

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

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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.

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 15, 2012 until August 15, 2013,  
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

AUG 16 2012

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

Mr. Richard M. Barger, Executive V.P, CFO  
Daikon Lutheran Social Ministries  
960 Century Drive  
Mechanicsburg, Pennsylvania 17055

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 June 7, 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.

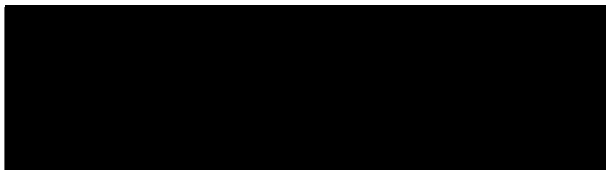
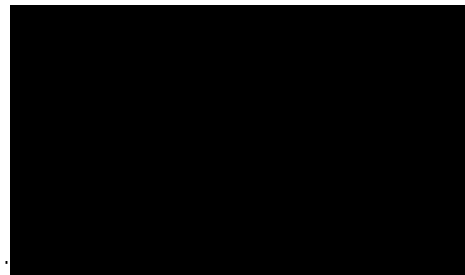
Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: BUFFALO VALLEY PERSONAL CARE		License Number: 202120
Address: 945 FAIRGROUND ROAD, LEWISBURG, PA 17837		County: Union
Administrator: Lennea Brown		Region: NORTH
Legal Entity Name: DIAKON LUTHERAN SOCIAL MINISTRIES		
Legal Entity Address: 798 HAUSMAN ROAD SUITE 300, ALLENTOWN, PA 18104		
<b>Certificate(s) of Occupancy</b> C-2 LP 11/07/1988 Dept. of Labor and Industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 39	Working Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/07/2012: Rushin, Jullenne; O'Haire, Anne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 50 Number of Residents Served: 39 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	<b>Number of Residents who:</b> 	

Violation Report: 20212 - 06/07/2012 - Rushin, Julienne  
 PCH Name: BUFFALO VALLEY PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**  
 On 6/05/2012, the home did not have a copy of its 7/21/2011 Violation Report posted with its most current license issued on 8/14/2011.

**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.*

**Regulation 55 Pa.Code 2600**  
**2600.3(c)** The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

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 Violation report from the 7/21/2011 DPW survey was posted immediately in a public area.

A copy of the licensing summary will be posted in a conspicuous and public place in the personal care home.

Administrative staff will be re-educated that the violation report must be posted, unless all the violations have been cleared, until the next survey.

ED/Designee will audit monthly to ensure the current violation report is posted in a public place.

Results of the audits will be reported at CQI monthly for review and recommendation.

Target Date: 7/20/12  
 Responsible Person: ED/Designee

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lennica F. Brown NHA ED*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *LENNICA F. BROWN NHA ED* Date *6/19/12*

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

The above plan of correction is approved as of <u>8-2-12</u> (Date)	Plan of correction implementation status as of <u>8-2-12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (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: 20212 - 06/07/2012 - Rushin, Julienne  
 POH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The egress route located outside of the home's #400 wing exit had a gap between the cement patio and blacktop walkway posing a fall risk. Residents were observed using this egress to access the front parking lot, as well as the rear of the home.

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.*

**Regulation 55 Pa.Code 2600**

2600.100(a) The exterior of the building and the building grounds or yard must be in good repair and free from hazards.

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 gap along the egress route was filled with cold patch asphalt on June 7, 2012 by the maintenance department.

All sidewalks will be assessed to ensure they are free from hazards.

Maintenance staff will be re-educated on evaluating sidewalks for hazards. The sidewalks will be audited weekly by the facility manager/designee.

Audits of the findings will be reported at CQI for review and recommendation.

Target Date: 7/20/12

Responsible person: [Redacted]

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Julienne F. Brown NHA ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LEWNEA F. BROWN NHA ED* Date *6-19-12*

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

The above plan of correction is approved as of <u>8-2-12</u> (Date)	Plan of correction implementation status as of <u>8-2-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</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