pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 1 5 2014

Mr. Scott D. Habecker, Executive V.P. – CFO/COO
Diakon Lutheran Social Ministries
798 Hausman Road
Allentown, Pennsylvania 18104

RE: Buffalo Valley Personal Care
305 East Tressler Boulevard
Lewisburg, Pennsylvania 17837
License #: 202120

Dear Mr. Habecker:

As a result of the Department of Public Welfare's licensing inspection on June 12, 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 August 15, 2014 to August 15, 2015 was issued on May 9, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director
JH

Enclosure
License Inspection Summary

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

PCH Name: BUFFALO VALLEY PERSONAL CARE	License Number: 20212
Address: 305 E TRESSLER BLVD, LEWISBURG, PA 17837	County: Union
Administrator: Charlene Fisher	Region: NORTHEAST
Legal Entity Name: DIAKON LUTHERAN SOCIAL MINISTRIES	
Legal Entity Address: 798 HAUSMAN ROAD, ALLENTOWN, PA 18104	

Certificate(s) of Occupancy
C-2 LP
11/07/1988
Dept. of Labor and Industry

Staffing Hours

Resident Support: 0	Total Daily Staff: 39	Waking Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)
Renewal

On-Site Inspections Dates and Department Representatives On-Site
06/12/2014: Rushin, Julienne; Patton, Leslie

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 who:
Number of Residents Served: 39	Receive Supplemental Security Income: 2
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 39
Area:	Have Mental Illness: 1
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0
Number of Current Hospice Residents: 0	Have a Physical Disability: 0
Number of Hospice Residents in past year: 2	

Violation Report: 20212 - 06/12/2014 - Rushin, Julienne
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
The home has a "house" glucometer that is occasionally used for various residents whose physician orders a periodic Accucheck tests.

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.

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.

→ **Regulation 2600.85(a)**
Sanitary conditions must be maintained.

The facility had a "house" glucometer in use. Each resident must have their own glucometer.

The" house" glucometer has been discarded.

Staff was re-educated on DPW regulation 2600.85(a) Diakon policy 605B, and CDC Glucometer usage information to show that each resident must have their own glucometer for sanitary reasons at the staff meeting held on 6/26/14. ~~Residents were educated at the town meeting on 7/1/14.~~

Administrator/CSM/designee will conduct a monthly audit of those residents who receive glucometer tests to ensure compliance. Any issues identified will be corrected as appropriate.

Audit findings will be reported to QAPI monthly for review and recommendation.

Target Date: 7/25/14
- Responsible Person: Administrator/CSM/Designee

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

Signature of Legal Entity Representative (Required on EVERY Page) Marlene E Fisher, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marlene E Fisher — **Date** 7/3/14

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

The above plan of correction is approved as of 8/4/14 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 8/4/14 (Date)

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

Violation Report: 20212 - 06/12/2014 - Rushin, Julienne
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
Resident room 504 did not have a list of emergency numbers posted by the telephone.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Regulation 2600.91
Telephone numbers for the nearest hospital, police department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

One resident did not have a label on or by the telephone.

A label has now been placed on the phone.

Current resident's phones will be audited to ensure they contain a label with the required emergency phone numbers. In addition, ~~a laminated postcard containing all the above emergency phone numbers, will be posted on each resident's~~ cupboard, as some of our residents have cell phones.

Staff were re-educated regarding the importance to have these emergency numbers posted by the telephone, at a staff meeting held 6/26/14. Residents were educated at town meeting on 7/1/14.

Administrator/CSM/designee will conduct a monthly audit of 20% of resident rooms to ensure compliance. Any identified issues will be corrected as appropriate.

Audit findings will be reported at QAPI for review and recommendation.

Target Date: 7/25/14
Responsible Person: Administrator/CSM/designee

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

Signature of Legal Entity Representative (Required on EVERY Page) Charlene E Fisher, RCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charlene E Fisher — **Date** 7/3/14

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Violation Report: 20212 - 06/12/2014 - Rushin, Julienne
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
Resident room 515 did not have a bedside table or a shelf next to the bed.

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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→ **Regulation 2600.101j5**
Each resident shall have the following in the bedroom: A bedside table or a shelf.

One resident did not have a bedside table.

Resident was educated on this regulation. Resident agreed to have her room rearranged to accommodate a bedside table.

Staff was re-educated on the DPW regulation 2600.101j5 and the need to have a bedside table for a lamp and accessories, within reach, at the staff meeting held on 6/26/14. Residents were educated at town meeting on 7/1/14.

Administrator/CSM/designee will audit 10% of resident's rooms monthly to ensure compliance with this regulation. Any identified issues will be corrected as appropriate.

Audit findings will be reported at QAPI for review and recommendation.

Target Date: 7/25/14
Responsible Person: Administrator/CSM/designee

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Marlene E Fisher, PCHA			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Marlene E Fisher	**Date** 7/3/14		

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Violation Report: 20212 - 06/12/2014 - Rushin, Julienne
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
The bed in room 515 does not have a source of light that can be turned on/off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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→ **Regulation 2600.101j7**
Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

One resident did not have a lamp at the bedside.

Resident was educated on this regulation. Resident agreed to have her room rearranged to accommodate a lamp on the bedside table.

A room audit was conducted of the current residents. Lamps were purchased for those that did not have light at the bedside.

Staff was re-educated on DPW regulation 2600.101j7 to ensure a light source is within reach of a resident from the bedside, at the staff meeting on 6/26/14. Residents were educated at the town meeting on 7/1/14.

Administrator/CSM/designee will audit 10% of resident rooms to ensure compliance with this regulation. Any identified issues will be corrected as appropriate.

Audit findings will be reported at QAPI for review and recommendation.

Target Date: 7/25/14
Responsible Person: Administrator/CSM/designee

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

Signature of Legal Entity Representative (Required on EVERY Page) Charlene E Fisher ACHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charlene E. Fisher **Date** 7/3/14

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Violation Report: 20212 - 06/12/2014 - Rushin, Julienne
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
The home's fre drill logs do not indicate the exits used to evacuate during the drills on the following dates: 7/12/13, 8/16/13, 9/27/13 and 10/28/13.

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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Regulation 2600.132(c)
A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Facility failed to record the exit route for fire drills on the dates of 7/12/13, 8/16/13, 9/27/13 and 10/28/13.

~~The exit route was recorded on the initial sheet, but not transposed onto the fire drill log.~~

Maintenance staff were re-educated on DPW regulation 2600.132 (c) to ensure compliance, on 7/1/14.

- Administrator/designee/Facility Manager will conduct a monthly audit of fire drill records. Any identified issues will be corrected at that time.

Audit findings will be reported at QAPI for review and recommendation.

Target Date: 7/25/14
- Responsible Person: Administrator/designee/and Facility Manager

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Charlene E Fisher, PCHA			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Charlene E Fisher	**Date** 7/3/14		

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- ☐ Not Implemented

Violation Report: 20212 - 06/12/2014 - Rushin, Julienne
PCH Name: BUFFALO VALLEY PERSONAL CARE

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 3/17/14. The medical evaluation completed for the resident (dated 12/20/13) was not completed in a timely manner as it was completed more than 60 days prior to the resident's admission to 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.

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Regulation 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.

Facility failed to ensure a new resident's medical evaluation was completed within the 60 day timeframe, or 30 days after admission.

This cannot be corrected retroactively. An appointment was scheduled for resident to obtain a current Medical Evaluation. Evaluation was completed on 4/17/14. Awaiting completed form from the physician.

Staff was re-educated on DPW regulation 2600.141(a)(1) and Diakon policy SL-AL/PCH-R.C.-NUR-625 regarding the importance of being compliant with the regulatory time frames and the benefit of this form which will determine whether a resident's needs can be met. This form assists in developing accurate assessments and support plans and ensures that a residents medical needs will be met. Staff was educated at the staff meeting on 6/26/14.

- Clinical Services Manager will audit each new medical evaluation. Administrator will then do a second check for compliance.

  Audit findings will be reported at QAPI for review and recommendation.

- Target Date: 7/25/14
  Responsible Person: Administrator and Clinical Services Manager.

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

Signature of Legal Entity Representative (Required on EVERY Page) Charlene E Fisher PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charlene E Fisher **Date** 7/3/14

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Plan of correction implementation status as of 8/4/14 (Date)

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- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20212 - 06/12/2014 - Rushin, Julienne
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident #5 self administers medications. The following outdated items were found in his/her room: 1 bottle of 325 mg. Bayer Aspirin (expired 9/2012) and 1 bottle of Centrum Silver Multi Vitamins (expired 8/2008).

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Regulation 2600.183(d)—Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Facility failed to ensure the prescriptions in one resident's room were current.

Medication was reviewed by the surveyor and given to PCHA. Medication was discarded by the CSM.

Staff was re-educated on DPW regulation 2600.183 (d) and Diakon policy SL-C-NUR 641C to ensure residents who self-administer are storing and administering medications as per physician orders and per regulatory guidelines. Education given at staff meeting on 6/26/14.Residents were educated at town meeting on 7/1/14.

Administrator, Clinical Services Manager/designee will audit 20% of resident rooms monthly. Any identified issues will be corrected at that time.

Audit findings will be reported at QAPI for review and recommendation.

Target Date:7/25/14
Responsible Person: Administrator, Clinical Services Manager/designee .

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/25/2013		

Signature of Legal Entity Representative (Required on EVERY Page) Marlene E Fisher, ACHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marlene E. Fisher — **Date** 7/3/14

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- ☐ Not Implemented

Violation Report: 20212 - 06/12/2014 - Rushin, Julienne
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:
(1) The scope and general description of the services and activities that the home provides.
(2) The criteria for admission and discharge.
(3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION
The home's policy regarding services does not indicate services the home does not provide but will make arrangements to be provided or physical, social, and behavioral needs that the home can and cannot meet.

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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→ **Regulation 2600.223(a)The home shall have a current written description of services and activities that the home provides including the following:**
(1) The scope and general description of the services and activities that the home provides.
(2) The criteria for admission and discharge.
(3) Specific services that the home does not provide, but will arrange or coordinate.

Facility failed to provide a written description of services and activities.

Facility does have a "Services Provided Policy". Diakon policy SL-AL-R.C.-NUR-649. Criteria for Admission is determined via the prescreen form. See also policy SLS-AL-R.C.NUR-602A.2—Personal Care Admission policy. See also Policy SL-AL/PCH-R.C.-NUR626, Personal Care Assessment/AL managers functional assessment policy. Specific Services: Facility has policy SLS-MED-SERV-401—Consultant Services that states that the resident has a right to select the practitioner providing consultative services. See also policy SL-C-NUR-625—Private Duty Nursing Care. Personal Care Contract does list the services provided on page 1. Personal Care Contract lists the criteria for discharge on page 5.

• The administrator shall monitor and assure ongoing compliance. M 8/4/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Marlene E Fisher, RHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marlene E Fisher **Date** 7/3/14

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Violation Report: 20212 - 06/12/2014 - Rushin, Julienne
PCH Name: BUFFALO VALLEY PERSONAL CARE

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 most recent assessment in the record of resident #2 was completed on 12/15/13 and the previous assessment was completed on 11/23/12. The annual assessment completed on 12/15/13 was not completed in a timely manner due to not being completed within 12 months of the assessment previously completed on 11/23/12.

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.

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7 **Regulation 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.

Facility failed to ensure one resident RASP was completed within the 12 month timeframe.

Cannot be corrected retroactively.

Staff was re-educated on DPW regulation 2600.225(c) and Diakon policy SL-AL/PCH-R.C.NUR 648 and the importance of timeliness and the need to have a current resident profile to meet the needs of the residents at a staff meeting on 6/26/14.

Administrator/Clinical Services/designee will conduct a monthly audit of 20% of the resident charts. Any identified issues will be corrected at that time.

Audit findings will be reported at QAPI for review and recommendation.

Target Date: 7/25/14
Responsible Person: Administrator/CSM/designee

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

Signature of Legal Entity Representative (Required on EVERY Page) Marlene E. Fisher, RCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marlene E. Fisher — **Date** 7/3/14

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Violation Report: 20212 - 06/12/2014 - Rushin, Julienne
PCH Name: BUFFALO VALLEY PERSONAL CARE

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 records of residents #3, #2, #1, and #4 do not indicate the residents' identifying marks, if any.

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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Regulation 2600.252—Each resident's record must include the following information:

(1) Name, gender, admission date, birth date, and Social Security number.
(2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
(3) A photograph of the resident that is no more than 2 years old.
(4) Language or means of communication spoken or used by the resident.
(5) The name, address, telephone number, and relationship of a designated person to be contacted in case of an emergency.
(6) The name, address, and telephone number of the resident's physician or source of healthcare.
(7) The current and previous 2 years' physician's examination reports, including copies of the care.
(8) A list of prescribed medications, OTC medication and CAM.
(9) Dietary restrictions.
(10) A record of incident reports for the individual resident.
(11) A list of allergies.
(12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
(13) The preadmission screening, initial intake assessment and the most current version of the annual assessment.
(14) A support plan.

- The administrator shall monitor and assure ongoing compliance. M 8/4/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Marlene E. Fisher, ACHH

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marlene E. Fisher **Date** 7/3/14

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