

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Mifflin Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 East Philadelphia Avenue Shillington, PA 19607	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to ensure that physicians' orders were implemented for one of 25 sampled residents. (Residents 11) Findings include: Clinical record review revealed that Resident 11 had diagnoses that included constipation, a history of a paralytic ileus (when the intestines failed to contract properly that could lead to a blockage), and diabetes. Review of the Minimum Data Set assessment dated [DATE], revealed that the resident was alert and oriented, was always incontinent of bowel, and required substantial assistance with toileting hygiene. Physicians' orders dated June 18, 2025, directed staff to administer a laxative (polyethylene glycol) as needed if there was no bowel movement in three days, a second medication (milk of magnesia) was to be given at bedtime on the third day since a bowel movement, a bisacodyl suppository was to be given for constipation on the shift after the milk of magnesia was given, and a saline laxative enema was to be given two hours after the suppository failed to produce a bowel movement. Review of bowel movement tracking documentation for Resident 11 revealed that there was no bowel movements recorded from December 14 through 18, 2025. Review of the Medication Administration Record (MAR) for December 2025, revealed that the resident was not provided with the two oral medications, the suppository, or the enema to induce a bowel movement as ordered. In an interview on December 19, 2025, at 12:05 p.m., the Director of Nursing confirmed that the physicians' orders for Residents 11 should have been followed. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Mifflin Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 East Philadelphia Avenue Shillington, PA 19607	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, resident interview, and staff interview, it was determined that the facility failed to assess indwelling urinary catheters in accordance with facility policy for one of two sampled residents with an indwelling urinary catheter. (Resident 11) Findings include: Review of the facility policy entitled, Catheter: Indwelling Urinary-Care of, last revised March 14, 2025, revealed that staff was to provide catheter care twice per day and as needed. Catheter care included performing inspection, assessment for signs or symptoms of infection or trauma, and routinely cleaning the catheter tubing. Clinical record review revealed that Resident 11 had diagnoses that included a blockage in his bladder, an enlarged prostate, diabetes, and heart failure. Review of the Minimum Data Set assessment dated [DATE], revealed that the resident was alert and oriented and required the use of an indwelling urinary catheter. On June 19, 2025, a physician's order directed staff to perform catheter care every day and evening and as needed. On October 29, 2025, a nurse noted that Resident 11 had worsening pain and signs of trauma at the urinary catheter site and the medical team was aware. On October 30, 2025, a physician ordered staff to remove Resident 11's urinary catheter, to discontinue the catheter care orders, and conduct a voiding trial to make sure the resident was urinating without the catheter in place. A nursing note dated November 2, 2025, indicated Resident 11's urinary catheter was reinserted due to the resident's inability to empty his bladder. No new orders for catheter care were obtained and the resident continued with a urinary catheter in place. There was a lack of documented evidence that catheter care was provided to the resident since it was reinserted on November 2, 2025. In an interview on December 16, 2025, at 1:26 p.m., Resident 11 stated that urinary catheter care was not regularly provided by staff. In an interview on December 19, 2025, at 11:11 a.m., the Director of Nursing confirmed that there was no documented evidence that Resident 11's catheter care was provided in accordance with the facility policy. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Mifflin Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 East Philadelphia Avenue Shillington, PA 19607	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0806</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident interview, and staff interview, it was determined that the facility failed to provide food and drink to accommodate residents' individualized preferences for two of 25 sampled residents. (Residents 14, 28) Findings include: Clinical record review revealed that Resident 14 had diagnoses that included diabetes and heart failure. The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident had no cognitive impairment. Review of the resident's breakfast meal ticket on December 17, 2025, at 9:15 a.m., revealed that she was to receive apple juice, scrambled egg, bacon, toast with diet jam or jelly, and one cinnamon roll. The resident was observed with orange juice, scrambled egg, bacon and toast. Resident 14 stated that she would have preferred to have a cinnamon role and apple juice instead of orange juice. On December 17, 2025, at 12:30 p.m., Resident 14 was observed with vegetable pizza. Review of the meal ticket revealed the resident was to be provided sausage pizza and that the resident was not to be served fish. Resident 14 stated she had asked for sausage pizza and had not told anyone she was allergic to nor disliked fish. Clinical record review revealed that Resident 28 had diagnoses that included Cirrhosis of the liver and respiratory failure. The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident had a mild cognitive impairment. Review of the Resident 28's breakfast meal ticket on December 17, 2025, at 9:15 a.m., revealed that she was to receive coffee, scrambled egg, bacon, toast with diet jam or jelly, and one cinnamon roll. Apple juice was provided instead of coffee. Resident 28 stated that she preferred coffee. In an interview on December 18, 2025, at 9:41 a.m., the Administrator stated that the dietary department was expected to follow the residents' selections identified on the weekly menu selection form and provide all items listed on each meal ticket. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b) Management.</p>		