



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

**MAILING DATE: March 1, 2016**

Mr. Scott D. Habecker, Ex. 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 January 19, 2016 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: 20212 - 01/04/2016 - Hummel, Jesse  
 PCH Name: BUFFALO VALLEY PERSONAL CARE

**1. REGULATION 55 Pa. Code §2800**

2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 is prescribed Nitroglycerin patch .1mg and Nitroglycerin patch .4mg - apply .1mg patch along with .4mg patch daily at (8:00am) to be removed at hour of sleep (8:00pm). On 12/12/15 at 9:00pm it was determined the staff of the facility failed to remove the nitroglycerin patches from 12/9/15, 12/10/15, and 12/11/15, a total of 6 patches were not removed. The facility has failed to follow prescribers orders regarding the application of this medication.

**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.

- (1) Staff member a and staff member b failed to follow the directions of the prescriber for one resident's nitro patches, .1 and .4, to be on at 8 a.m. and off at hs, on 12/9, 12/10, 12/11.
- (2) On 12/12/15, staff member c found 6 patches on the resident. No adverse reactions of the resident were noted by the nurse.
- (3) The medication order in the electronic MAR was reviewed and determined to be entered incorrectly. Staff member c then entered the order correctly. The original order was flagged to place the patch on at 8 a.m. but was not flagged to remove the patch at hs.
- (4) An audit was conducted on residents that had medication orders for a patch.
- (5) Re-education was given to both staff member <sup>a</sup> and <sup>b</sup> on 12/12/15. An on-the-spot inservice was given to staff. Staff were also re-educated during the 1/27/16 staff meeting on the importance of following regulation 2600.187(d) and Diakon policy NUR-623AA. New hires will be educated on DHS regulation 2600.187(d) and Diakon policy NUR-623AA during med pass orientation.
- (6) Administrator/designee will audit any new orders for patches for 3 months to ensure they were entered correctly in the electronic record system. Random audits will be conducted after that time.
- (7) Audit findings will be reported to QAPI monthly for review and recommendation.

*2/29/16*

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) *Charlene E Fisher, RCHA* Date *2/3/16*

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

The above plan of correction is approved as of <u>2/29/16</u> (Date)	Plan of correction implementation status as of <u>2/29/16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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 - 01/04/2016 - Hummel, Jesse  
 PCH Name: BUFFALO VALLEY PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 is prescribed Nitroglycerin patch .1mg and Nitroglycerin patch .4mg - apply .1mg patch along with .4mg patch daily at (8:00am) to be removed at hour of sleep (8:00pm). On 12/12/15 at 9:00pm it was determined the staff of the facility failed to remove the nitroglycerin patches from 12/9/15, 12/10/15, and 12/11/15, a total of 6 patches were not removed. The facility failed to notify the physician of these medication errors.

**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.

- (1) Staff member c failed to report the medication error to the prescriber.
- (2) The prescriber was notified via medication error form, sent to her office on 12/14/15.
- (3) Re-education was given to staff member c on regulation 2600.188(b) and Diakon policy NUR - 623AA. Re-education was given to staff with an on-the-spot inservice and at the monthly staff meeting on 1/27/16. New hires will be educated on DHS regulation 2600.188(b) and Diakon policy NUR - 623AA during med pass orientation.
- (4) Administrator/designee will audit all medication errors within 24 hours to ensure the resident, the
- (5) resident's designated person and the prescriber are aware. Staff will be instructed to notify
- (6) administrator/designee immediately upon discovery of error.
- (7) Audit findings will be reported to QAPI monthly for 3 months, for review and recommendation.

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) *Charlene E Fisher, RCHA* Date *2/3/16*

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