



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 02 2016

Mr. Mark T. Pile, President/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. Pile:

As a result of the Department of Human Services' annual licensing inspection on May 24, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21496 - 05/24/2016 - Yellenic, Cindy
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 5-22-16, Resident #4 told Staff Person C there was money missing from the resident's locked drawer in the night stand. The home did not report it to the Office of Aging, in accordance with the Older Adults Protective Services Act, until 5-24-16.

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.

It is extremely important that suspected abuse be reported immediately to both DHS and the Area Office of Aging. A late report of missing money was submitted as per regulation. A 30 day look back audit was completed to determine if there have been other allegations of missing money. Staff person c was immediately in-serviced on the process for reporting allegations of abuse/misappropriation of property. Staff in-served will be conducted to provide education on the process of reporting abuse allegations/misappropriation of property. PCHA/designee will audit cases of allegations of abuse/misappropriation of property for proper reporting process weekly x4, monthly x2. Audit findings will be presented in monthly Quality Assurance meetings for x3 months. PCHA/designee will monitor for ongoing compliance.

The administrator shall be responsible for ongoing compliance -
m
7/21/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Miller, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Miller, PCHA	Date 7/20/16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/21/16</u> (Date)	Plan of correction implementation status as of <u>7/21/16</u> (Date)
The above plan of correction was approved by <u>m</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: 21496 - 05/24/2016 - Yellenic, Cindy
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Person A did not have annual training in the Department forms for the Pre-Admission, DME, and the RASP in the 2015 training year.
 Direct Care Staff Person B did not have annual training in the Department forms for the Pre-Admission, DME, and the RASP in the 2015 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.

It is important that all staff have ongoing training and education. Staff Persons A and B immediately completed the trainings on Pre-screening, DME and the RASP. They will complete this training again for the 2016 training year. PCHA/designee will complete quarterly audits to ensure training compliance. Trainings will be reviewed at Quality Assurance Meetings quarterly and the PCHA/designee will monitor for ongoing compliance.

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

Jennifer Miller PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jennifer Miller, PCHA	7/20/16

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Violation Report: 21496 - 05/24/2016 - Yellenic, Cindy
 PCH Name: THE BUEHRLE CENTER

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

Direct Care Staff Person B did not have annual training in Emergency Preparedness and Procedures in the 2015 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.

It is important that all staff be trained annually in Emergency Preparedness so they are able to implement and execute our plan in the event of an emergency. Staff person B completed her Emergency Preparedness training. She will complete this again for the 2016 training year. PCHA/designee will complete quarterly audits to ensure training compliance. Trainings will be reviewed at Quality Assurance meetings quarterly. PCHA/designee will monitor for ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	05/07/2015
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Violation Report: 21496 - 05/24/2016 - Yellenic, Cindy
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The GE brand refrigerator / freezer located in the Terrace Lounge activity room had a freezer temperature of 12 degrees Fahrenheit at 2:30pm.

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.

Maintenance immediately inspected the refrigerator to ensure it was in proper working condition. Staff were in-serviced on the procedure for documenting temperatures and reporting concerns to maintenance. Residents will be reminded to close the refrigerator and freezer doors and to let staff know of any concerns in the August Newsletter. PCHA/designee will complete audits weekly x4, monthly x2 to ensure the refrigerator/freezer log is being completed and temperatures are within range. Audits will be discussed at monthly Quality Assurance meetings x3 months. PCHA/designee will continue to monitor for ongoing compliance.

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Violation Report: 21496 - 05/24/2016 - Yellenic, Cindy
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1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Resident #1's DME completed on 04-13-16 did not indicate if Resident #1 was capable of managing their medications independently or needed assistance with medication administration.

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.

It is important that all resident DMEs are completely filled out with accurate information. This DME was immediately corrected. A DME audit was created. This audit will be completed monthly x3, then on an as needed basis. The PC Unit Manager will conduct random audits to ensure compliance. Audits will be reviewed at Quality Assurance meetings.

✓ PCHA/designee will monitor for ongoing compliance.

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Violation Report: 21496 - 05/24/2016 - Yellenic, Cindy
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1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #2 had a physician's order for Nystatin. The medication was not available in the medication cart.
 Resident #3 had a physician's order for Cepacol. The medication was not available. Resident #3 also had a physician's order for Tramadol. The medication was not available.

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.

An immediate audit of medications was completed for these two residents. Physician ordered were reviewed and the medications were ordered/discontinued. Staff were in-serviced on proper medication administration and PRN medications, as well as the proper disposal of medication. A medication audit will be completed monthly by nursing staff starting August 2016. PC Unit Manager will complete random audits to ensure ongoing compliance. These audits will be reviewed at Quality Assurance meetings. PCHA/designee will monitor for ongoing compliance.

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1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2 was prescribed the following medications on 3-24-16 to be taken for 5 days until finished and then discontinued. The medications; Ipratropium-Albuterol, Methylprednisolone, and Azithromycin were not taken off or marked discontinued in the E-MAR system.

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.

An immediate audit of medications was completed. All medications were given as ordered. At this time the EMAR was new for staff and they missed checking off the proper box stating the medication was given. Staff were in-serviced on the proper documenting process on the EMAR. An audit tool will be implemented August 2016. Audit will be completed monthly x6, then on an as needed basis. PC Unit Manager will complete random audits to ensure ongoing compliance. Audits will be reviewed at Quality assurance meetings. PCHA/designee will monitor for ongoing compliance.

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