



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

Mr. Mark Pyle, CEO
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. Pyle:

As a result of the Department of Public Welfare's licensing inspection on May 21, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period July 24, 2013 to July 24, 2014 was issued on April 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 21496 - 05/21/2013 - Bloch, Betty
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa. Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 2/11/13, did not receive orientation in 1) smoking safety procedures, the home's smoking policy and the location of the smoking areas and 2) telephone uses and notification of emergency services until 2/19/13.

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 7 items included in regulation 2600.65(a) will be reviewed with new employees on the date that they complete their new hire paperwork, which is prior to their first day of work. Administrator/Designee will initial & date that these items were reviewed on the New Employee Orientation Checklist.

The checklist will be added to the staff education that is monitored in monthly CQI to monitor for continued compliance.

See next page for checklist

**The Administrator shall be responsible for ongoing compliance*

*JW
6/24/13*

Repeat Violation: No Date(s) of Previous Violation(s):

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, RN, FCHA* Date *6/13/13*

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

The above plan of correction is approved as of *6/24/13*
 (Date)

Plan of correction implementation status as of *6/24/13*
 (Date)

The above plan of correction was approved by *JW*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21496 - 05/21/2013 - Bloch, Betty
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B, hired on 3/17/13, did not receive orientation in reporting of reportable incidents and conditions until 5/14/13.

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.

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This concern was identified by Personal Care Administrator on 5/14/13 & the employee completed the trainings on that date.

A tracking tool has been developed to check off as each person completes the 4 courses required in regulation 2600.65(b), to prevent missing these courses in the future & ensuring completion within the 40 scheduled hours time frame. The Administrator/Designee will complete this checklist for each new hire.

The tracking tool will be added to the staff education that is monitored in monthly CQI to monitor for continued compliance.

See next page for checklist

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, RCHA</i>	Date <i>6/13/13</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

Violation Report: 21496 - 05/21/2013 - Bloch, Betty
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 On 5/21/13 at approximately 10:30 am, a resident was observed smoking a cigarette while sitting in a rod iron-style chair with a fabric cushion on it in the outside smoking location adjacent to the "Terrace Lounge".

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.

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On 5/29/13 this resident was re-educated that in order to continue to smoke on our property, she must do so in accordance with regulation 2600.144.

The Administrator/Designee will conduct random monitoring of resident's compliance.

See attached signed consent.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 21496 - 05/21/2013 - Bloch, Betty
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed the following medication:
 Glucagen Hypokit 1mg, Administer 1mg subcutaneously as needed for Hypoglycemia.
 This medication was not available at the facility in the event the resident would require the medication to be administered.

Resident #2 is prescribed the following medications:
 Acetaminophen 325mg, Administer every six hours as needed for pain, and every six hours as needed for fever.
 Loperamide HCL 2mg, Administer 1 tablet every shift as needed for diarrhea.
 Milk of Magnesia 400mg/5ml, 2 Tbsp(30ml) every day as needed for constipation.
 These medications were not available at the facility in the event the resident would require the medication to be administered.

Resident #3 is prescribed the following medication:
 Prochlorperazine 25mg suppository, administer one rectally every 6 hours as needed for nausea or vomiting.
 This medication is not available at the facility in the event the resident would require the medication to be administered.

Resident #3 is prescribed the following medication:
 Prochlorperazine 25mg suppository, administer one rectally every 6 hours as needed for nausea or vomiting.
 This medication was not available at the facility in the event the resident would require the medication to be administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Re-education was conducted with staff regarding ensuring all medications that are ordered for a resident, including prns, are kept on supply in the medication carts at all times. Items needed for residents [redacted] were obtained on 5/21/13.

Audits of medication carts & prn orders were conducted on 6/2/13 & 6/3/13. Resident MARs were reviewed for prn orders & the cart was audited to ensure those medications were supplied. Those medications requiring to be discontinued, were at that time & any medications not available in the medication cart were reordered upon completion of the audit.

Random audits will be completed monthly to ensure compliance. Results will be submitted to monthly CQI for review & recommendations.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/24/2013
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