



**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *BUFFALO VALLEY PERSONAL CARE* License #: *20212* License Expiration Date: *08/15/2021*  
Address: *305 E TRESSLER BLVD, LEWISBURG, PA 17837*  
County: *UNION* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *5705244451* Email: [REDACTED]

**Legal Entity**

Name: *DIAKON LUTHERAN SOCIAL MINISTRIES*  
Address: [REDACTED]  
Phone: *5705244451* Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *06/08/2021*

**Inspection Dates and Department Representative**

*06/08/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *50* Residents Served: *37*

**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: *37*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

06/08/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/09/2021*

8/24/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/27/2021*

10/13/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's RASP dated [redacted] states they require assistance with personal hygiene and toileting needs. On [redacted] 21, Staff person "A" did not provide bowel/bladder care to the resident, but instead told another staff person to check in on the resident and left the building. Resident #1 was extremely soiled from feces and staff person "A" did not ensure that the resident's needs were met.

Plan of Correction

Accept

Staff member was interviewed via phone on 6/1/21 and suspended pending investigation. Witness statements obtained, from staff and interviewed sig other.

Staff person A and PC staff were re-educated on Diakon abuse policy SL-C-R.C. RRT-901 on 6/1/21. Staff were educated that if they find a resident in immediate need of care they are to stay in the room and help them. They are to ring the call bell for additional help if needed.

Staff member A was accompanied by LPN when care was needed for the resident x 4 weeks. Staff member A did apologize to resident and significant other on 6/1/21.

Significant other interviewed weekly x 4 weeks. No concerns noted.

Completion Date: 07/02/2021

Update - 08/24/2021

Please send/Attach proof of staff training. 8-24-2021 - MM

Document Submission

Implemented

See attachment

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff person "A" entered resident #1's room on [redacted].21 at 6:30 AM to put on the resident's compression stockings and found them heavily soiled in feces and did not provide care to the resident. Staff person "A" told another staff person to look in on the resident and left the building and did not provide personal care to the resident. The resident was not treated with dignity and respect.

Plan of Correction

Accept

Staff person was suspended on 6/1/21 pending investigation.

Staff person A and PC staff were educated on resident rights

A copy of the rights poster is posted on a community bulletin board.

Staff person A did apologize to the resident and the significant other.

PCHA did check in weekly with the resident and sig other. No concerns noted.

Completion Date: 07/02/2021

**42c - Treatment of Residents (continued)****Update - 08/24/2021***Please send/Attach proof of staff training. 8-24-2021 - MM***Document Submission****Implemented***See Attachment*