



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: August 18, 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 July 8, 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.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20212 - 07/08/2014 - O'Haire, Anne
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 struck resident #2 on their head and chest area causing resident #2 to suffer a closed head injury and marks on their chest. This incident occurred on 08-22-2014 at 11:30 am and was not witnessed by others. Resident #2 reported that resident #1 beat them.

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 2600.42(b)

A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

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.

Resident #1 struck resident #2 on their head and chest area causing resident #2 to suffer a closed head injury and marks on their chest. This incident occurred on 6/27/14 at 11:30 a.m. and was not witnessed by others. Resident #2 reported that resident #1 beat them.

Resident # 1 was immediately removed from the room where resident #2 was located, and kept under staff supervision. Resident #2 was evaluated by CSM and LPN on duty. It was determined that he needed to be sent to the local hospital for evaluation.

Resident #2 was transferred from the local hospital to the Buffalo Valley Lutheran Village nursing care and rehab center at 5 p.m. on 6/27/14. Resident #2 has been discharged from Buffalo Valley Personal Care.

Resident #1 remains at Buffalo Valley Personal Care.

Resident #1 and resident #2 are permitted supervised visits with one another as long as there are no behaviors exhibited and they are both safe. Resident #1 and resident #2 will not live in the same room again. If/when resident #2 is transferred to the nursing care center, she will have her own room, on a different wing and/or floor.

Residents have had several supervised visits since the incident. Residents both agreed to see each other. Visits were unremarkable.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Charlene E. Fisher PCCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charlene E. Fisher, PCCHA* Date *8/8/14*

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

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

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

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

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