

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DIAKON LUTHERAN SOCIAL MINISTRIES

LEGAL ENTITY

To operate ASSISTED LIVING AT BUFFALO VALLEY

NAME OF FACILITY OR AGENCY

Located at 945 FAIRGROUND ROAD, LEWISBURG, PA 17837

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 50
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 March 23, 2010 until March 23, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **202120**

Robert E. Robinson

ISSUING OFFICER

Kim T. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 16 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Lennea F. Brown, Executive Director
Diakon Lutheran Social Ministries
798 Hausman Road, Suite 300
Allentown, Pennsylvania 18104

RE: Assisted Living at Buffalo Valley
945 Fairground Road
Lewisburg, Pennsylvania 17837

Dear Ms. Brown:

As a result of the Department of Public Welfare's licensing inspection on January 26, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Assisted Living At Buffalo Valley 945 Fairground Road, Lewisburg, Pennsylvania 17837		CURRENT LICENSE NUMBER 202120	
INSPECTION DATE(S) (Include all dates of the inspection) 1/26/2010		REGIONAL REPRESENTATIVE S. Chou and J. Bungo	
SIGNATURE OF LEGAL ENTITY <i>Jessica M Brown NHA. ED</i>	DATE 2-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>2/25/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	<ul style="list-style-type: none"> The first aid kit located in the Health Care office was missing tweezers. The first aid kit located in the Prep kitchen was missing a thermometer, breathing shield, eye coverings and tweezers. 	3/19/10	Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely by provision of federal and state law. Tweezers were ordered and added to the first aid kit on February 5, 2010. Staff will be educated on necessary contents of first aid kit and the importance of maintaining the kit. Clinical Services Manager and/or Department Manager will do monthly audits to ensure all required items are in the first aid kit and report findings monthly at CQI for review and recommendation. The thermometer, breathing shield, eye covers and tweezers were replaced in the kit by the Dietary Manager on February 24, 2010. Dietary staff were educated on the availability and required contents of the first aid kit. Clinical Services Manager and/or Dietary Manager will conduct a monthly audit to ensure the first aid kit has all the required items. Findings will be reported to CQI monthly for review and recommendation.	Steps have been taken to correct violation; full compliance is not verifiable <i>3/19/10</i> Date <i>[Signature]</i> Initials (DPW)

PCH Division
Central Region Field Office

MAR 8 2010

RECEIVED

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Assisted Living At Buffalo Valley 945 Fairground Road, Lewisburg, Pennsylvania 17837		CURRENT LICENSE NUMBER 202120
INSPECTION DATE(S) (Include all dates of the inspection) 1/26/2010		REGIONAL REPRESENTATIVE S. Chou and J. Bungo
SIGNATURE OF LEGAL ENTITY <i>Jessica N Brown NHA EO</i>	DATE 2/25/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>
		DATE 3/10/10


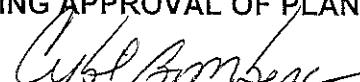
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132e A fire drill shall be held during sleeping hours once every 6 months.	A fire drill was not held during sleeping hours in the past 6 months. The last sleeping hour fire drill was dated 6/22/2009.	3/19/10	A fire drill will be conducted on February 26, 2010 during sleeping hours. A new fire drill log was implemented on January 28, 2010 by the Facilities Manager. Drills will be tracked on fire drill record 55 PA 2600.132 (C). Maintenance staff will be educated on the new process, new form to track fire drills and the requirements for completing fire drills per the regulation. Facility Manager will report on fire drill status at monthly safety meetings and report quarterly at CQI for review and recommendation.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>3/10/10</u> Initials (DPW) <u>CS</u>
			The facility Manager will monitor the times of day when drills are held to ensure that sleeping hours drills are held at least once every 6 months. CS 2/10/10	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Assisted Living At Buffalo Valley 945 Fairground Road, Lewisburg, Pennsylvania 17837		CURRENT LICENSE NUMBER 202120
INSPECTION DATE(S) (Include all dates of the inspection) 1/26/2010		REGIONAL REPRESENTATIVE S. Chou and J. Bungo
SIGNATURE OF LEGAL ENTITY <i>Doreen J. Brown NHA ED</i>	DATE 2/25/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>
		DATE 3/10/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183e 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.	<ul style="list-style-type: none"> • A loose small round pink pill was found in the bottom of the medication cart drawer that holds the 8:00AM medication. • A loose small round white pill was found in the bottom of the PRN drawer. 	3/19/10	Pills noted on the bottom of the med cart drawer were destroyed on January 26, 2010. Nursing staff members will conduct drawer checks of the med cart at the change of shift to ensure that there are no loose pills. Findings will be documented. Nursing staff will be re-educated. CSM or designee will do random checks to check for loose pills and to ensure that shift checks are being done. Findings will be reported monthly to CQI for review and recommendation.	3/10/10 <i>CB</i>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Assisted Living At Buffalo Valley 945 Fairground Road, Lewisburg, Pennsylvania 17837		CURRENT LICENSE NUMBER 202120	
INSPECTION DATE(S) (Include all dates of the inspection) 1/26/2010		REGIONAL REPRESENTATIVE S. Chou and J. Bungo	
SIGNATURE OF LEGAL ENTITY  Patricia Brown NHA EO	DATE 2/25/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  Cybil Bromberg	DATE 2/10/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person administering the medication.	Staff person A did not sign the January 2010 master signature sheet. The Medication Administration Record for resident # 1 was not initialed for the following medications: Ativan, 0.5 mg at 8:00PM on 1/15/10. Restasis eye drops at 8:00PM on 1/15/10 Tylenol 500mg at 12:00PM on 1/25/2010. The Medication Administration Record for resident # 2 was not initialed for the Miralax powder 225 mg at 8:00AM on 1/25/10.	3/19/10	Staff person A signed the master signature sheet at the time of discovery, and was re-educated on January 26, 2010. Staff will be re-educated on the completion of the master signature sheets. Clinical Services Manager will conduct a monthly audit to ensure nursing staff members passing meds are signing the master signature sheets. Findings will be reported to the monthly CQI for review and recommendation. MAR for resident #1 and resident #2 cannot be corrected at this time. Re-education has been provided by the Clinical Services Manager for the staff member who did not document the medications. Additional re-education will be provided for remaining staff members. The Clinical Services Manager or designee will audit 10% MAR's weekly to ensure completion. Findings will be reported monthly to CQI for review and recommendation.	Steps have been taken to correct violation; full compliance is not verifiable 3/10/10 Date Initials (DPW)