



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 21 2014

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
License #: 214960

Dear Mr. Pyle:

As a result of the Department of Public Welfare's licensing inspection on May 7, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period July 24, 2014 to July 24, 2015 was issued on May 30, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director

MJ

Enclosure
License Inspection Summary

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

PCH Name: THE BUEHRLE CENTER		License Number: 21480
Address: ONE SOUTH HOME AVENUE, TOPTON, PA 19562		County: Berks
Administrator: MICHELE OLIVER		Region: NORTHEAST
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 DEPT OF HEALTH		
Staffing Hours Resident Support: 0 Total Daily Staff: 99 Working Staff: 74		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/07/2014: Dumas, Gerald; Yellenic, Cindy		
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: 72 Secured Dementia Care Unit in Home: Yes Area: FIRST FLOOR Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 24 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 27 Have a Physical Disability: 0

Violation Report: 21490 - 05/07/2014 - Dumas, Gerald
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION:
 Exterior lighting is not provided along the walkway leading out from the courtyard in the secured dementia unit.

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.

To minimize falls and ensure rapid evacuation in an emergency additional lighting is being installed in that area. The Longacre Company will install (3) three new LED RAB light fixtures to light up the courtyard area. Work will be completed 06-25-14. Maintenance is conducting a survey of the building to ensure all egress areas are lighted and meet code. The Administrator will monitor to ensure ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle P. Olivier P.C.H.A.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle P. Olivier* Date *06/20/14*

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

The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u><i>MP</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: 21490 - 05/07/2014 - Dumas, Gerald
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 The ventilation system was inoperable in the common bathrooms on the 1st floor.

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.

The fan was on a magnetic contactor when there is a slight power interruption the magnetic contactor drops and the vent does not operate.
 An order to maintain good air circulation the contactor is being replaced with an automatic start.
 The work will be completed on 06-25-2014, by Longacre Company from Bally, Pa.
 The maintenance department will check the ventilation system monthly.
 The Administrator will conduct random checks to ensure vents are functioning properly.

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

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 (Required on EVERY Page) *Michelle P. Olivier, P.C.H.A.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michelle P. Olivier Date 06/20/14

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Violation Report: 21490 - 05/07/2014 - Dumas, Gerald	
PCH Name: THE BUEHRLE CENTER	
1. REGULATION 55 Pa. Code §2600 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	
2a. DESCRIPTION OF VIOLATION Resident # 1 was admitted to the home on 4/5/13. The resident's the Initial medical evaluation was completed on 1/14/13.	
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.	
<p>To determine the ability to meet a residents needs a medical evaluation needs to be done within the timeframe outlined in the regulations.</p> <p>Resident #1 Medical Evaluation was done outside the timeframe allowed.</p> <p>Going forward all Medical Evaluations will be reviewed by the Nurse Manager for completeness and within 60 days prior to admission or within 30 days after admission.</p> <p>The Administrator will monitor for ongoing compliance.</p>	
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Violation Report: 21490 - 05/07/2014 - Dumas, Gerald
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident # 1, date of admission 4/5/13, annual medical evaluation on 1/15/14 was not signed by the physician.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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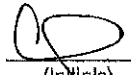
*A Medical Evaluation is done annually and signed by the physician to ensure that the residents needs are met.
 Resident #1 had a Medical Evaluation that was signed by the physician on 05-16-14.
 The Nurse Manager will review all Medical Evaluations before they are placed in the residents chart to check for completeness.
 The Administrator will monitor and audit Medical Evaluations monthly to ensure compliance.*

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Violation Report: 21490 - 05/07/2014 - Dumas, Gerald
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 The First Aid Kit in the facility's bus had Acetaminophen, 500mg packets with an expiration of 4/14.

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.

The expired Acetaminophen was removed at the time of the inspection.
 All items in the First Aid Kit were inventoried by the Transport Supervisor. All first aid items with an expiration date have been logged into an electronic database.
 Reminders have been set for a month in advance of expiration date to ensure proper replacement.
 A monthly paper log will be checked by the Transportation Supervisor. The Administrator will do random checks for compliance.

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Violation Report: 21490 - 05/07/2014 - Dumas, Gerald
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The home's policy for the safe storage and disposal of narcotics is not specific as to how narcotics are disposed of. Staff person A explained to the Department Licensing Representative, when narcotics are disposed of, two staff count and record how many pills are being disposed of and then they flush them down the toilet.

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.

To ensure that medications will be disposed of in a safe manner an addendum has been added to the policy.

The Administrator has posted the addendum for the nursing staff. The Drug Buster is stored in the Medication Room.

The Administrator will monitor for ongoing compliance.

Addendum and information about the Drug Buster is attached.
 *reviewed additional info on-line. Q. 7-8-14

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Violation Report: 21490-06/07/2014 - Dumas, Gerald
 PCH Name: THE BUEHRLE CENTER

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.

2a. DESCRIPTION OF VIOLATION

The annual Resident Assessment and Support Plan for Resident # 1 was completed on 5/6/14. The resident's previous RASP was completed on 4/8/13.

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.

In order to ensure we meet the needs of the resident an annual assessment will be done.
 Resident #1 assessment was done later than the timeframe allowed. The Nurse Manager will review the Assessment Log weekly to ensure the annual Resident Assessment and Support Plan are done on time. The Administrator will do random audits to ensure compliance. Log is attached.

Repeat Violation: No

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Printed Name and Title of Legal Entity Representative

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Michelle P. Olivier P.C.H.A.

Date

06/20/14

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Violation Report: 21490 - 05/07/2014 - Dumas, Gerald
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1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The following is a list of residents and the date of the most recent picture in their record: Resident # 2 last picture was 3/12/12;
 Resident # 3 last picture was 3/8/12; Resident # 4 last picture was 1/13/12; and, Resident # 5 last picture was 5/1/12.

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.

Residents # 2, # 3; # 4 pictures were taken on 06/08/14 and placed in their files.

An order to have updated photos of each resident pictures will be taken on admission and annually. The second Monday in January has been designated "Picture Day"

The Administrator will monitor to ensure compliance.

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Printed Name and Title of Legal Entity Representative
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