

Department of Human Services
Bureau of Human Service Licensing

October 13, 2021

[REDACTED], EXECUTIVE VICE PRESIDENT
[REDACTED]
[REDACTED]
[REDACTED]

RE: BUFFALO VALLEY PERSONAL CARE
305 E TRESSLER BLVD
LEWISBURG, PA, 17837
LICENSE/COC#: 20212

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/13/2021, 07/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

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: *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: [REDACTED] Email: [REDACTED]

Legal Entity

[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: *35* Waking Staff: *26*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/14/2021*

Inspection Dates and Department Representative

07/13/2021 - On-Site: [REDACTED]
07/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *35*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/13/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/11/2021*

9/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/25/2021*

10/13/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The temperature reading in the activity area refrigerator had a reading of 50°F and the freezer compartment was above 10°F on the day of this inspection, 7-13-2021.

Plan of Correction

Accept

- 1. Both thermometers were discarded and replaced with new ones on 7/13/21.
- 2. Activity Director and Culinary staff were re-educated on reg 103.f to check temps daily.
- 3. Temp log posted on refrigerator and temperatures to be checked daily.
- 4. Administrator/designee audited fridge daily. Temps have remained in the acceptable range.
- 5. Audit findings reported at monthly QAPI meeting.

Completion Date: 08/20/2021

Update - 09/14/2021

Document Submission

Implemented

See attached

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's current week's menu for the week of 07.11.21 thru 07.17.21 and the upcoming week's menu for 07.18.21 thru 07.24.21 was not posted in a public and conspicuous area.

Plan of Correction

Accept

- 1. Culinary Director was notified on 7/13/21. Menu's were posted that afternoon to reflect the current week and future week meals.
- 2. Director was educated on regular 162C.
- 3. Administrator audited menu's weekly and will continue to audit ongoing.
- 4. Audit finds reported at monthly QAPI meeting.

Completion Date: 08/20/2021

Update - 09/14/2021

Document Submission

Implemented

See attached

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:

187a - Medication Record (continued)

Description of Violation

Resident #1's MAR had a documented glucose test reading 7/11/21 at 16:30 of 124 and the glucometer had a blood glucose test reading of 129.

Plan of Correction

Accept

1. Posted preliminary findings immediately in the nursing office for staff to read and initial. RN stressed importance of double checking the results with the documentation to assure they match. Also re-educated during staff meeting on 7/22/21.
2. Random audits conducted by RN over a 2 month period. Any issues were discussed with that individual nurse.
3. Audit findings reported at the monthly QAPI meeting.

Completion Date: 08/20/2021

Update - 09/14/2021

Please send proof of staff training. 9-15-2021 - [REDACTED]

Document Submission

Implemented

See attachment

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's RASP dated [REDACTED] was not signed or dated by the resident.

Plan of Correction

Accept

1. RASP was reviewed with the resident and signed.
2. Staff were re-educated at the 7/22/21 staff meeting that rasps should be reviewed with the resident and they should sign the document. If they do not understand or refuse, then they are to call the POA and have them review and sign on behalf of the resident.
3. RN audited each rasp as they were completed over 2 months. RN will continue to review rasps after completion before placing them in the chart.
4. Audit findings reported at the monthly QAPI meeting.

Completion Date: 08/20/2021

Update - 09/14/2021

Please send proof of staff training. 9-15-2021 - [REDACTED]

Document Submission

Implemented

See attachment