pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **450 EAST PHILADELPHIA AVENUE OPERATIONS LLC**
LEGAL ENTITY

To operate **MIFFLIN COURT**
NAME OF FACILITY OR AGENCY

Located at **450 EAST PHILADELHIA AVENUE, SHILLINGTON, PA 19607**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **67**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 14**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 24, 2025** until **October 24, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **222060**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: April 20, 2026

[redacted]
450 East Philadelphia Avenue Operations LLC
450 East Philadelphia Avenue
Shillington, Pennsylvania 19607

RE: Mifflin Court
Certificate #: 222060

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on February 3, 2026 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

April 13, 2026

[redacted]
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 02/03/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *MIFFLIN COURT* **License #**: *22206* **License Expiration**: *04/24/2026*

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

County: *BERKS* **Region**: *NORTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *450 EAST PHILADELPHIA AVENUE OPERATIONS LLC*

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

Phone: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *19* **Total Daily Staff**: *72* **Waking Staff**: *54*

Inspection Information

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

Reason: *Complaint, Provisional* **Exit Conference Date**: *02/03/2026*

Inspection Dates and Department Representative

02/03/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *67* **Residents Served**: *41*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *14* **Residents Served**: *12*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *45*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *12* **Have Physical Disability**: *0*

Inspections / Reviews

02/03/2026 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/10/2026*

03/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/16/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/17/2026*

Inspections / Reviews *(continued)*

03/12/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/16/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/19/2026*

04/09/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *03/16/2026*

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

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 10:35 a.m., located in the main entrance was a binder containing previous Licensing Inspection Summaries (LIS). The LIS dated 7/9/25 and 7/17/25, had the privacy coding page with resident #1 and #2's names that had not removed.

Plan of Correction ***Accept [redacted] - 02/24/2026)***

The privacy coding was immediately removed from the inspection binder. An in-service on 2600.17 with all staff will be conducted on 3/10/26, outlining confidentiality regulations. An audit of the LIS binder will be done, beginning 2/23/26, and will be done weekly x4 by the administrator or designee, or until the community complies.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented [redacted] - 03/17/2026)

183e - Storing Medications

2. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #5's Lorazepam 0.5 mg had a foil back that was tampered with and had the foil punched for pills 18, 19, and 20. The packet had been resealed with tape on the back of the card holding the medications numbered 18, 19, 20 in place.

Plan of Correction ***Accept [redacted] - 03/12/2026)***

The foil pack was immediately wasted by the DHW and LPN. An audit of all medication packs will be done beginning 3/2/26, and will continue weekly x4 by the DHW or designee or until the community complies. Re-education was done with the staff on 2/23/26.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented [redacted] - 03/17/2026)

185a - Implement Storage Procedures

3. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures *(continued)*

Description of Violation

Resident #3 has an order for Lorazepam 0.5 mg take one tablet by mouth twice daily and as need 1 tablet at noon. On 2/3/26 the narcotic log did not have the correct remaining tablet quantity listed; the medication card had 5 tablets remaining, but the form incorrectly documented that 4 were remaining.
On 2/3/26, Resident #4's narcotic count book for their 0.5 Alpazolam had a correct entry of 34 tablets remaining, but the documentation was incomplete with no date (2/3/26), time, on hand route or nurse's signature for last administered pill.
Resident #2's narcotic count log for their Tramadol 50 mg indicated 13 tablets remaining on 2/3/26, but the resident's medication card has 12 remaining. One had been given that morning and documented on the Medication Administration Log, but the narcotic count log was not updated.
On 01/31/2026 at 8:53 a.m. the reading on resident #6's glucometer was 85, however it was documented on the Medication Administration Record as 58.

Plan of Correction ***Accept [redacted] - 02/24/2026)***

Education was provided by the corporate clinical support for the staff on 2/3/26. An audit will be done by the DHW or designee, weekly x4 beginning 3/2/26 or until compliance is reached.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented [redacted] - 04/09/2026)

225a - Assessment 15 Days

4. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #7's initial assessment dated [redacted]/25 indicates that the resident cannot self-administer medications. Their medical evaluation dated [redacted]/25 indicates that the resident can self-administer medications. The assessment did not include the current information that the resident can self-administer medications but chooses to have staff administer them.

Plan of Correction ***Accept [redacted] - 03/12/2026)***

A whole-house audit was completed to ensure RASP and DME correlate. Self-administration section to be audited by DHW or designee, weekly x4 beginning 3/2/26 or until compliance is reached. Audits were completed on 2/11/26. Resident #7s RASP was redone to reflect the correct med administration information.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented [redacted] - 03/17/2026)

225c - Additional Assessment

5. Requirements

225c - Additional Assessment *(continued)*

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #2 's annual assessment dated [redacted]/25 does not include information regarding current on-going wound care service that began on 5/1/25.

Plan of Correction ***Accept ([redacted] 03/12/2026)***

Whole house audit was completed to ensure that assessment and wound care addendums are in compliance. RASP addedums to be audited by DHW or designee, weekly x4 beginning 3/2/26 or until compliance is reached. The audit was completed on 2/11/26. A new RASP was completed for Resident #2 to reflect the ongoing wound care.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented [redacted] - 03/17/2026)

234a - Admission Support Plan

6. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #8 was admitted to the home's Secured Dementia Care Unit (SDCU) on [redacted]/25. The home did not complete a support plan until [redacted]/2025, more than 72 hours after admission.

Plan of Correction ***Accept ([redacted] - 03/12/2026)***

Whole-house audit completed to ensure that all RASPs for the SDCU are completed within 72 hours of admission onto the unit. SDCU RASPS to be audited weekly by the DHW or designee for 4 weeks, or until compliance is achieved. An audit tool was created for the DHW or designee to fill out for each new admission going forward. DHW and ED were educated on the correct timeline for SDCU RASPS

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented [redacted] 03/17/2026)