



July 12, 2019

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 7, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *BUFFALO VALLEY PERSONAL CARE*License Number: *202120*Address: *305 E TRESSLER BLVD, LEWISBURG, PA 17837*County: *UNION*Region: *NORTHEAST*

Administrator

Name: *Charlene Fisher*Phone: *5705244451*Email: *fisherc@diakon.org*

Legal Entity

Name: *DIAKON LUTHERAN SOCIAL MINISTRIES*Address: *1022 NORTH UNION STREET, PA, 17057*

Certificate(s) of Occupancy

Type: *C-2 LP*Date: *04/06/1988*Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *45*Waking Staff: *34*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*Reason: *Renewal*

Inspection Dates and Department Representative

05/07/2019 - On-Site: Amy Deluca, Ryan Novak

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50*Residents Served: *43*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *43*Diagnosed with Mental Illness: *1*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *2*Have Physical Disability: *0*

BUFFALO VALLEY PERSONAL CARE

202120

29a SOPb4 - Hospice Care: Inform Non-Participating

Regulations

2600.

29.a.b.4. During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of paragraphs (1)—(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

Description of Violation

Resident #1 started receiving hospice services on 11/13/18. The resident was not evacuated during the fire drill conducted on 11/20/18 at 5:09am because the resident was actively dying. The person that conducted the fire drill that knew in advance did not go to the resident's room to notify the staff members to not evacuate the resident because it was just a drill.

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.)

Fire Inspector/ designee and maintenance staff were inserviced on 5/14/19 on the above regulation and the importance of making sure someone with advanced knowledge of a drill goes directly to the actively dying resident room and informs staff that this is a drill and the resident is not to be moved.

Administrator and maintenance staff will review each drill throughout the year to ensure the regulation was followed. If there are no residents on hospice, that will be noted on the audit.

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

Target Date: June 7, 2019

Legal Entity Representative

Charlene Fisher
Signature

Charlene Fisher, RCHA
Printed Name and Title

6-7-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6-17-19
(Date)

Plan of correction implementation status as of 6-17-19
(Date)

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

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

05/07/2019

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BUFFALO VALLEY PERSONAL CARE

202120

29a SOPb5ii - Hospice Care: Fire Drill Simulation

Regulations

2600.

29.a.b.5.ii. Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

Description of Violation

Resident #1 started receiving hospice services on 11/13/18. The resident was not evacuated during the fire drill conducted on 11/20/18 at 5:09am because the resident was actively dying. The staff members did not simulate the resident's evacuation; the staff members only verbalized the procedures they would follow in the event of a real fire to the person conducting the drill.

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.)

Fire Inspector/designee, maintenance staff, nursing and ancillary staff were inserviced on the above regulation and the importance of simulating evacuation of a hospice resident so that in case of a real fire staff will know how many staff it would take to move them safely, to the nearest exit, and identify the best technique to do so.

Administrator and maintenance supervisor will review each drill throughout the year to ensure the regulation was followed and if we have an order for an actively dying resident, that we simulated the evacuation and documented that we did so.

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

Administrator will oversee to ensure ongoing compliance.

Target Date: June 7, 2019.

Legal Entity Representative

Charlene Fisher

Signature

Charlene Fisher, RCHA

Printed Name and Title

6-7-19

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BUFFALO VALLEY PERSONAL CARE

202120

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The water temperature in the bathroom located across from the mailboxes measured 126.8 degrees Fahrenheit. The water temperature in the bathroom of Room #504 measured 126.1 degrees Fahrenheit.

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 was called ASAP. They confirmed the temperature read 126.8. The water temperature had been checked that morning as it is every morning, and it was in compliance. The mixing valve was adjusted so it was below 120 degrees. Maintenance called HB McClure to come and service the valve. They arrived on 5/8/19. They had to rebuild the mixing valve. Readings after the mixing valve was rebuilt were 110, 107.8, 108.5 and 107.9. These temperatures were taken between 12:50 p.m. and 12:59 p.m.

Maintenance and nursing staff will be inserviced on the importance of checking water temperatures daily, to include different hallways and different times of the day. The temperatures will be recorded on a log to be kept survey to survey.

Administrator and maintenance supervisor will review water temps weekly x 4 weeks and then prn.

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

Administrator will oversee to ensure ongoing compliance.

Target Date: June 7, 2019.

Legal Entity Representative

Signature

Charlene Fisher, RCHA

Printed Name and Title

6-7-19

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BUFFALO VALLEY PERSONAL CARE

202120

132c - Fire Drill Records

Regulations

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.

Description of Violation

The home's fire drill logs indicate a fire drill was conducted on 11/20/2018 at 5:09am. The log lists 5 staff persons participating in the fire drill, however the home's fire alarm report indicates only 3 staff persons signed off on participating in the drill. The home did not accurately record the number of staff participating in the fire drill.

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.)

Fire Inspector/designee, maintenance, nursing and ancillary staff were inserviced on the above regulation to ensure an accurate count of staff participating in the drill is recorded. This ensures that the home has the correct number of staff to evacuate the current number of residents, including those on hospice or with mobility needs.

Administrator and maintenance supervisor will review each drill throughout the year to ensure the regulation was followed and the sign in sheet accurately reflects the number of staff participating in the drill.

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

Administrator will oversee to ensure ongoing compliance.

Target Date: June 7, 2019.

Legal Entity Representative

Charlene Fisher

Signature

Charlene Fisher, RHA

Printed Name and Title

6-7-19

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BUFFALO VALLEY PERSONAL CARE

202120

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.

Description of Violation

Resident #2 has a physician's order to take Amiodarone, one 100mg tablet daily, as documented on the Medication Administration Record and on the physician's order for the medication. The medication cart contained a bottle of 200mg tablets of Amiodarone and the pharmacy label stated to take 1 tablet daily.

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.)

Correct dose was confirmed and the bottle was immediately corrected.

Staff were inserviced on the importance of checking labels against physician orders, prior to administering the medication. Any discrepancies will be corrected immediately, to include notification to the pharmacy.

Administrator and/or RN supervisor will review 5 residents weekly for 4 weeks and then prn to ensure the labels on the medications match the physicians orders.

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

Administrator will oversee to ensure ongoing compliance.

Target Date: June 7, 2019.

Legal Entity Representative

Charlene Fisher
Signature

Charlene Fisher, RCHA
Printed Name and Title

6-7-19
Date

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BUFFALO VALLEY PERSONAL CARE

202120

187c - Refusal of Medication

Regulations

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.

Description of Violation

Resident #3 refused all evening medications on 5/1/19 and 5/2/19. The home did not have documentation that the resident's physician was notified of the refusals.

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.)

Upon surveyor suggestion, staff will obtain an order from the physician to notify him monthly instead of daily, of medication refusals. The monthly MAR will be faxed to the physician and requested to be signed and faxed back to us to confirm notification.

Staff were inserviced on the above regulation and the importance of notifying the physician of medication refusals which may result in health complications.

Administrator and/or Rn supervisor will audit 5 charts weekly for 4 weeks to ensure refusals are being communicated to the physician within 24 hours.

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

Administrator will oversee to ensure ongoing compliance.

Target Date: June 7, 2019.

Legal Entity Representative

Charlene Foster

Signature

Charlene Foster, PCNA

Printed Name and Title

6-7-19

Date

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