

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DIAKON LUTHERAN SOCIAL MINISTRIES

LEGAL ENTITY

To operate THE BUEHRLE CENTER

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

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
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 24, 2012 until July 24, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 214960

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

JUL 12 2012

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

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

RE: The Buehrle Center
One South Home Avenue
Topton, Pennsylvania 19562

Dear Mr. Pile:

As a result of the Department of Public Welfare's licensing inspection on May 16, 2012 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.


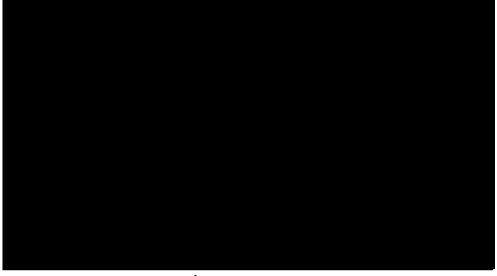
Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

PCH Name: THE BUEHRLE CENTER		License Number: 214960
Address: ONE SOUTH HOME AVENUE, TOPTON, PA 19562		County: Berks
Administrator: Jessica Eckert		Region: NORTH
Legal Entity Name: DIAKON LUTHERAN SOCIAL MINISTRIES		
Legal Entity Address: 798 HAUSMAN ROAD SUITE 300, ALLENTOWN, PA 18104		
Certificate(s) of Occupancy Other 07/02/1997 Department of Health		
Staffing Hours		
Resident Support:	Total Daily Staff: 93	Waking Staff: 70
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/10/2012: Hummel, Jesse; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 92 Number of Residents Served: 69 Secured Dementia Care Unit, In Home: Yes Area: Breidegam Center Secured Dementia Unit Capacity, if Applicable: 28 	Number of Residents who: 	

Violation Report: 21496 - 05/16/2012 - Hummel, Jesse

1. REGULATION 56 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2. DESCRIPTION OF VIOLATION

Direct Care Staff Person A was hired on 9/18/11. Staff person A does not have a high school diploma, GED Diploma, or active registry status on the Pennsylvania nurse aid registry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

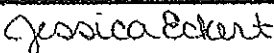

Submission of this plan of correction is required by state & federal law. This plan of correction does not constitute an admission for purpose of general liability, professional malpractice or any other court proceeding.

The employee listed as Direct Care Staff Person A is incorrect. This is an ancillary staff person who did not have all the required documents in her file. The employee who did not have a copy of her high school diploma in her file is Direct Care Staff Person B.

A copy of Direct Care Staff Person Bs high school diploma was obtained & placed in her employee file on 5/18/12.

Personal Care Administrator will audit current employee files to ensure high school diplomas, GED diplomas, or active nurse aid registries are present for applicable Direct Care Staff. Audit will be completed by June 1, 2012.

Employees hired after the completion of the audit will have a checklist form that will be completed by Personal Care Administrator/Designee to ensure all required documents are received on new hires. The results of these audits will be reported in monthly CQI meetings for review & recommendation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Jessica Eckert RN, Personal Care Home Administrator			Date 5/29/12
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>6-25-12</u> (Date)		Verification of Legal Entity Representative Signature <u>6-25-12</u> (Date)	
The above plan of correction was approved by  (Initials)		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 21496 - 06/16/2012 - Hummel, Jesse	
1. REGULATION 55 Pa.Code §2600 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	
2. DESCRIPTION OF VIOLATION On 5/16/12, Department Representatives observed Fexofenadine 180mg, Bayer Aspirin 81mg, and Caltrate 800D Pus prescribed to resident #1 located in the medication Cart. These medications were not labeled with the residents name.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
Submission of this plan of correction is required by state & federal law. This plan of correction does not constitute an admission for purpose of general liability, professional malpractice or any other court proceeding.	
Fexofenadine, Bayer Aspirin & Caltrate Plus for resident #1 were labeled on 5/16/12.	
Personal Care Unit Manager/Designee will conduct an audit of all meds to ensure they are labeled with resident's name by June 4, 2012.	
Re-education will be provided to staff on labeling of OTC medications by June 4, 2012.	
Random audits will be conducted by Personal Care Administrator/Designee to ensure OTC containers are labeled properly. The results of these audits will be reported in monthly CQI meetings for review & recommendation.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jessica Eckert</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Eckert RN, Personal Care Home Administrator</i>	Date <i>5/29/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6-28-12</u> (Date)	Verification of Legal Entity Representative Signature <u>6-25-12</u> (Date)
The above plan of correction was approved by <u><i>QE</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21496 - 05/10/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2. DESCRIPTION OF VIOLATION

The medication administration record for resident # 2 does not include a diagnosis or purpose for the following medication; Flonase Nasal Spray.

The medication administration record for resident #3 does not include a diagnosis or purpose for the following medication; Kelflex 600mg.

The medication administration record for resident #4 does not include a diagnosis or purpose for the following medication; Trental 400mg and Coreg 6.25mg.

The medication administration record for resident #5 does not include a diagnosis or purpose for the following medication; Bromday 0.05%.

The medication administration record for resident #6 does not include a diagnosis or purpose for the following medication; Furosemide 800mg.

The medication administration record for resident #7 does not include a diagnosis or purpose for the following medication; Levothyroxine Sodium.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached page

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Jessica Eckert

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jessica Eckert Date 5/29/12
RN, Personal Care Home Administrator

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>6-28-12</u> (Date)</p> <p>The above plan of correction was approved by <u>(Signature)</u> (Initials)</p>	<p>Verification of Legal Entity Representative Signature <u>6-28-12</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Plan of Correction

Regulation 2600.187(a)

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

The medication administration records for resident #2, 3, 4, 5, 6 & 7 were reviewed & diagnosis were added to all medications on 5/16/12.

The June medication administration records will be reviewed by Personal Care Unit Manager/Designee by June 1, 2012 to ensure all medications have a diagnosis. This process will ensure that moving forward pharmacy has a diagnosis to print onto the medication administration records.

Re-education will be provided to staff, by June 4, 2012, on the need for every medication on the medication administration record to have a diagnosis.

Random audits will be conducted by Personal Care Administrator/Designee to ensure all medications have a diagnosis listed. The results of these audits will be reported in monthly CQI meetings for review & recommendation.

Jessica Eckert

Jessica Eckert, RN, Personal Care Home Admin

5/29/12

[Signature] *6-25-12*

Violation Report: 21496 - 05/16/2012 - Hummel, Jesse	
1. REGULATION 55 Pa.Code §2600 2600.225(c) - The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	
2. DESCRIPTION OF VIOLATION Resident #8 was admitted to the home on 8/30/10. The most recent assessment completed for resident #8 was completed on 9/10/10. The home has not completed an annual assessment of resident #8's needs.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i> Submission of this plan of correction is required by state & federal law. This plan of correction does not constitute an admission for purpose of general liability, professional malpractice or any other court proceeding. Records for resident #8 cannot be corrected retroactively. An audit of current resident records will be conducted by Personal Care Administrator/Designee to ensure required documents are being completed annually by June 8, 2012. Re-education will be provided to Personal Care Unit Manager regarding compliance with completion of all DPW required annual forms by June 1, 2012. Random audits will be conducted by Personal Care Administrator/Designee to ensure ongoing compliance. The results of the audit will be reported in the monthly CQI meetings for review & recommendation.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jessica Eckert</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Eckert RN, Personal Care Home Administrator</i>	
Date <i>5/29/12</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6-25-12</u> (Date).	Verification of Legal Entity Representative Signature <u>6-25-12</u> (Date)
The above plan of correction was approved by <u>es</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21496 - 05/16/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.233(c) - 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.

2. DESCRIPTION OF VIOLATION

The home does not have the code or the directions to operate the locking mechanism posted on or near the door that leads from the dining room within the secured dementia unit to the outside courtyard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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

The code for the door leading from the dining room to the secured patio was posted on 5/16/12.

This door is unlocked from sun up until sun down & allows residents to go out onto the secured patio without having to enter a code. The code that is needed is the code that will override the wandguard system. Staff will be re-educated regarding the need for this code to be posted by June 4, 2012.

The posting of codes by doors with devices that prevent immediate egress will be monitored by Personal Care Administrator/Designee on biweekly unit rounds beginning on June 1, 2012.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Eckert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Eckert RN, Personal Care Home Administrator</i>	Date <i>5/29/12</i>
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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented