

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  03/12/2026
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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview, it was determined that the facility failed to ensure that physician ordered medications were available from the pharmacy for one of four sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included adrenocortical insufficiency and peripheral vascular disease. A review of the care plan revealed interventions for staff to administer medications as ordered by the physician. On January 17, 2026, the physician ordered for staff to administer hydrocortisone (steroid used to treat adrenal insufficiency and swelling) every eight hours and oxycodone (a pain medication) every six hours as needed. On January 17, 2026, at 6:00 a.m. and 2:00 p.m., a nurse documented the hydrocortisone was not administered because it was unavailable from pharmacy. On January 17, 2026, at 1:32 p.m. a nurse noted that she was unable to administer the oxycodone medication at that time because it was unavailable. In an interview on March 12, 2026, at 12:00 p.m., the Director of Nursing confirmed that the medications had not been administered as ordered by the physician because they had not been available from the pharmacy. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(1)(3) Management. 28 Pa. Code 211.12(d)(3)(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
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