pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 2 3 2017

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 18, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: THE BUEHRLE CENTER	License Number: 21496
Address: ONE SOUTH HOME AVENUE, TOPTON, PA 19562	County: Berks
Administrator: Jennifer Miller	Region: NORTHEAST

Legal Entity Name: DIAKON LUTHERAN SOCIAL MINISTRIES

Legal Entity Address: 798 HAUSMAN ROAD SUITE 300, ALLENTOWN, PA 18104

Certificate(s) of Occupancy

Other
07/02/1997
PA. Dept . of Health

Staffing Hours

Resident Support: 0 | Total Daily Staff: 117 | Waking Staff: 88

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

05/18/2017: OHaire, Anne; Hummel, Jesse

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers: | Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 92

Number of Residents Served: 78

Secured Dementia Care Unit in Home: Yes

Area: Secured Dementia Unit

Secured Dementia Unit Capacity, if Applicable: 26

Number of Residents Served in Secured Dementia Care Unit, if applicable: 26

Number of Current Hospice Residents: 4

Number of Hospice Residents in past year: 11

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 78

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 39

Have a Physical Disability: 1

Violation Report: 21496 - 05/18/2017 - OHaire, Anne
PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
2600.104(d) - Adaptive eating equipment or utensils shall be available, if needed, to assist residents in eating at the table.

2a. DESCRIPTION OF VIOLATION
Resident #1 utilizes adaptive eating equipment during all meals. The residents Assessment and Support Plan finalized on 1/6/17 does not indicate the need for the use of adaptive eating equipment or the facility's plan to assist the resident during meals.

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 staff are aware of the use of any adaptive equipment needed for each resident. This RASP wa immediately updated to include the adaptive eating equipment utilized by this resident for meals. Nursing staff were in-serviced on 6/13/17, 6/14/17, and 6/16/17 on the RASP and proper documentation for each section. PC Clinical Service Manager/designee will conduct monthly audits of RASPs. These audits will be reviewed through QAPI for 3 months or until compliance is achieved. The PC Administrator will continue to monitor for ongoing compliance.

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

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 Date 6/13/17

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

The above plan of correction is approved as of 6/20/17 (Date)

The above plan of correction was approved by MM (Initials)

Plan of correction implementation status as of 6/20/17 (Date)

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

Violation Report: 21496 - 05/18/2017 - OHaire, Anne
PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
The resident's treatment cart containing medicated ointments and treatments was found unlocked and unattended on the ground level of the Timothy Buehrle building near Resident Room #11 at 10:30 AM on the date of inspection.

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 treatment cart was immediately locked and the staff member who left the cart unlocked was immediately re-educated on proper cart protocol and the importance of having medication/treatment carts locked at all times.

Nursing staff were in-serviced on 6/13/17, 6/14/17 and 6/16/17 on proper cart protocol and the importance of having the carts locked at all times when unattended. The PC Clinical Service Manager/designee will conduct random checks on any unattended medication/treatment carts to ensure all carts are locked and proper protocol is in place. These checks will be reviewed through QAPI for 3 months or until compliance is achieved. The PC administrator/ designee will continue to monitor for ongoing compliance.

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Violation Report: 21496 - 05/18/2017 - OHaire, Anne
PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The Assessment of resident # 2 care needs completed on 2/20/17 indicates the resident has a minimal problem with Irritability. The Support Plan finalized on 2/20/17 does not address this care need or the facility's plan to meet this resident's care need

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 to have all resident RASPs completed correctly. Upon review of this resident's RASP, it was noted that the resident did not have irritability but that the wrong box was checked off. This RASP was immediately corrected. Nursing staff were in-serviced on 6/13/17, 6/14/17 and 6/616/17 on proper documentation on a RASP. The PC Clinical Service Manager/designee will conduct monthly audits to ensure all RASPs are up to date and all the appropriate boxes are marked off and all necessary documentation is written on the RASP. These audits will be reviewed through QAPI for 3 months or until compliance is achieved. The PC Administrator/designee will continue to monitor for ongoing compliance.

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Violation Report: 21496 - 05/18/2017 - OHaire, Anne
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1. REGULATION 55 Pa.Code §2600
2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
Resident # 3 was admitted to the facility's secured dementia care unit on [redacted]. The facility completed the cognitive screening however the screening was not dated when completed and therefore it cannot be determined that it was completed within the required timeframe prior to admission.

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 to ensure all documentation is completed. After reviewing the cognitive screening, it was noted that while the date was documented on the 1st page of the screening, the date was not documented on page 2. This was immediately corrected. Starting June 2017, the Clinical Service Manager/designee will review all cognitive screening to ensure all information is documented correctly prior to the screening being filed in the resident's chart. The PC Administrator/designee will conduct random audits on these screenings to ensure ongoing compliance.

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