

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DIAKON LUTHERAN SOCIAL MINISTRIES

To operate BUFFALO VALLEY PERSONAL CARE

Located at 945 FAIRGROUND ROAD, LEWISBURG, PA 17837

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To provide Personal Care Homes

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

and shall remain in effect from August 14, 2011 until August 14, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **202120**

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

SEP 01 2011

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

Mr. Richard M. Barger, CPA, Executive VP/CFO
Diakon Lutheran Social Ministries
798 Hausman Road, Suite 300
Allentown, Pennsylvania 18104

RE: Buffalo Valley Personal Care
945 Fairground Road
Lewisburg, Pennsylvania 17837

Dear Mr. Barger:

As a result of the Department of Public Welfare's licensing inspection on July 21, 2011 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.

The license indicates the home's recent change in the name from Assisted Living at Buffalo Valley to Buffalo Valley Personal Care.

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 "Ronald Melusky" followed by a vertical line and the initials "KRB".

Ronald Melusky
Acting Director

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, PA 17837		CURRENT LICENSE NUMBER 202120	
INSPECTION DATES (Include all dates of the inspection) 07/21/2011		REGIONAL REPRESENTATIVE Ryan Novak, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LEWNEA F. BROWN DHA EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Lewnea F. Brown DHA</i>	DATE <i>8/10/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anna Grayson</i>	DATE <i>8-15-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's	While conducting inspection on 07/21/2011, a medication cart was left unattended in the hallway outside of resident rooms. A large binder full of Medication Administration records that contained resident health information was left on top of the medication cart. The cart and medication records were observed for several minutes, until a staff member came back from responding to an alarm. All resident records must be locked unless the record is being supervised by a staff member in the area.	8/19/11	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. The MAR will be locked when it is not able to be supervised by a staff member. CSM/Designee will ensure that MAR is secure at all times. Staff will be re-educated on DPW regulation that all records must be locked unless it is supervised by a staff member in the area. CSM/Designee will conduct random audits to ensure that the MAR is secure. Results of the audits will be submitted at CQI for review and recommendation.	Steps have been taken to correct violation; full compliance is not verifiable <i>8-15-11</i> Date Initials (DPW)

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, PA 17837		CURRENT LICENSE NUMBER 202120	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LENNEA F. BROWN NHA, EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Lennea F. Brown NHA</i>	DATE <i>8/3/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aune Graziano</i>	DATE <i>8-15-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
designated person, or if a court orders disclosure.				<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <i>8-15-11</i> Initials (DPW) <i>OA</i></p> </div>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LENWEA F. BROWN NHA, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Lenwea F. Brown NHA</i>		DATE 8/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grayson</i>
			DATE 8-15-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	<ul style="list-style-type: none"> The fire drill conducted on 3/31/11 indicates 36 residents in the home but only 11 residents were evacuated. The fire drill conducted on 4/29/11 indicates 36 residents in the home but only 12 residents were evacuated. <p>Maintenance director A who runs the fire drills reported that he only counted the number of residents who completely evacuated the building due to the location of the staged fire. The other residents were evacuated to a fire safe area.</p>	8/19/11	<p>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.</p> <p>The fire drill records cannot be corrected retroactively.</p> <p>A fire drill was conducted on 7/22/11 by the Facility Manager, in which all residents who were present in the building were evacuated and properly noted as being evacuated on the fire drill record.</p> <p>Thirty-nine total residents were evacuated to a fire safe area.</p> <p>All staff who conduct fire drills will be re-educated on the proper completion of the fire drill record. Fire drill records shall be completed appropriately and include the number of residents present in the building and evacuated to a fire safe area.</p> <p>Monthly audit will be completed by the Executive Director/Designee, to ensure regulatory compliance.</p> <p>Results of these audits will be submitted to CQI for review and recommendation.</p>	<p><i>AG</i></p> <p>8-15-11</p>

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Lennea F. Brown NHA</i>	DATE <i>8/3/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Crozier</i>	DATE <i>8-15-11</i>

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SIGNATURE OF LEGAL ENTITY <i>Lennea F. Brown WHA</i>	DATE 8/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aimee Grayson</i>	DATE 8-15-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The homes designated evacuation time from the fire safety expert is 5 minutes. The fire drill conducted on 1/12/11 indicates the drill taking 7 minutes. The time exceeded the homes designated evacuation time.	8/19/11	<p>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.</p> <p>The fire drill records cannot be corrected retroactively.</p> <p>A fire drill was conducted on 7/22/11 to determine compliance to ensure appropriate evacuation time as determined by the fire safety expert. (within 5 minutes) The evacuation time of this drill was 4 minutes and 2 seconds.</p> <p>All staff who conduct drills will be re- educated on this requirement of ensuring that the evacuation time does not exceed the homes evacuation time as designated by the fire safety expert.</p> <p>A monthly audit will be completed by the Executive Director/Designee to ensure regulatory compliance. Should a fire drill exceed the time recommended by a fire safety expert, staff will be re-educated and another drill shall be held.</p> <p>Results of the audits will be submitted to CQI for review and recommendation.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date 8-15-11 Initials (DPW) OA</p>

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SIGNATURE OF LEGAL ENTITY <i>Leanea F. Brown NHA</i>	DATE <i>8/3/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Renee Grozner</i>	DATE <i>8-15-11</i>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LENEA F. BROWN NHA EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Lenea F. Brown NHA</i>		DATE <i>8/3/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gene Drozian</i>
			DATE <i>8-15-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	<ul style="list-style-type: none"> The medical evaluation dated 1/19/11 for Resident #1 notes "see attached" for medications. There is an attached list but it is not signed and dated by the physician the same day the medical evaluation was completed. The medical evaluation dated 2/24/11 for Resident #2 notes "see med list" for medications. The list is attached and signed by the physician but is not dated. 	8/19/11	<p>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.</p> <p>The attachment for the medical evaluation for Resident #1 will be sent to the physician for completion of signature.</p> <p>An audit of the current records will be conducted by CSM/designee to determine compliance with regulatory guidelines. Any identified issues will be corrected as appropriate.</p> <p>Physicians and nursing staff will be re-educated on the regulatory process for completion of medical evaluation/attachments. A monthly audit of MA 55's will be conducted by CSM or designee to determine compliance with regulatory guidelines. Incomplete medical evaluations/attachments will be returned to the physician for completion, prior to filing in resident's chart.</p> <p>Results of the audits will be submitted at CQI for review and recommendation.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <i>8-15-11</i> Initials (DPW) <i>DN</i></p>

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SIGNATURE OF LEGAL ENTITY <i>Jennifer F. Brown NHA</i>	DATE <i>8/3/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dave Grozman</i>	DATE <i>8-15-11</i>

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The master key for the medication administration record does not include the printed staff members name.	8/19/11	<p>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.</p> <p>The Master Key for the medication administration record was modified to provide a space for staff to print their name, in addition to their signature and initials.</p> <p>CSM/Designee has reviewed that the Master Key is being completed to include staff signature, staff printed name, and initials.</p> <p>Staff will be re-educated on the DPW regulation that the medication administration record must include the printed staff members name.</p> <p>CSM/Designee will audit this process weekly to ensure that staff signature, printed name and initials are present on Master Key.</p> <p>Results of the audits will be reported at CQI for review and recommendation.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <i>8-19-11</i> Initials (DPW) <i>CB</i></p>

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SIGNATURE OF LEGAL ENTITY <i>Lewnea F. Brown NHA</i>	DATE <i>8/3/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8-15-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				Steps have been taken to correct violation; full compliance is not verifiable Date <i>8-15-11</i> Initials (DPW) <i>[Signature]</i>