



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

SEP 27 2016

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' annual licensing inspection on June 7, 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: 20212 - 06/07/2016 - Dumas, Gerald
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 was admitted to the facility on [redacted] 15. The resident – home contract is not signed by the payer as required.

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.

A discharged resident contract was not signed by residents POA upon admission.

Contract cannot be corrected retroactively.

Administrator/designee will audit contracts on all new admissions for next 3 months. *to insure ongoing compliance. QP 8-13-16*
 Audit findings will be reported to QAPI for review and recommendation.

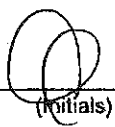
Target Date: July 31, 2016.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Charlene Fisher, RCHA* Date *7/18/16*

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

The above plan of correction is approved as of <u>8-13-16</u> (Date)	Plan of correction implementation status as of <u>8-13-16</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

Violation Report: 20212 - 06/07/2016 - Dumas, Gerald
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed a blue cotton sock located behind the clothing dryer in the main laundry area of the facility. The sock is combustible and is located near a source of heat which poses a fire hazard.

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.

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A sock was found behind the dryer which is considered a combustible material.

The sock was removed that day.

Residents were reminded by Administrator in town meeting on June 22, 2016 to notify staff if something falls behind the dryer.

Staff was reminded by Unit Manager in staff meeting on June 15, 2016 to check behind dryer when they are in the laundry rooms.

Administrator/designee will do environmental rounds weekly x4, then monthly x2 to check for materials behind the dryer. *in order to ensure on going compliance*

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

Q. 8-13-16

Target Date: July 31, 2016.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Charlene Fisher, PCHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Charlene Fisher, PCHA

Date *7/18/16*

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 (Date)

Plan of correction implementation status as of 8-13-16
 (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 - 06/07/2016 - Dumas, Gerald
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident # 2 was admitted to the facility on [redacted] 16. The resident was medically evaluated on 11/13/15 and 5/12/16. A medical evaluation is required 60 days prior to admission or within 30 days after the resident date of admission. These evaluations were conducted outside of these time frames.

Resident # 3 was admitted to the facility on [redacted] 16. The resident has not yet been medically evaluated.

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.

DME assessment date was not within appropriate time frame of 60 days prior or 30 days after admission.

DME cannot be corrected retroactively.

Re-education was given to licensed nursing staff in staff meeting on June 15, 2016 on DHS regulation 141a1 by Unit Manager.

Unit Manager/designee will audit completed DME's for next 3 months to ensure completion dates are in compliance.

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

Target Date: July 31, 2016.

for new admits

*CP
8-13-16*

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page) *Charlene Fisher, RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Charlene Fisher, RCHA</i>	Date <i>7/18/16</i>
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Violation Report: 20212 - 06/07/2016 - Dumas, Gerald
 PCH Name: BUFFALO VALLEY PERSONAL CARE

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 # 4's medical evaluation completed on 1/13/16 does not indicate the resident's height. The medical evaluation completed on 8/6/15 does not include the resident's blood pressure.

Resident # 5's medical evaluation completed on 12/20/15 does not include the weight of the resident.

Resident # 1's medical evaluation completed on 12/17/15 does not include the resident's height.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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DME was incomplete.

DME cannot be corrected retroactively. — but can be updated & initialed & dated by staff person working w/ PCP on completion. CP. 8-13-16
 Re-education will be given to licensed nursing staff on DHS regulation 141a2 by Unit Manager.

Re-education was given to licensed nursing staff in staff meeting on June 15, 2016 by the Unit Manager that they are able to fill out all sections except physician section prior to sending out to physician. — or can call PCP after — DME received — review & correct — initial & date Document who Unit Manager/designee will audit DME's for 3 months to verify completion. was involved for the record (w/ home & PCP staff)

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

Target Date: July 31, 2016.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charlene Fisher PCCHA* Date *7/18/16*

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- Not Implemented

Violation Report: 20212 - 06/07/2016 - Dumas, Gerald
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident # 3 was admitted to the facility on [redacted] 16. The resident pre admission screening was not dated when completed and therefore it cannot be determined if it was completed within 30 days prior to the residents date of admission.

Resident # 4 was admitted to the facility on [redacted] 15. The resident's pre admission screening completed on [redacted] 15 does not indicate the resident's needs are capable of being met by the services provided by the facility.

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.

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Pre-screen was incomplete.

Pre-screen cannot be corrected retroactively. *- but can be reviewed, completed, and initialed & dated by staff person auditing record. Of 8-13-16*
 Re-education was given to licensed nursing staff in staff meeting on June 15, 2016 on DHS regulation 224a by Unit Manager.

Unit Manager/designee will audit pre-screens prior to filing in resident's chart.

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

Target Date: July 31, 2016.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 20212 - 06/07/2016 - Dumas, Gerald
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 was admitted to the facility on [redacted] 16. The resident did not have an assessment of the residents personal care needs until 4/24/16. An assessment is required within 15 days of admission.
 Resident # 5 was admitted to the facility on [redacted] 14. The resident did not have an assessment of the residents personal care needs until 1/10/15, which was not within the required 15 days of admission to the facility.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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The completion of the RASP initial written assessment date was not within appropriate time frame of 15 days from the admission date.

RASP cannot be corrected retroactively. *-but can be audited - completed & initialed and dated @ audit. CP. 8-13-16*
 Re-education was given to licensed nursing staff in staff meeting on June 15, 2016 on DHS regulation 225a by Unit Manager.

new admission
 Unit Manager/designee will audit ~~annual~~ paperwork and ensure that RASP initial written assessments are completed within 15 days from the admission date.

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

Target Date: July 31, 2016.

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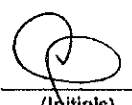
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