



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 25 2018

Mr. Mark T. Pile
President/Chief Executive Officer
Diakon Lutheran Social Ministries
One South Home Avenue
Topton, Pennsylvania 19562

RE: The Buehrle Center
License #: 214960

Dear Mr. Pile:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 1, 2018 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: 21496 - 05/01/2018 - Novak, Ryan
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Bed A's lamp in Room #105 was not operable.

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.

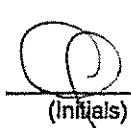
It is important that all residents have the required furniture in bedrooms and that all items are in working condition. The light bulb in room 105 was immediately replaced. PCA/designee will ensure that all items in the residents' rooms are in working condition. Environmental rounds will be conducted and documented on a monthly basis. Maintenance will be immediately notified via our work order hotline of any repairs that are needed. These documented rounds will be reviewed monthly during Quality Assurance meetings. PCHA/designee will continue to 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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Miller, PCHA	Date 5/21/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/24/18</u> (Date)	Plan of correction implementation status as of <u>5/24/18</u> (Date)
The above plan of correction was approved by <u></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 - 05/01/2018 - Novak, Ryan
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

Heidi, a pet who lives in the home, had a rabies vaccination that was due on 7/2/17, the vaccination was not given until 9/5/17.

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.

It is important that all animals living in the facility are up to date with current vaccinations. A log has been created to track all vaccinations. CSM (clinical service manager) will call the resident's POA 3 months prior to the due date of the vaccination to remind them to set an appointment. The CSM will again call the resident's POA as well as send a letter reminder to the POA 1 month prior to the due date of the vaccination. CSM will update the log accordingly. PCHA/designee will monitor for ongoing compliance.

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 (Initials)

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Violation Report: 21496 - 05/01/2018 - Novak, Ryan
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1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The dining room exit of the memory care unit does not immediately open when pushed upon, preventing immediate egress in the event of an emergency.

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 addressed the dining room door. Maintenance cleaned the push bar as well as lubricated the door so that it would open easily and allow immediate egress to those using the door. PCA/designee will complete environmental rounds on a monthly basis to ensure all doors provide immediate egress. Any concerns will be called in to the work order hotline for the maintenance department to immediately address. Environmental rounds will be reviewed monthly during Quality Assurance meetings. PCHA/designee will monitor for ongoing compliance.


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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
 A sock was located behind the dryer located in the laundry room near the activities room on the ground floor, posing a possible 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.

It is important to ensure the safety of all residents by ensuring we prevent any possible fire hazards. PCA/designee on 3rd shift will check behind all washers/dryers on a daily basis to ensure no articles of clothing or miscellaneous items are present during rounds. PCA will remove any items. PCA will document this daily observation on the lint log. Director of Environmental Services will ensure that housekeeping staff complete a thorough cleaning of the laundry room, including behind the washers/dryers on a quarterly basis. PCHA will monitor for ongoing compliance.

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Violation Report: 21496 - 05/01/2018 - Novak, Ryan
 PCH Name: THE BUEHRLE CENTER

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill conducted on 4/10/18 at 7:30 does not include am/pm.

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 required information was immediately added to the April fire drill documentation. Staff responsible for conducting and documenting the fire drills were re-educated on the correct way to document all drills. PCHA will review all documentation on a monthly basis to ensure all information is completed appropriately. PCHA will continue to monitor for ongoing compliance.


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Violation Report: 21496 - 05/01/2018 - Novak, Ryan
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1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 refused the artificial tears on 4/23/18 at 2pm; the prescriber was not notified regarding the refusal.

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.

All staff will be re-educated at the June 2018 staff inservices on the importance of notifying the PCP of any medication refusals and how to document this notification. LPN/Med Tech will notify the PCP of the refusal and document this notification in the resident's electronic record (Vision). LPN/Med Tech will document this refusal and notification on the shift to shift report. CSM (Clinical Service Manager) reviews all shift to shift reports daily and will ensure that notification and documentation of notification has been recorded in Vision. Medication refusals will be reviewed monthly during Quality Assurance meetings. PCHA will monitor for ongoing compliance.

The home will retain training documentation regarding notifications & documentation of refusals. CP

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1. REGULATION 55 Pa.Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A completed only 5.75 hours of training in dementia care during training year 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.

It is important that all staff working in the secured memory unit have the required 6 hours of annual training. The facility utilizes an electronic system (Relias) for all required trainings. Relias was immediately reviewed to ensure that all 6 hours of required training were assigned to all Personal Care staff. CSM (Clinical Service Manager) will review a monthly Relias report to ensure all Personal Care staff are completing the dementia trainings in a timely manner and that they have been assigned the correct amount of hours in dementia care and services. PCHA/designee will continue to monitor for ongoing compliance.

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