

Department of Human Services
Bureau of Human Service Licensing

September 13, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

RE: THE BUEHRLE CENTER
ONE SOUTH HOME AVENUE
TOPTON, PA, 19562
LICENSE/COC#: 21496

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2021, 06/23/2021, 06/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE BUEHRLE CENTER* License #: *21496* License Expiration Date: *07/24/2021*
Address: *ONE SOUTH HOME AVENUE, TOPTON, PA 19562*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *07/02/2018* Issued By: *DOH*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *06/24/2021*

Inspection Dates and Department Representative

06/22/2021 - On-Site: [REDACTED]
06/23/2021 - On-Site: [REDACTED]
06/24/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* Residents Served: *58*

Secured Dementia Care Unit

In Home: *Yes* Area: *n/a* Capacity: *26* Residents Served: *20*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

06/22/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/30/2021*

8/4/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/17/2021*

9/13/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 9:30 am on 6/24/21 the EMARS were unlocked and accessible near Room #18. The EMARS contain confidential information of the residents.

Plan of Correction

Accept

Staff education on record confidentiality to be provided by 8/15/21.

Administrator will monitor for compliance

Completion Date: 08/15/2021

Update - 08/04/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send copies of the Signature sheet and an outline or synopsis of the training on or after 8-15-21.

Documentation should be sent in the Portal.

AG, 8-4-21

Document Submission

Implemented

Clinical audit submitted 8/12/21

Staff training submitted 8/12/21

Update - 09/13/2021

Documents reviewed, [redacted] 9-13-21

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted]/21 Resident #1 was observed sitting over Resident #2 on Resident #2's bed. Resident #1's hand was observed under the covers near Resident #1's peri-area. Resident #2's adult brief was down around one of the residents legs. Staff interviews indicated that Resident #2's peri-area was reddened and the resident was more jumpy during care after the incident.

42b - Abuse (continued)

Plan of Correction**Accept**

Significant change RASP and DME completed to reflect residents onset of new Sexual behaviors with aggression.
 Resident #1 placed on 1:1 supervision 6/15/21
 Alarm placed on door of Resident #1 for exit and entrance 6/15/21
 Resident #2 bedroom moved for safety 6/15/21.
 Resident#1 did not have a roommate and room next to Resident #1 vacated for safety purposed 6/15/21.
 6/17/21 30 day notice of discharge presented to POA along with resources of SNF and PCF as well as private duty companies.
 Education provided to staff "Management of Residents that display sexual behaviors." 6/18/21
 Telahealth VA psychiatry visit 6/25/21
 7/8/21 placement for Resident #1 offered by Chestnut Knoll -awaiting private room.
 Resident #1 transferred to hospital 7/16/21 for a fall. Admitted with diagnosis of stroke.
 Physician provided notice to hospital 7/19/21 that Resident #1 needs could not be met within the facility.
 Daughter vacated Resident #1 belongings 7/19/21 resident being transferred to Mifflin Center SNF for rehab.
Completion Date: 07/19/2021

Update - 08/04/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, Adm will submit outlines of training documents, signature sheets of staff that were trained, a copy of the 30 day notice and a copy of the new Significant Change RASP.

Documentation should be sent in the Portal.

■, 8-4-21

Document Submission**Implemented**

Training document submitted 8/12/21
 Copy of 30 day notice submitted 8/12/21
 Copy of significant change submitted 8/13/21

Update - 09/13/2021

Documents reviewed, ■ 9-13-21

63a - First Aid/CPR Training

1. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

From 6/11-6/13/21 the home served 58 residents. On these days only one person was certified in first aid and CPR from 11pm-3am.

63a - First Aid/CPR Training (*continued*)**Plan of Correction****Accept***CPR instructor obtained updated certification 7/9/21**CPR classes for staff began 7/9/21**All staff of PCF will be CPR certified by 9/1/21.**Clinical Secretary will monitor CPR certification and present Audits to Administrator for review monthly.***Completion Date:** 09/01/2021**Update - 08/04/2021***To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, Adm will continue to send in Staff CPR/First Aid cards as they are received as well as a copy of the trainer's credentials with the 1st set of cards. Also please send in a copy of the tracking document that is to be used in tracking certification and expiration dates of staff going forward. Please send in a form actually IN USE, not a blank form.**Documentation should be sent in the Portal.*

■, 8-4-21

Document Submission**Implemented***Trainer credentials submitted 8/12/21**Training plan submitted 8/12/21**Audit submitted 8/12/21**First set of CPR cards submitted 9/10/21***Update - 09/13/2021***Documents reviewed, ■, 9-13-21*

187a - Medication Record

1. Requirements

2600.

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

Description of Violation

Resident #3 has an order for blood glucose readings twice daily. On 6/18/21 at 6am the MAR noted a reading of 157 but the glucometer had a reading of 151.

Resident #4 has an order for blood glucose readings three times daily. On 6/19/21 at 4pm the MAR noted a reading of 113 but the glucometer had a reading of 118. On 6/20/21 at 4pm the MAR noted a reading of 118 but the glucometer had a reading of 147. On 6/20/21 at 7am the MAR noted a reading of 130 but the glucometer had a reading of 135. On 6/22/21 at 7am the MAR noted a reading of 137 but the glucometer had a reading of 138.

Resident #5 has an order for blood glucose readings twice daily. On 6/20/21 at 4pm the MAR noted a reading of 194 but the glucometer had a reading of 191.

187a - Medication Record (continued)

Plan of Correction**Accept**

Education provided to the two staff members that performed this error 6/29/21 and 7/5/21

Education will be provided to all Personal care staff by 8/15/21.

Clinical service manager will conduct monthly audits for compliance and present to administrator for review.

Completion Date: 08/15/2021

Update - 08/04/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, The Adm will send in a copy of both sets of signature sheets on/after 8-15-21. Also please submit a copy of the Audit Tool to be used in the tracking of compliance with this regulation on a monthly basis by the Clinical Service Manager after the 1st Monthly Audit. Please include findings, and actions taken if warranted.

Documentation should be sent in the Portal.

█, 8-4-21

Document Submission**Implemented**

Education information submitted 8/12/21

Audit submitted 8/12/21

Update - 09/13/2021

Documents reviewed, █ 9-13-21

187c - Refusal of Medication

1. Requirements

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 #1 refused the prescribed █ and █ on 6/14/21 at 1pm. The prescriber was not notified regarding the refusals.

Plan of Correction**Accept**

Education provided to staff member that did not report refusal of medication to physician.

Education will be provided to all staff by 8/15/21

Clinical service manager will perform weekly audits and present findings to Administrator for review.

Completion Date: 08/15/2021

187c - Refusal of Medication (continued)**Update - 08/04/2021**

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, Adm will submit all staff training signature sheets on/after 8-15-21 along with an overview or synopsis of the training material presented to staff.

Also please submit a copy of a recent Weekly Audit performed by the Clinical Services Manager of the audit, including findings and actions taken if warranted.

Documentation should be sent in the Portal.

AG, 8-4-21

Document Submission**Implemented**

Education submitted 8/12/21

Clinical audit submitted 8/12/21

Update - 09/13/2021

Documents reviewed, [REDACTED] 9-13-21