



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 1 1 2015

Mr. Scott D. Habecker, Exec. VP, COO/CFO  
Diakon Lutheran Social Ministries  
1022 North Union Street  
Middletown, Pennsylvania 17057

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


Dear Mr. Habecker:

As a result of the Department of Human Services' licensing inspection on June 11, 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.

Your regular license for the period August 15, 2015 to August 15, 2016 was issued on May 5, 2015. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 20212 - 06/11/2015 - Novak, Ryan  
 PCH Name: BUFFALO VALLEY PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**  
 The licensing inspection summary dated 7/8/14 was not posted in a public conspicuous place in 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.

The facility failed to post the violation report dated 7/8/14.  
 The violation report dated 7/8/14 has been posted.  
 Administrator was re-educated on DHS regulation 2600.3(c) to ensure compliance with violation postings.  
 Administrator /designee will conduct a monthly audit to ensure the current violation report is posted.  
 Audit findings will be reported to QAPI monthly for review and recommendation.  
 Target Date: 7/24/15  
 Responsible Person: Administrator/Designee

*Spoke to Adm - comp. 7/22/15*

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

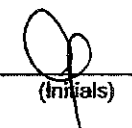
*Charlene E. Fisher, PCHA*

Date *6/24/15*

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

The above plan of correction is approved as of 7/22/15  
 (Date)

Plan of correction implementation status as of 7/22/15  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 20212- 06/11/2015 - Novak, Ryan  
 PCH Name: BUFFALO VALLEY PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**  
 The home did not complete a Pennsylvania criminal background check for staff person A, hired 11/14/11.

**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.

Facility failed to produce a criminal background check on one employee who was hired on 11/14/11.  
 New hires will have a criminal background check produced, prior to being hired. The criminal background check will be maintained in the employee file. Human Resources will log each record, to include the patch number.  
 Human Resources personnel were re-educated regarding DHS regulation 2600.51 to ensure compliance with new hires.  
 Administrator/designee will conduct a monthly audit of new hires to ensure compliance. Audit findings will be reported at QAPI for review and recommendation.  
 Target Date: 7/24/15 Spoke to HR 7/20/15 - compl. CP.  
 Responsible Person: Administrator/designee

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, PCHA	Date 6/24/15
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The above plan of correction is approved as of 7/20/15  
 (Date)

Plan of correction implementation status as of 7/20/15  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

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

Violation Report: 20212 - 06/11/2015 - Novak, Ryan  
 PCH Name: BUFFALO VALLEY PERSONAL CARE

**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**

The following staff persons completed the required training after their first day of work and therefore, the training was not completed in a timely manner:

- Staff person B hired 8/11/14, training was completed 8/12/14
- Staff person C hired 3/9/15, training was completed 3/13/15
- Staff person D hired 4/30/15, training was completed 5/13/15
- Staff person E hired 4/13/15, training was completed 5/13/15
- Staff person F hired 4/20/15, training was completed 4/21/15

**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.*

Facility failed to ensure 5 staff persons were trained in general fire safety and emergency preparedness on or before the first work day.

Future staff persons will be educated in general fire safety and emergency preparedness on the first day of hire.

Staff were re-educated on the DHS regulation 2600.65(a) to ensure compliance with fire training and emergency preparedness.

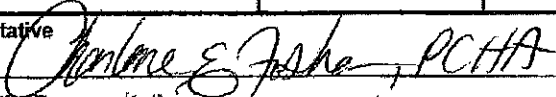
Administrator/designee will audit new hires monthly to ensure general fire safety and emergency preparedness were given prior to, or on the first work day.

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

Target Date: 7/24/15 Spoke to adm - compl. 7/22/15

Responsible Person: Administrator/designee

Repeat Violation: No	Date(s) of Previous Violation(s):		
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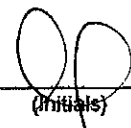
Signature of Legal Entity Representative (Required on EVERY Page)  


Printed Name and Title of Legal Entity Representative (Required on EVERY Page)  
 Charlene E Fisher, PCHA Date 6/24/15

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 (Date)

Plan of correction implementation status as of 7/22/15  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 20212 - 06/11/2015 - Novak, Ryan  
 PCH Name: BUFFALO VALLEY PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Staff person A completed "Fire Safety" training by utilizing a computerized training program, and did not receive the training from a fire safety expert or an individual trained by a fire-safety expert to provide the training specific to this home during the 2014 training year.

**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.*

One employee completed "Fire Safety" training utilizing a computerized training program, and did not receive the training from a fire safety expert or an individual trained by a fire safety expert to provide the training specific to this home during the 2014 training year.

Staff will attend fire safety training with a fire safety expert, or someone trained by a fire safety expert, annually.

Staff were re-educated on DHS regulation 2600.65(g) for the need for attendance at the annual fire safety training.

Administrator will audit the training sign in sheet, to ensure staff is compliant with this regulation. Audit findings will be reported at QAPI for review and recommendation.

*Empl. A will complete additional training specific to the home by a fire safety expert. This additional training in 2015 is to make up for missed training in 2014.*  
*CP. 7/22/15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>Charlene E Fisher, RCHA</i>	Date <i>6/24/15</i>
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 (Date)

Plan of correction implementation status as of 7/22/15  
 (Date)

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

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

Violation Report: 20212 - 06/11/2015 - Novak, Ryan  
 PCH Name: BUFFALO VALLEY PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION  
 On 6/1/15 at 4:30pm, staff utilized resident #1's glucometer to measure the blood glucose level of resident #2.

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.

Facility failed to use the designated glucometer for one resident.  
 The LPN had 3 glucometers in the same location at the time of the resident accucheck. She selected one belonging to another resident.  
 A new glucometer was obtained on 6/11/15. The other glucometer was discarded.  
 Nursing staff were re-educated on DHS regulation 2600.85(a) to ensure compliance that accuchecks are being done on the glucometer specific to that resident.  
 Administrator/designee will conduct a monthly audit of the glucometers to ensure the readings on the glucometer match the MAR for each resident, and also determine that glucometers are not being shared. Any identified issues will be corrected at that time.  
 Audit findings will be reported at QAPI for review and recommendation.  
 Target Date: 7/24/15 - spoke to Adm - Compl. 7-22-15  
 Responsible Person: Administrator/designee

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/12/2014
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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, PCHA* Date *6/24/15*

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The above plan of correction is approved as of <u>7/22/15</u> (Date)	Plan of correction implementation status as of <u>7/22/15</u> (Date)
The above plan of correction was approved by <u><i>CF</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: 20212 - 06/11/2015 - Novak, Ryan  
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
 The home did not submit their emergency procedures to the local emergency management agency in 2014.

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.

Facility failed to notify the emergency management agency that the written emergency procedures had been reviewed, and no changes were made.  
 Record of review was sent to the emergency management agency on 6/17/15.  
 Staff was re-educated on DHS regulation 2600.107(d) Annual review will be documented and submitted to the emergency management agency.  
 Administrator/designee will maintain the certified mail receipt in a file.  
 Audit findings will be reported at QAPI for review and recommendation.  
 Target Date: 7/24/15 spoke to Adm 7-22-15 - compl. CP,  
 Responsible Person: Administrator/designee

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Cherokee E Fisher, RCHA      Date 6/24/15

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The above plan of correction is approved as of 7/22/15  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction implementation status as of 7/22/15  
 (Date)

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- Not Implemented