | Resident's Name |
|---|---|
| *Resident 1* | *Linda Brown* |
| *Resident 2* | *Virgil Coldren* |
| *Resident 3* | *Maryann Doxie* |
| *Resident 4* | *Shirley Dull* |
| *Resident 5* | *Lieselotte Erb* |
| *Resident 6* | *George Hasker* |
| *Resident 7* | *Stanley Redcay* |
| *Resident 8* | *June Reigel* |
| *Resident 9* | *Jean Reinholtz* |
| *Resident 10* | *Julia White* |