

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

March 6, 2023

[REDACTED], ADMINISTRATOR  
DIAKON LUTHERAN SOCIAL MINISTRIES  
[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 05/13/2022, 05/20/2022, 05/20/2022, 05/20/2022, 05/23/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** THE BUEHRLE CENTER **License #:** 21496 **License Expiration:** 07/24/2022  
**Address:** ONE SOUTH HOME AVENUE, TOPTON, PA 19562  
**County:** BERKS **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

**Name:** DIAKON LUTHERAN SOCIAL MINISTRIES  
**Address:** ONE SOUTH HOME AVENUE, TOPTON, PA, 19562  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** Other **Date:** 07/02/2018 **Issued By:** Pa. Dept. of Health

**Staffing Hours**

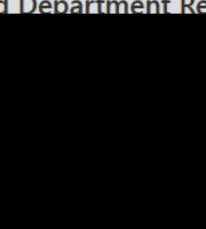
**Resident Support Staff:** 66 **Total Daily Staff:** 164 **Waking Staff:** 123

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 05/20/2022

**Inspection Dates and Department Representative**

05/13/2022 Off Site  
05/20/2022 Off Site  
05/20/2022 Off Site  
05/20/2022 Off Site  
05/23/2022 Off Site



**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 92	<b>Residents Served:</b> 66		
Secured Dementia Care Unit			
<b>In Home:</b> Yes	<b>Area:</b> 1st floor	<b>Capacity:</b> 26	<b>Residents Served:</b> 24
Hospice			
<b>Current Residents:</b> 0			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 66		
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 0		
<b>Have Mobility Need:</b> 32	<b>Have Physical Disability:</b> 1		

## Inspections / Reviews

05/13/2022 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/18/2022*

07/19/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/03/2023*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/26/2022*

08/29/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/03/2023*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/06/2022*

03/06/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *02/03/2023*  
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 15a - Resident Abuse Report

## 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

## Description of Violation

On [REDACTED] staff person "A" told resident #1 she/he would not answer resident #1's call bell if resident #1 rang it again for care. A verbal report of abuse toward resident #1 by staff person "A" was made to the Berks County Area Agency on Aging, However, the provider failed to submit a written Mandatory Act-13 Reporting Form to the Berks County Area Agency on Aging within 48 hours. The Act-13 Mandatory Reporting Form was completed by the provider on 4/6/2022 at 1500 hours. The Mandatory Reporting Form according to a Berks County Area Agency on Aging Protective Services Supervisor was received via a fax on [REDACTED] which is outside the required 48 hour reporting time.

## POC Submission

Accept [REDACTED] - 08/29/2022)

1. Facility unable to retroactively correct reporting for resident number one as report already submitted [REDACTED] for event occurring [REDACTED].
2. Education will be provided to Clinical Service Manger and other members of the interdisciplinary team responsible for reporting suspected abuse to ensure understanding of the importance of immediately reporting suspected abuse to all required entities including the Berks County Agency of Aging Protective Services.
3. The Clinical Services Manager or Designee will audit timely reporting of suspected abuse weekly for four weeks.
4. Reports of the outcome of the audit will be reported at the QAPI meeting.

Response:

Clinical Service Manager or Designee will be responsible for future compliance.

QAPI minutes attached.

Licensee's Proposed Overall Completion Date: 07/21/2022

Implemented ([REDACTED] - 03/06/2023)

## 141a - Medical Evaluation

## 2. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

## Description of Violation

It could not be determined when resident #1 was evaluated by a medical professional since the date resident was evaluated was left blank on resident #1's Documentation of Medical Evaluation Form (DME). The Medical Professional completed and signed the DME on [REDACTED].

## 141a Medical Evaluation (continued)

**POC Submission****Accept** [REDACTED] - 08/29/2022)

1. Resident number one's DME has been reviewed and updated to reflect evaluation date by the medical provider.
2. The Clinical Services Manager or Designee will audit the DMEs of all residents to ensure they are completed and dated.
3. The Clinical Services Manager or Designee will audit the DMEs due weekly for four weeks to ensure they are complete and dated.
4. Reports of the outcome of the audit will be reported at the QAPI committee meeting.

*Response:*

*Clinical Service Manager or Designee will be responsible for future compliance.  
See attached copy of audits performed.*

**Licensee's Proposed Overall Completion Date: 07/21/2022**

**Implemented** [REDACTED] - 03/06/2023)

## 224a - Preadmission Screen Form

**3. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident #1's preadmission screen dated [REDACTED] is incomplete. Section II, the question regarding resident#1's ability to safely use and avoid poisonous materials was left blank. Section IV Cognitive Screening was incorrectly completed since resident #1 is not seeking admission to the facility's Secure Dementia Unit. Resident #1 resides in the facility's personal care unit.*

**POC Submission****Accept** [REDACTED] - 08/29/2022)

- Resident number one's Preadmission Screen dated [REDACTED] has been reviewed and appropriately completed including section two regarding the resident's ability to use and avoid using poisonous materials. Section four has been corrected to appropriately reflect resident placement in the facility's personal care unit.*
2. *The Clinical Services Manager or Designee will review all the preadmission screens of all current residents to assure completion and accuracy.*
  3. *Audits of the Preadmission Screens for new admissions will be reviewed for completion and accuracy weekly for four weeks and ongoing as needed.*
  4. *Reports of the outcome of the audit will be reported at the QAPI committee meeting.*

*Response:*

*Clinical Service Manager or Designee will be responsible for future compliance.  
See attached audit tools completed.*

224a Preadmission Screen Form (continued)

Licensee's Proposed Overall Completion Date: 07/21/2022

Implemented (█) - 03/06/2023)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident#1's Resident Assessment and Support Plan ( RASP ) dated █ is incomplete. It does not address resident #1' Personal Care Need and level of assistance needed for resident #1's ability for Managing Health Care, the description of the Service Need and the Plan to meet the Service Need,, Frequency and Responsible Party if any. The Managing Health Care need is not addressed on page 3 of the RASP.

POC Submission

Accept (█) - 08/29/2022)

1. Resident number one's RASP dated █ has been completed by the resident's medical provider and updated to include addressing the resident's personal care needs and level of assistance needed for resident's ability to manage health care, the description of the service need and the plan to meet the service need, frequency and responsible party.
2. The Clinical Service Manager or Designee will review all RASPs.
3. Audits will be completed weekly for four weeks of all new resident RASPs for accuracy and completion.
4. Reports of the outcome of the audit will be reported at the QAPI committee meeting.

Response:

Clinical Services Manager or Designee will be responsible for future compliance.  
See attached copy of audits completed.

Licensee's Proposed Overall Completion Date: 07/21/2022

Implemented (█) - 03/06/2023)