pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 1 3 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' annual licensing inspection on May 23, 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: 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
L&I

Staffing Hours

Resident Support: 0	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Full	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

05/23/2017: Harvey, Jason; Yellenic, Cindy

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: 50

Number of Residents Served: 40

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: 3

Number of Residents who:

- **Receive Supplemental Security Income:** 0
- **Are 60 Years of Age or Older:** 40
- **Have Mental Illness:** 3
- **Have an Intellectual Disability:** 0
- **Have a Mobility Need:** 2
- **Have a Physical Disability:** 0

Violation Report: 20212 - 05/23/2017 - Harvey, Jason
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
Resident #1 was discharged from the facility on [redacted]/16. The refund was not made in a timely manner as the funds were not refunded within 30 days of the resident's discharge.

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.

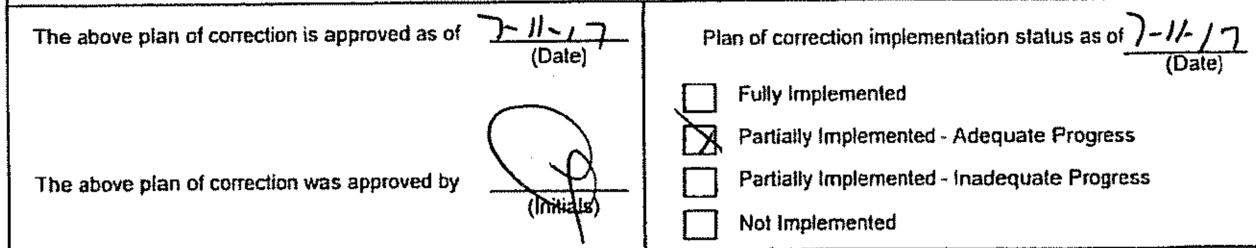
Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely by provision of federal and state law.
Facility failed to issue a refund to the family of a discharged resident within 30 days. Resident is no longer in our facility and therefore any funds that were owed needed to be disbursed timely.
The business office associate did not issue funds immediately, due to waiting for all charges that may have occurred that month that were being processed.
The business office associate was educated on DHS regulation 2600.28(f)(2) that refunds have to be issued within 30 days. Any charges that are posted after that will be billed to resident/POA at a later date. PCHA will keep a log of discharged residents to include date business office associate notified and date funds were disbursed.
Findings will be reported at QAPI for review and recommendation.
Target Date: 7/10/17

Adm will oversee to ensure ongoing compliance.
[signature] 7-11-17

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature] PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charlene Fisher PCHA **Date** 6/19/17



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

The above plan of correction is approved as of 7-11-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 7-11-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20212 - 05/23/2017 - Harvey, Jason
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION
There is no statement of informed consent from resident #2's power of attorney for health care, the legal guardian or the resident's health care representative to not evacuate in a fire drill. The resident was not evacuated during the fire drill conducted on 5/15/2017.

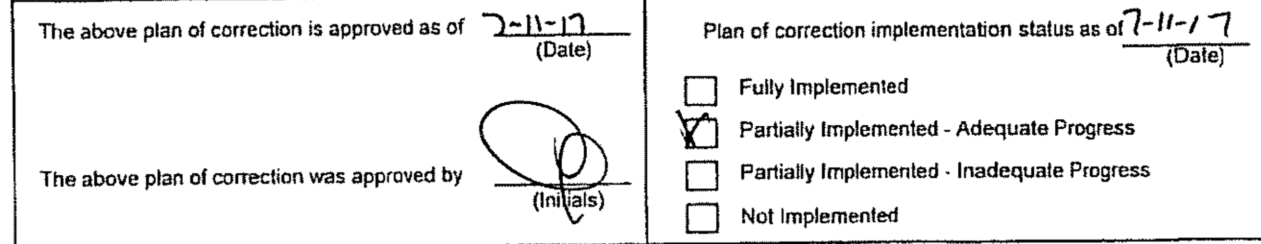
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Facility failed to obtain written consent from resident and/or POA to not evacuate during a fire drill. This regulation is important, as it shows resident/POA are informed that the resident will not be evacuated and that they agree, and allows the resident to make the choice.
This cannot be corrected, as the resident expired.
Staff will be re-educated at the 6/21/17 staff meeting on DHS regulation 29a(b)(2) to have the resident and/or POA give informed consent. Also, order should be obtained from physician once resident is accepted into the hospice program that states [redacted] is actively dying and does not have to be evacuated during a fire drill.
Audits will be conducted on future hospice residents by PCHA/designee to ensure this regulation was met.
Findings will be reported to QAPI for review and recommendation.
Target Date: 7/10/17
Adm will oversee to ensure ongoing compliance.
[initials], 7-11-17

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: 6/15/17



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Violation Report: 20212 - 05/23/2017 - Harvey, Jason
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.29a(b)(11) - Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:
(i) A copy of the Department of Health license for the hospice agency.
(ii) Written certification by the physician as specified in § 2600.29a(b)(1).
(iii) Written informed consent as specified in § 2600.29a(b)(2).
(iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in § 2600.29a(b)(3).

2a. DESCRIPTION OF VIOLATION
The home's fire drill record did not contain resident #2's copy of the Department of Health license for the hospice agency, a written certification by the resident's physician that the resident is in the active dying process and may be injured or suffer a hastened death due to evacuating during a fire drill, informed consent from the resident power of attorney and written documentation that the home considered the location of the resident's bedroom for evacuation purpose

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.

Facility failed to forward hospice license, written consent from the physician, informed consent from the resident POA, and consideration of relocation of room to the maintenance department to place with the fire drill logs. It is important for the person with knowledge of the fire drill to be informed of the above and aware of the resident's wishes and confirm the resident and POA have given consent.
Staff will be re-educated at the 6/21/17 staff meeting on DHS regulation 2600.29(b)(3) to ensure the required consents are given to maintenance after resident is placed on hospice.
Audits will be conducted on the fire drill log book by the PCHA/designee when a resident is admitted to hospice.
Findings will be reported to QAPI for review and recommendation.
Target Date: 7/10/17
Adm will oversee to ensure ongoing compliance
[initials] 7-11-17

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

Signature of Legal Entity Representative (Required on EVERY Page): Charlene Fisher PCHA

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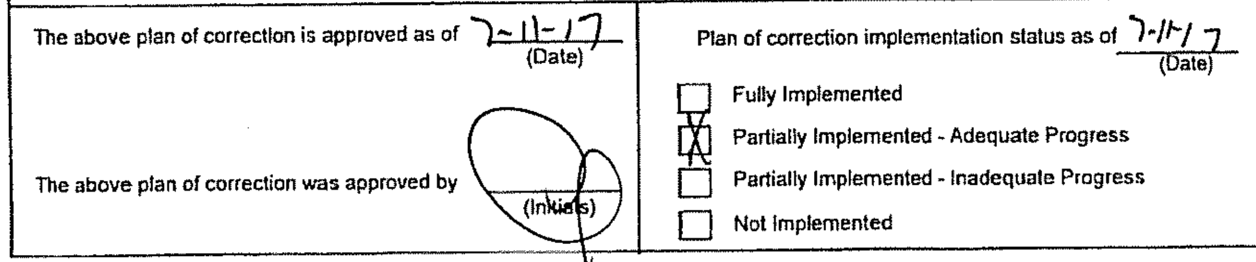
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Violation Report: 20212 - 05/23/2017 - Harvey, Jason
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:
(1) Be 18 years of age or older, except as permitted in § 2600.54(b).
(2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
(3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

The home had no documentation that direct care staff member A (hired [redacted] 2017) was in possession of a high school diploma, GED, or active registry status on the PA nurse's aide registry. Staff was retained beyond the 30 day provisional hiring period pending receipt of the education document required by the regulation.

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

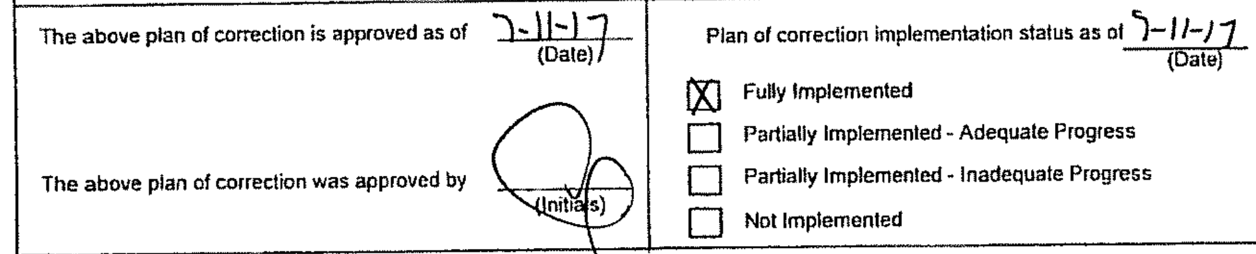
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Human Resources failed to ensure a new hire provided the required paperwork prior to orientation.
Staff member has provided a copy of her GED to Human Resources.
Human resource staff will be re-educated on DHS regulation 2600.54(a) which lists the qualifications needed for hire.
Audits will be conducted by PCHA/designee on future new hires prior to orientation day.
Findings will be reported to QAPI for review and recommendation.
Target Date: 7/10/17

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: 6/15/17



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Violation Report: 20212 - 05/23/2017 - Harvey, Jason
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

(1) Evacuation procedures.
(2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
(3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
(5) The location and use of fire extinguishers.
(6) Smoke detectors and fire alarms.
(7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A (hired [redacted] 2017) did not receive the training required to be completed on or before the first day of work.
Staff person B (hired [redacted] 2016) did not receive the training required to be completed on or before the first day of work.
Staff person C (hired [redacted] 2017) did not receive the training required to be completed on or before the first day of work.

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.

Facility failed to ensure new hires (Diakon and contracted services) received training in fire safety and emergency preparedness prior to or on the first work day. This regulation ensures staff are able to respond appropriately in an emergency.

Staff, to include human resources, maintenance and department managers, will be reeducated on DHS regulation 2600.65(a) and the importance of having new employees trained prior to working on the floor with residents.

Audits will be conducted by PCHA/designee on new hires prior to day of orientation to ensure it has been scheduled. PCHA will follow up on the first day of hire to ensure it was completed.

Findings will be reported to QAPI for review and recommendation.

Target Date: 7/10/17

Adm will oversee to ensure ongoing compliance [initials] 7-11-17

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** 6/15/17

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Plan of correction implementation status as of 7-11-17 (Date)

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Violation Report: 20212 - 05/23/2017 - Harvey, Jason
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #3 initial medical evaluation was completed on [redacted]16. The resident's annual medical evaluation was completed on 5/22/17, more than 12 months and 15-day flex or grace period after the previous medical evaluation completed on [redacted]16 and was therefore not completed in a timely manner.

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.

Facility failed to ensure medical evaluation on one resident was completed timely by the physician.
Staff will be re-educated on 6/21/17 at the staff meeting to DHS regulation 2600.141(b)(1) and to the importance of having a resident seen at least every 12 months by their physician to ensure we can continue to meet their needs.
Audits will be conducted weekly x 4 then monthly x 2 by RN/designee monthly.
Findings will be reported to QAPI for review and recommendation.
Target Date: 7/10/17

Adm will oversee to ensure ongoing compliance
CP 7-11-17

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** 6/15/17

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Plan of correction implementation status as of 7-11-17 (Date)

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Violation Report: 20212 - 05/23/2017 - Harvey, Jason
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION
Resident #4 self-medicates all medications, stated during the resident interview that he/she does not lock medications within his/her room. The resident also stated that he/or she does not always lock the door when he/she leaves the room, leaving the medications available to unauthorized personnel.

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.

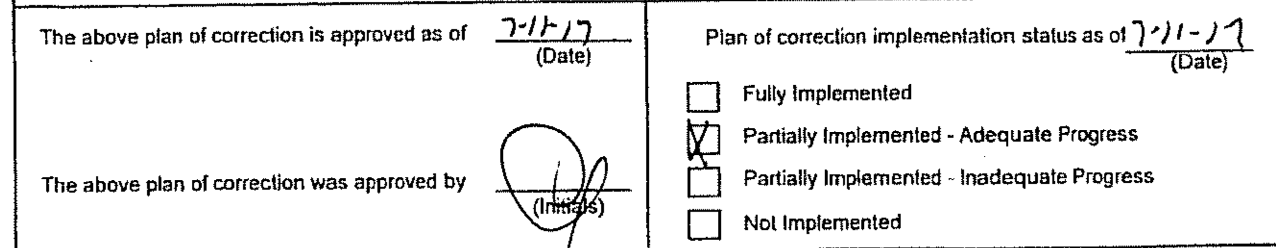
Facility failed to ensure one resident who self medicates, keep [redacted] door locked when not in [redacted] room. Resident had been educated during quarterly medication reviews.
RN met with resident and suggested a cupboard have a lock installed so that if the resident forgot to lock [redacted] main room door, [redacted] cupboard would be secure. [redacted] agreed to this solution.
Audits will be conducted by RN weekly for 4 weeks and then monthly x 2 and then quarterly to ensure residents that self medicate are locking their cupboard or door consistently when not in the room to keep the medications secure.
Findings will be reported to QAPI for review and recommendation.
Target Date: 7/10/17

Adm will oversee to ensure ongoing compliance
[initials] 7-11-17

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: 6/5/17



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Plan of correction implementation status as of 7-11-17 (Date)

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Violation Report: 20212 - 05/23/2017 - Harvey, Jason
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

(1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.

(2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.

(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

(4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The Annual Practicum completed by staff person D on 9/9/2016 was not completed in its entirety, only 3 of 4 medication administration reviews were completed. Staff person C routinely administers medications but is not properly trained to do so.
The Annual Practicum completed by staff person E was not completed in its entirety, only 2 of 4 medication administration reviews were completed and the Annual Practicum did not indicate a recertified date, trainer's signature or the provider's name. Staff person E routinely administers medications but is not properly trained to do so.

correct to "D". QP 7-11-17

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.

Facility failed to ensure two staff members, (D and E) had 4 medication administration reviews within the year. Staff person C is a culinary staff member who does not pass medications.
Medication trainer was educated by the surveyors the day of the survey. Staff will be re-educated on 6/21/17 staff meeting on DHS regulation 2600.182(b) to ensure staff members passing medications are properly trained to do so to ensure safety and best practices.
Audits will be conducted by PCHA/designee weekly x 4, monthly x 2 and then quarterly to ensure medication technicians are in compliance.
Findings will be reported to QAPI for review and recommendation.
Target Date: 7/10/17

Adm will oversee to ensure ongoing compliance Q. 7-11-17

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

Signature of Legal Entity Representative (Required on EVERY Page): Charlene Fisher, PCHA

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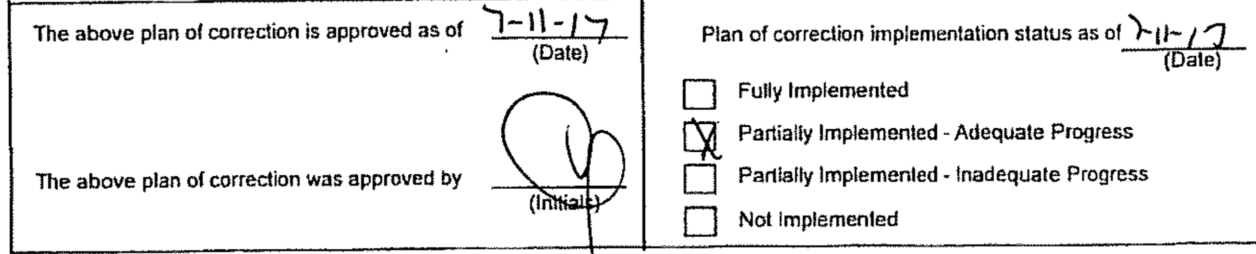

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Violation Report: 20212 - 05/23/2017 - Harvey, Jason
PCH Name: BUFFALO VALLEY PERSONAL CARE

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 #6 has a physician's order for Nystatin powder 100,000 units as needed. This medication was not available in the home for the resident.

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.

Facility failed to ensure one prn medication was available for a resident.
Medication was ordered the day of the survey. Medication has been received and available when the resident needs it.
Staff will be re-educated on 6/21/17 staff meeting on the importance of checking the treatment cart to ensure medications prescribed by the physician are available.
Audits of the treatment cart will be conducted by RN/designee weekly x 4 and then monthly x 2 to ensure ordered medications are available.
Findings will be reported to QAPI for review and recommendation.
Target Date: 7/10/17

Adm will oversee to ensure ongoing compliance. [initials] 7-11-17

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 6/15/17

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Violation Report: 20212 - 05/23/2017 - Harvey, Jason
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's was admitted to the home on [redacted]16, Pre-Admission screen was not dated when it was completed.
Resident #5's was admitted to the home on [redacted]17, Pre-Admission screen did not indicate the home could meet the needs of the prospective resident.

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.

Facility failed to complete the DHS prescreen in its entirety for two residents to ensure the residents needs could be met in our facility. Both prescreens have been reviewed, and corrected by RN.
Staff will be re-educated at the 6/21/17 staff meeting on DHS regulation 2600.224(a) and "best practices" on pages 214-222 of the Regulatory Compliance Guide and the importance of completing each section to ensure we are able to meet the residents needs.
Audits will be conducted by PCHA/designee to ensure the prescreen is completed in its entirety.
Findings will be reported to QAPI for review and recommendation.
Target Date: 7/10/17

Adm will oversee to ensure ongoing compliance. [initials] 7-11-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2016		

Signature of Legal Entity Representative (Required on EVERY Page) [signature] Charlene Fisher PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charlene Fisher PCHA — Date 6/15/17

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Violation Report: 20212 - 05/23/2017 - Harvey, Jason
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
The initial Resident Assessment and Support Plan for Resident #6 (DOA [redacted]16) was completed on 5/12/16, which is more than 15 days past the date of 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.

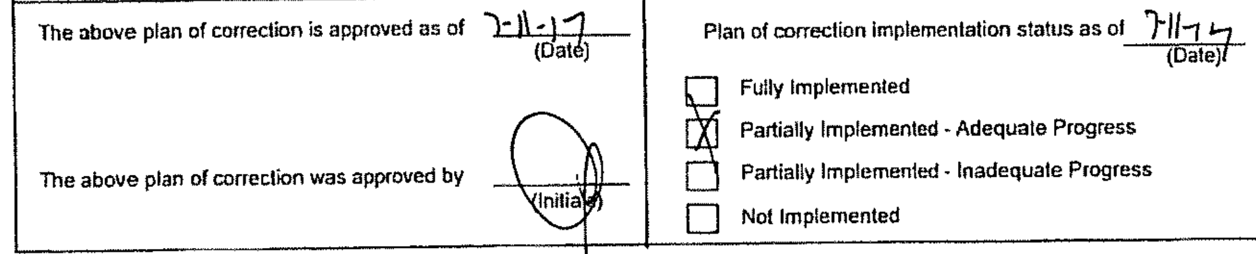
Facility failed to ensure one resident RASP was completed timely.
Staff will be re-educated on 6/21/17 at the staff meeting on DHS regulation 2600.225(a) and the importance that the form is completed within 15 days so that a profile can be created to meet the residents needs, and a plan put into place to meet those needs.
Audits will be conducted on RASPS by the RN/designee on future new admissions to ensure compliance.
Findings will be reported to QAPI for review and recommendation.
Target Date: 7/10/17

Adm will oversee to ensure ongoing compliance
Q 7-11-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2016		

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 6/15/17



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

The above plan of correction is approved as of 7-11-17 (Date)

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

Plan of correction implementation status as of 7-11-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20212 - 05/23/2017 - Harvey, Jason
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
Resident #7 (DOA [redacted]14) uses adaptive eating equipment during meals. This is not addressed on the resident's Resident Assessment and Support Plan.
Resident #8 (DOA [redacted]07) has the home manage the resident's funds. The Resident Assessment and Support Plan stated the family handles the resident's money, but did not address that the home also handles some of the resident's funds.

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.

Facility failed to update RASP to reflect resident #7 used adaptive equipment during meals. RASP was updated the day of the survey. Facility also failed to document that the home also managed resident #8's funds in addition to her POA.
Staff will be re-educated on 6/21/17 staff meeting on DHS regulation 2600.227(d) and the importance of capturing each of the residents needs so we can meet those needs.
Audits will be conducted weekly x 4 and monthly x 2 by RN/designee to ensure RASPS are complete and if the residents needs change, their is accountability for that change.
Findings will be reported to QAPI for review and recommendation.
Target Date: 7/10/17

Adm will oversee to ensure ongoing compliance
[initials] 7-11-17

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 6/15/17

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The above plan of correction is approved as of [initials] 7-11-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 7-11-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20212 - 05/23/2017 - Harvey, Jason
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
The support plan for resident #3 dated 4/23/2017 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

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.

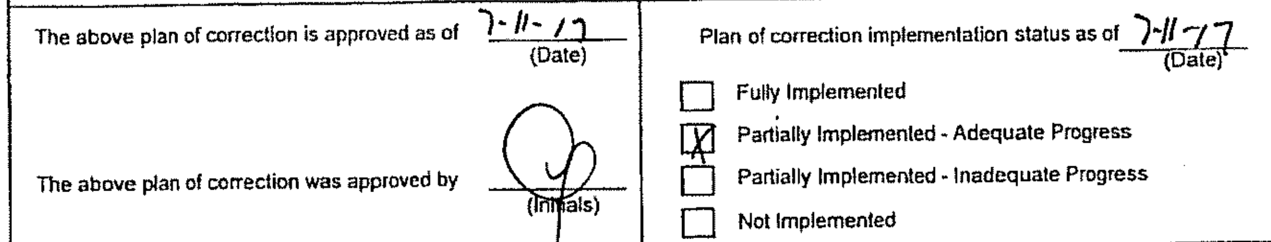
Facility failed to ensure support plan was reviewed and signed by resident. If resident refused, it was not documented.
Staff will be re-educated on 6/21/17 staff meeting on DHS regulation 2600.227(g) and the importance of having the resident participate in his care which provides crucial detailed information about the resident which can assist the home in developing a specific plan to meet their needs.
Audits will be conducted by RN/designee weekly x 4 and then monthly x 2 to ensure resident did s sign the support plan, and if they refused, it shall be noted as such for future reference.
Findings will be reported to QAPI for review and recommendation.
Target Date: 7/10/17

Adm will oversee to ensure ongoing compliance.
CP 7-11-17

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 6/15/17



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The above plan of correction is approved as of 7-11-17 (Date)

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

Plan of correction implementation status as of 7-11-17 (Date)

- [ ] Fully Implemented
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- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented