



Sent via email to: [REDACTED]
MAILING DATE: October 19, 2012

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 (Department) licensing inspection on June 26, 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.


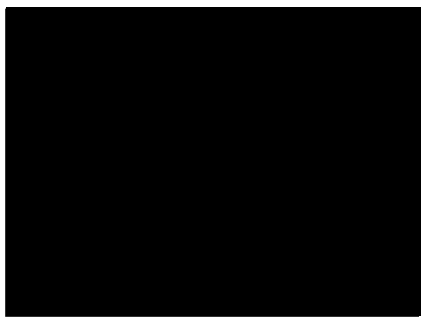
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing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

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Violation Report

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

PCH Name: BUFFALO VALLEY PERSONAL CARE		License Number:
Address: 950 FAIRGROUND ROAD, LEWISBURG, PA 17837		County: Union
Administrator: LENNEA BROWN		Region: NORTH
Legal Entity Name: DIAKON LUTHERAN SERVICES		
Legal Entity Address: 945 FAIRGROUND ROAD, LEWISBURG, PA 17837		
Certificate(s) of Occupancy C-2 LP 11/07/1988 LABOR AND INDUSTRY		
Staffing Hours		
Resident Support: 39	Total Daily Staff: 78	Waking Staff: 59
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
06/26/2012: Dumas, Gerald		
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: 50 Number of Residents Served: 39 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 20212 - 06/26/2012 - Dumas, Gerald
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

On 6/8/12, The home's front desk staff were alerted to a fire event occurring in resident room 206. Staff responded to light smoke coming from a microwave where a piece of plastic wrap was mistakenly placed inside the oven. Residents did not evacuate to the fire safe areas or to the outside as per the homes policy.

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 2600.132(h)

Residents shall evacuate to a designated meeting place away from the building or within the fire safe area during each fire drill.

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.

On 6/7/12 staff responded to room 206 when the smoke detector was sounding. Upon entry into room it was found that resident placed a wrapped cookie in the microwave to heat. Vapor from the wrapped cookie caused the room smoke detector to activate. There were no flames present or smoke in the hallway. Resident was immediately evacuated from room, and microwave subsequently removed from the building. The windows in the resident's room were opened and a fan was placed in the room to air out the burnt smell. While there was no fire as a result of this incident, residents in adjoining rooms came out of their rooms, however, the entire building did not evacuate.

Staff were re-inserviced on 7/25/12 regarding fire safe procedures. The education took place during a staff meeting.

PC residents shall be educated regarding microwave usage and safety.

The buildings main fire alarm system was re-programmed on 8/14/12. This program change causes the main fire alarm system to activate in conjunction with room smoke detector activation.

Upon alarm activation for any reason, residents shall be evacuated to a fire safe area per policy.

The fire safety expert is scheduled to conduct our annual inspection and drill on 8/27/12.

Safety director/designee shall audit fire drills monthly for compliance. Any issues noted on the audit will be corrected as appropriate. Results of the audits will be submitted to QI for review and recommendation.

Target Date: 9/30/12

The administrator will monitor and assure compliance

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date

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

The above plan of correction is approved as of <u>10.12.12</u> (Date)	Plan of correction implementation status as of <u>10.12.12</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