



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 06 2018

Mr. Scott D. Habecker
Executive Vice President
Chief Operating Officer/Chief Financial Officer
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's Bureau of Human Services Licensing annual inspection on May 5, 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,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20212 - 05/08/2018 - Novak, Ryan
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Ancillary staff member A hired 10/9/17 did not receive training in the reporting of reportable incidents and conditions within the first 40 worked hours.

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.

Employee completed the training on 1/22/18.

Human Resources was contacted. The names of the maintenance staff were provided to the department. They will edit the orientation curriculum so that it contains the course, "reporting of reportable incidents and conditions." This course will be completed within the first 40 worked hours by new hires going forward.

The Human Resources Employee Care Manager and the Maintenance Supervisor were educated to this regulation.

Administrator/designee will audit new hires monthly to ensure the required course was accessible and completed within the first 40 worked hours.

Audit findings will be reported to QAPI monthly for review and recommendation. Administrator will monitor for ongoing compliance. YES

Target Date: 6/08/18

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, RHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Charlene E. Fisher, RHA</i>	<i>6/12/18</i>

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

The above plan of correction is approved as of <u>7-27-18</u> (Date)	Plan of correction implementation status as of <u>7-27-18</u> (Date)
The above plan of correction was approved by <u><i>Op</i></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: 20212 - 05/08/2018 - Novak, Ryan
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A bottle of Tide Ultra was located in the laundry room in the 300 hallway unlocked and accessible labeled if swallowed call poison control center or doctor immediately. Not all of the residents are able to safely handle and identify poisonous materials.

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.

A bottle of Tide detergent was immediately removed from the laundry area and returned to the capacitated resident.

The resident was educated to be sure to take her detergent with her when finished in the laundry room. Staff will be re-educated on 5/23/18 at the monthly staff meeting on DHS regulation 82(c) and to scan the laundry areas when passing by and remove any detergent bottles that are present.

Administrator/designee will conduct a weekly audit for 3 months of the laundry room located in the 300 hall and the 400 hall to ensure ongoing compliance.

Audit findings will be reported at QAPI for review and recommendation. Administrator will be responsible to monitor for ongoing compliance. YES

Target Date: 6/08/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *6/12/18*

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Violation Report: 20212 - 05/08/2018 - Novak, Ryan
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 Ancillary staff member B who is the driver hired 4/24/17 did not complete the direct care online competency course until 4/5/18.

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 Activity Director was re-educated on 5/17/18 on DHS regulation 171(b)4 that all new drivers must complete this course on hire, prior to transporting Personal Care residents.

Administrator/designee will audit any new transportation driver orientation curriculum to ensure that the direct care staff person training was completed prior to transporting residents. A copy of this training will be kept in the employee file.

Audit findings will be reported at QAPI for review and recommendation. Administrator will monitor for ongoing compliance. YES

Target Date: 6/08/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 6/12/18

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Violation Report: 20212 - 05/08/2018 - Novak, Ryan
PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
Resident #1's multivitamin was not labeled with the residents name.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Includes 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 bottle of multi-vitamins was labeled immediately by nursing staff.

Nursing staff were re-educated on DHS regulation 184(b) at the employee staff meeting on 5/23/18 to ensure every medication has a label to identify which resident it belongs to.

Administrator and CSM will audit the med cart weekly x 3 months to ensure compliance with this regulation is ongoing.

Audit findings will be reported at QAPI for review and recommendation. *(CS)*

Target Date: 6/08/18

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 *6/12/18*

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(Date)

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

Plan of correction implementation status as of 7/27/18
(Date)

- Fully implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented