



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Sent via emailed to: [REDACTED]

MAILING DATE: April 2, 2015

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 Human Services' licensing inspection on February 18, 2015 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,

*Anne Graziano*

Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 21496 - 02/18/2015 - Novak, Ryan  
 PCH Name: THE BUEHRLE CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**  
 On 2/18/15 at approximately 4:45pm the medication administration record was left unlocked and unattended on top of the medication cart. The MAR'S contain confidential information of the residents.

**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.

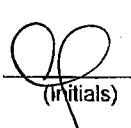
*Please see attachments A & B*

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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle P. Olivier, Admin</i>	Date <i>5/25/15</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4-1-15</u> (Date)	Plan of correction implementation status as of <u>4-1-15</u> (Date)
The above plan of correction was approved by  (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

# Attachment A

## 3. Plan of Correction (POC)

To ensure that resident records shall be confidential the following action was taken the day the violation occurred:

1. All staff working on 2/18/2015 were re-educated about the importance of maintaining resident confidentiality as it pertains to the MAR
  - a) Staff were reminded that the MAR is not to be left unattended at any time
  - b) Staff were asked to either lock the MAR in the medication cart or bring the MAR with them when they administer the medication to the resident
  - c) Staff were also told that the MAR may remain on top of the medication cart if they have continual vision of the MAR
2. A posting of the regulation was put on the board in the nurse's station as a reminder
3. The next day all staff who were on were given the same information.
4. The importance of resident confidentiality is a topic covered in our staff meetings
5. To ensure continual compliance
  - a) the Nurse Unit Manager and the Administrator will conduct random audits during medication administration to observe staff maintaining confidentiality with the MAR
  - b) Tracking will be added to our monthly Quality Improvement Plan
  - c) The Unit Manager will do audits weekly for one month then it will be done monthly for two months

Michelle D. Oliver

3/25/15

Anne Grayson

4-1-15