



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: fisherc@diakon.org
MAILING DATE: August 16, 2017

Mr. Scott D. Habecker
Executive 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 May 5, 2017 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: BUFFALO VALLEY PERSONAL CARE		License Number: 20212
Address: 305 E TRESSLER BLVD, LEWISBURG, PA 17837		County: Union
Administrator: Charlene Fisher		Region: NORTHEAST
Legal Entity Name: DIAKON LUTHERAN SOCIAL MINISTRIES		
Legal Entity Address: 1022 NORTH UNION STREET, MIDDLETOWN, PA 17057		
Certificate(s) of Occupancy		
C-2 LP 11/07/1988 Pa. Dept. of L& I		
Staffing Hours		
Resident Support: 42	Total Daily Staff: 86	Waking Staff: 65
Type of Inspection: Partial	BHA Docket Number:	Notice:
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable		
05/05/2017: Valence, Duane		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 50 Number of Residents Served: 42 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 20212 - 05/05/2017 - Valence, Duane
 PCH Name: BUFFALO VALLEY PERSONAL CARE

- 1. REGULATION 55 Pa.Code §2600**
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
- (1) Identify the correct resident.
 - (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 - (3) Remove the medication from the original container.
 - (4) Crush or split the medication as ordered by the prescriber.
 - (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 - (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 - (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 Resident #1 was not given his/her 8:00PM medications on 4/10/2017 as prescribed by his/her physician. Resident #1's ALIGN- 4mg, ATORVASTATIN- 10mg, DOXEPIN-25mg and GABAPENTIN-300MG medications were placed in a medication cup by staff person "A." who did not observe resident #1 take and ingest the medications. It was not until 4:00AM on 4/11/2017 that it was discovered that resident #1 failed to receive his/her medication as prescribed.

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.

Resident #1 was not observed taking 8pm medications on 4/10/17.
 Staff person "A" was educated immediately on regulation 2600. 182c.
 Licensed nurses educated on regulation 2600.182c to ensure residents are receiving their prescribed medication.
 Medication administration observations were done at random on all licensed nurses.
 Unit Manager will conduct random medication administration audits weekly x 3 months and then continue to monitor on an ongoing basis.
 Audit findings will be reported to QAPI for review and recommendation.

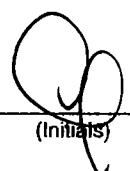
Adm will oversee to ensure ongoing compliance
8-15-17

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 *6/8/17*

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

The above plan of correction is approved as of <u>8-15-17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>8-15-17</u> (Date) <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
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Violation Report: 20212 - 05/05/2017 - Valence, Duane
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
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Licensed nurses educated on regulation 2600.182c to ensure residents are receiving their prescribed medication.

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Unit Manager will conduct random medication administration audits weekly x 3 months and then continue to monitor on an ongoing basis.

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

Adm will oversee to ensure ongoing compliance. QP. 8-15-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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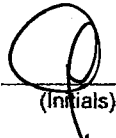
Signature of Legal Entity Representative (Required on EVERY Page)	<i>Charles E Fisher PCHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Charles E Fisher PCHA</i>	<i>6/8/17</i>

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