

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DIAKON LUTHERAN SOCIAL MINISTRIES

LEGAL ENTITY

To operate BUEHRLE CENTER FOR ASSISTED LIVING

NAME OF FACILITY OR AGENCY

Located at ONE SOUTH HOME AVENUE, TOPTON, PA 19562

(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 92

92

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

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 26

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 July 22,

2010

until July 22,

2011

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 214960

Robert E. Robinson

ISSUING OFFICER

Kevin J. 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

JUL 23 2010

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

Mr. Mark T. Pile, President/CEO
Diakon Lutheran Social Ministries
798 Hausman Road, Suite 300
Allentown, Pennsylvania 18104

RE: Buehrle Center for Assisted Living
One South Home Avenue
Topton, Pennsylvania 19562

Dear Mr. Pile:

As a result of the Department of Public Welfare's licensing inspection on June 21, 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.


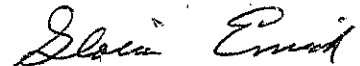
Sincerely,

A handwritten signature in cursive script 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 Buehrl Center For Assisted Living, One South Home Avenue, Topton, Pennsylvania 19562		CURRENT LICENSE NUMBER 214960	
INSPECTION DATE(S) (Include all dates of the inspection) June 21, 2010		REGIONAL REPRESENTATIVE Michael Palermo and Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Jessica Eckert, RN, Personal Care Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/16/10

Submission of this plan of correction is required by state and federal law. This plan of correction does not constitute an admission for purposes of general liability; professional malpractice or any other court proceeding.

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
202 The following procedures are prohibited: (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.	Resident #1 is prescribed a Pro re nata (PRN) medication, Alprazolam, 0.25 mg, to be administered three times daily as needed for agitation. The resident received the medication on 6/2/10, 6/3/10, 6/9/10 and 6/20/10. PCH Division Central Region Field Office	7/30/10	The order for resident #1 was reviewed by the physician and has been clarified to read: Alprazolam 0.25mg three times daily as needed for paranoid ideation. Current records are being reviewed and corrected to ensure medications prescribed have a diagnosis for a specific mental, emotional or behavioral condition. Staff were re-educated to ensure medications prescribed have a diagnosis for symptoms for a specific mental, emotional or behavioral condition. A random audit will be completed by Administrator/designee on new admissions and current residents. Discrepancies will be monitored via the CQI process for review and recommendation.	Steps have been taken to correct violation; full compliance is not verifiable. <u>7/16/10</u>  Date Initials (DPW)

JUL 12 2010

RECEIVED

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

NAME AND ADDRESS OF PERSONAL CARE HOME Buehrl Center For Assisted Living, One South Home Avenue, Topton, Pennsylvania 19562		CURRENT LICENSE NUMBER 214960	
INSPECTION DATE(S) (Include all dates of the inspection) June 21, 2010		REGIONAL REPRESENTATIVE Michael Palermo and Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>J. Eckert, RN</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ement</i>	DATE 7/16/10

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
233b A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one of more of the following occurs: (1) Upon a signal from an activated fire alarm system, heat or smoke detector. (2) Power failure to the home. (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.	The home did not have a statement from the manufacturer of the magnetic locking system that the device will allow access to the exits upon activation of the fire alarm system, power failure or an override of the system by a lock-releasing device or key pad.	7/30/10	An Architect has been contacted and is scheduled to visit the facility on 7/12/10 to conduct an inspection of the magnetic locking system under normal, fire, and emergency generator modes. A letter will be drafted at the completion of the inspection. <i>The statement will be forwarded to the Department upon receipt. - BE</i>	Steps have been taken to correct violation; full compliance is not verifiable 7/16/10 <i>BE</i> Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>G Eckert, RN</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria E. Smith</i>	DATE 7/16/10

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
233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	<ul style="list-style-type: none"> The magnetically locked gate leading from the enclosed courtyard of the secured dementia unit (Breidegan Center) did not have the directions for operation posted. Two magnetically locked exit doors leading to the enclosed courtyard of the SDU did not have accurate directions posted for their operation. 	7/30/10	<p>Directions of operation have been posted at the gate leading out of the courtyard.</p> <p>Directions of operation are posted and accurate at the two doors leading to the enclosed courtyard.</p> <p>Administrator/designee will check that directions are posted and accurate at each exit during monthly rounds. Any discrepancies will be monitored via the CQI process for review and recommendation.</p>	7/16/10 <i>EE</i>

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