

Department of Human Services
Bureau of Human Service Licensing

August 16, 2022

[REDACTED], EXECUTIVE DIRECTOR
[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 06/08/2022, 06/09/2022, 06/10/2022 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: *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: *610-682-1364* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *01/16/2016* Issued By: *PA L&I*
Type: *Other* Date: *07/02/2018* Issued By: *DOH*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *06/10/2022*

Inspection Dates and Department Representative

06/08/2022 - On-Site: [REDACTED]
06/09/2022 - On-Site: [REDACTED]
06/10/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 92 Residents Served: 67

Secured Dementia Care Unit

In Home: *Yes* Area: *secured unit* Capacity: 26 Residents Served: 23

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 28 Have Physical Disability: 1

Inspections / Reviews

06/08/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *07/08/2022*

07/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/01/2022*

08/16/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home failed to report the death of resident #1 in a timely manner. Resident #1 passed away in the home on [REDACTED] and the home reported this death to the Department on [REDACTED]

Plan of Correction

Accept

1. Unable to retroactively provide notification of Resident Number One's passing on [REDACTED] as notification already provided on 3/21/22.
2. Education regarding timely reporting will be provided to members of the interdisciplinary team responsible for reporting to the department's personal care home regional office of the personal care complaint hotline to understand the importance of said notification within 24 hours.
3. Clinical Service Manager or designee will conduct weekly audits for four weeks to assure that notifications to the department are provided timely.
4. Audit results will be reported to the QAPI team to review for recommendations and closure.

Completion Date: 08/08/2022

Update: 07/25/2022

Please send proof of staff training.

Document Submission

Implemented

1. Unable to retroactively provide notification of Resident Number One's passing on [REDACTED]/22 as notification already provided on [REDACTED]/22.
2. Education regarding timely reporting will be provided to members of the interdisciplinary team responsible for reporting to the department's personal care home regional office of the personal care complaint hotline to understand the importance of said notification within 24 hours.
3. Clinical Service Manager or designee will conduct weekly audits for four weeks to assure that notifications to the department are provided timely.
4. Audit results will be reported to the QAPI team to review for recommendations and closure.

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #2's contract did not contain a copy of the resident's rights.

Plan of Correction

Accept

1. A record review was completed of Resident Number Two's chart and now it contains a copy of the resident's rights.
2. Clinical Services Manager or designee will conduct a facility wide audits to all resident contracts contain a copy of the resident's rights.

41e - Signed Statement (continued)

3. Clinical Services Manager or designee will audit weekly for four weeks to ensure that all new resident contracts contain a copy of the resident's rights.
4. Audit results will be reported to the QAPI team to review for recommendations and closure.

Completion Date: 08/08/2022

Document Submission**Implemented**

- A record review was completed of Resident Number Two's chart and now it contains a copy of the resident's rights.
2. Clinical Services Manager or designee will conduct a facility wide audits to all resident contracts contain a copy of the resident's rights.
 3. Clinical Services Manager or designee will audit weekly for four weeks to ensure that all new resident contracts contain a copy of the resident's rights.
 4. Audit results will be reported to the QAPI team to review for recommendations and closure.

81b - Resident Personal Equipment**1. Requirements**

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #3 resided in resident room [REDACTED] had 2 enabler bars attached to their bed with openings that were approximately 12 inches wide and were not covered.

Plan of Correction**Accept**

1. Resident Number Three's enabler has been covered.
2. A facility wide audit will be completed by the Clinical Services Manager or designee to assure that all residents with enabler bars attached to their bed will have covers as deemed appropriate.
3. The Clinical Services Manager or designee will conduct weekly audits for four weeks to ensure that all residents who have enabler bars attached to their bed have covers if appropriate.
4. Audit results will be reported to the QAPI team for recommendations and closure.

Completion Date: 08/08/2022

Update: 07/25/2022

Please send proof of compliance (picture).

Document Submission**Implemented**

1. Resident Number Three's enabler has been covered.
2. A facility wide audit will be completed by the Clinical Services Manager or designee to assure that all residents with enabler bars attached to their bed will have covers as deemed appropriate.
3. The Clinical Services Manager or designee will conduct weekly audits for four weeks to ensure that all residents who have enabler bars attached to their bed have covers if appropriate.
4. Audit results will be reported to the QAPI team for recommendations and closure.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The stacked washer and dryer located on the lower level near the activity room had a thick layer of lint in the lint trap on 06/08/22.

Plan of Correction**Accept**

1. *At the time of the survey on 6/8/22, the lint was removed from the stacked dryer located on the lower level near the activity room.*
2. *Education will be provided to Personal Care Aides and Medication Technicians on the importance of removing lint from dryer after each use.*
3. *Appropriate signage will be placed near dryers as a visual reminder to all who use dryers to remove lint from lint traps after each use.*
4. *Audits of dryer lint traps will be conducted by the Clinical Services Manager or designee weekly for four weeks.*
5. *Results of the audits will be reported to the QAPI committee for review and recommendation.*

Completion Date: 08/08/2022

Update: 07/25/2022

Please send proof of compliance (picture).

Please send proof of staff training.

Document Submission**Implemented**

1. *At the time of the survey on 6/8/22, the lint was removed from the stacked dryer located on the lower level near the activity room.*
2. *Education will be provided to Personal Care Aides and Medication Technicians on the importance of removing lint from dryer after each use.*
3. *Appropriate signage will be placed near dryers as a visual reminder to all who use dryers to remove lint from lint traps after each use.*
4. *Audits of dryer lint traps will be conducted by the Clinical Services Manager or designee weekly for four weeks.*
5. *Results of the audits will be reported to the QAPI committee for review and recommendation.*

191 - Resident Right to Refuse**1. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #2 was not educated on their right to question or refuse medications if they believe the medication is being given in error.

Plan of Correction**Accept**

1. *Resident Number Two was educated on their right to question or refuse medications if they believe the medication is being given in error.*
2. *An audit will be completed by the Clinical Services Manager or Designee to ensure that all residents are aware of their right to question or refuse a medication if the resident believes there may be a medication error.*

191 - Resident Right to Refuse (continued)

3. Results of the audits will be reported to the QAPI committee for review and recommendation.

Completion Date: 08/08/2022

Update: 07/25/2022

Please send proof of compliance (document).

Document Submission**Implemented**

Resident Number Two was educated on their right to question or refuse medications if they believe the medication is being given in error.

2. An audit will be completed by the Clinical Services Manager or Designee to ensure that all residents are aware of their right to question or refuse a medication if the resident believes there may be a medication error.

3. Results of the audits will be reported to the QAPI committee for review and recommendation.

233c - Key-Locking Devices**1. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The home's secured unit exterior patio gate did not have the code posted on or near the exterior gate to allow exit from the patio area.

Plan of Correction**Accept**

1. The home's secured unit exterior gate had a sign reapplied to the gate indicating the code to allow exit from the patio area.

2. Maintenance Director or designee will audit that all exits that utilize key locking devices, electronic card systems or other devices that prevent immediate egress have the code clearly posted on or near the exit.

3. Maintenance Director or designee will periodically audit posted codes for wear and tear.

4. Results of the audit will be reported to the QAPI committee for review and recommendation.

Completion Date: 08/08/2022

Update: 07/25/2022

Please send proof of compliance (picture).

Document Submission**Implemented**

1. The home's secured unit exterior gate had a sign reapplied to the gate indicating the code to allow exit from the patio area.

2. Maintenance Director or designee will audit that all exits that utilize key locking devices, electronic card systems or other devices that prevent immediate egress have the code clearly posted on or near the exit.

3. Maintenance Director or designee will periodically audit posted codes for wear and tear.

4. Results of the audit will be reported to the QAPI committee for review and recommendation.