

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 01/27/2026
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)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident and staff interview, it was determined that the facility failed to ensure that the responsible party was notified in a timely manner of a scheduled appointment for one of six sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 was admitted to the facility with diagnoses that included fracture of the left lower leg, muscle weakness, and hypertension (high blood pressure). Review of the Minimum Data Set assessment dated [DATE], indicated that the resident was able to communicate needs to staff and required extensive assistance from staff for transfers. Review of a nurse's note dated January 23, 2026, revealed that the resident had returned from an orthopedic appointment. In an interview on January 27, 2026, at 12:30 p.m., Resident 1 stated that she would have liked if someone would have called her daughter about the appointment so that she could have made plans to attend. There was no documentation to support that the resident's responsible party was notified of the appointment. In an interview on January 27, 2026, at 2:54 p.m., the Director of Nursing confirmed that there was no documented evidence that the resident's responsible party had been notified of the appointment. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 395138	If continuation sheet Page 1 of 3

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</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 develop and implement interventions to address bowel incontinence in the resident's comprehensive care plan for one of six sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], and had diagnoses that included fracture left lower leg, hypertension (high blood pressure), and muscles weakness. The Minimum Data Set assessment and Care Area Assessment summary dated January 15, 2026, noted that the resident had bowel incontinence and it was to be addressed in the care plan. There was no evidence that interventions to address Resident 1's bowel incontinence were included in the care plan. In an interview on January 27, 2026, at 3:10 p.m., the Director of Nursing confirmed there was no documented evidence that interventions for bowel incontinence were included in Resident 1's care plan. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

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<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>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that a physician's order was implemented for one of six sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included hypertension (high blood pressure) and muscle weakness. On January 23, 2026, a physician gave a verbal order that directed staff to collect a stool sample to rule out Clostridium difficile (an inflammation of the colon). There was no documented evidence that the stool sample was collected as ordered. In an interview on January 27, 2026, at 3:15 p.m., the Director of Nursing confirmed that the stool sample was not collected as ordered. CFR 483.25 Quality of Care Previously cited 12/19/25 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		