

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

December 5, 2022

[REDACTED]
[REDACTED]
DIAKON LUTHERAN SOCIAL MINISTRIES
[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 08/09/2022, 08/10/2022 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: *BUFFALO VALLEY PERSONAL CARE* License #: *20212* License Expiration: *08/15/2023*
Address: *305 E TRESSLER BLVD, LEWISBURG, PA 17837*
County: *UNION* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *DIAKON LUTHERAN SOCIAL MINISTRIES*
Address: *1022 NORTH UNION STREET, MIDDLETOWN, PA, 17057*
[REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/07/1988* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *08/10/2022*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

| General Information | | | |
|---------------------------------------|-----------|---|-----------|
| License Capacity: | <i>50</i> | Residents Served: | <i>38</i> |
| Secured Dementia Care Unit | | | |
| In Home: | <i>No</i> | Area: | Capacity: |
| Residents Served: | | | |
| Hospice | | | |
| Current Residents: <i>1</i> | | | |
| Number of Residents Who: | | | |
| Receive Supplemental Security Income: | <i>0</i> | Are 60 Years of Age or Older: | <i>38</i> |
| Diagnosed with Mental Illness: | <i>1</i> | Diagnosed with Intellectual Disability: | <i>0</i> |
| Have Mobility Need: | <i>3</i> | Have Physical Disability: | <i>0</i> |

Inspections / Reviews

08/09/2022 - Full
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/10/2022*

Inspections / Reviews (*continued*)

10/16/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/24/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 10/24/2022

11/17/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/24/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/25/2022

12/05/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/24/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home did not have documentation that that an annual quality management plan review had taken place with the past 12 months.

POC Submission

Accept (AG - 10/16/2022)

26a Quality Management Plan

No residents were directly affected.

PCHA or designee will attend and participate in Quality Insurance and Performance Improvement (QAPI) meeting at least quarterly. PCHA or designee will report on any area of concern within Personal Care.

The Executive Director will ensure the PCHA or designee attends QAPI at least quarterly.

Target Compliance Date: 9/30/2022

The Executive Director or designee will audit Personal Care QAPI attendance quarterly.

Licensee's Plan Completion Date: 09/30/2022

Implemented (AG - 12/05/2022)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [REDACTED], at approximately [REDACTED], resident #2 was in the back of the building near exit 400 when staff found the resident trying to stand up from the resident's wheelchair and tried to exit the building. Staff members C and D tried to help the resident back to the wheelchair, but the resident became combative and was lowered to the ground. EMS was called and the Police also arrived at the home. Staff person C was laughing at the resident per EMS and Police. Resident #2 became more agitated and combative due to staff person C behavior. Resident #2 was not treated with dignity and respect.

POC Submission

Directed (AG - 10/16/2022)

42c Treatment of Residents

Both staff members were suspended pending investigation on 7/25/22. The abuse policy and resident rights were reviewed with both staff members and a plan of supervision was submitted to AAA. Plan was approved by AAA on 7/27/22.

Staff education provided immediately following the incident and On-going Dementia/sensitivity training scheduled with [REDACTED] Consulting for Personal Care Staff. Resident has not returned to Personal Care Facility. Staff member D voluntarily issued [REDACTED] resignation on [REDACTED]. Staff member C changed [REDACTED] status from part time LPN to per diem LPN on 8/12/22.

PCHA or designee will do facility wide audit of all Personal Care employees to ensure annual Dementia and Abuse education completed. PCHA or designee will audit on-going Good News Consulting Education sessions for clinical staff participation.

Target Completion Date: 9/30/2022

Correction action plan will be monitored through QAPI.

42c - Treatment of Residents (continued)

Plans of supervision are to be submitted to the Northeast Regional Office. Evidence of those communications and outcomes must be maintained by the home. Please see Regulations 2600.15 a-d for details. Please update necessary managerial, administrative and supervisory staff on these regs ASAP so reporting and the management of staff will be correctly handle in the future.

*Evidence of training and audits are to be submitted in Step 2.
AG, 10-16-22*

Directed Completion Date: 12/30/2022

Implemented (AG - 11/17/2022)

93a - Handrails**3. Requirements**

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The exit door located in the home's dinning room has a 1 foot step down to the outside of the home. The home does not have a well secured hand rail located outside of the exit.

POC Submission

Accept (AG - 10/16/2022)

93a Handrails

Handrail exiting the corner dining room door was installed the same day and approved by inspector [REDACTED].

Facility will have maintenance conduct tour quarterly to ensure no areas are in need of handrails and to ensure current handrails are in place and in working order.

PCHA or designee will audit that tour is conducted quarterly.

Target Compliance Date: 9/30/22

Correction action plan will be monitored through QAPI.

Licensee's Plan Completion Date: 09/30/2022

Implemented (AG - 11/17/2022)

132a - Monthly Fire Drill**4. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of January 2022.

An unannounced fire drill was not held during the month of June 2022.

POC Submission

Accept (AG - 10/16/2022)

132a Monthly Fire Drills

Maintenance department educated on 132a and "frequently occurring situations" on pages 197-199.

132a - Monthly Fire Drill (continued)

PCHA or designee will audit fire drill record monthly x3 or until substantial compliance to ensure drills are being completed monthly. [REDACTED] Fire Inspector to complete education with Personal Care staff on Fire Safety Protocols.

Maintenance director or designee will audit fire drill log and contracted fire safety expert monthly to ensure compliance.

Target Completion Date: 9/30/2022

Correction action plan, monthly fire drills, will be monitored through QAPI.

Licensee's Plan Completion Date: 09/30/2022

Implemented (AG - 11/17/2022)

141a 1-10 Medical Evaluation Information**5. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The resident #1's medical evaluation dated [REDACTED] did not include height.

POC Submission

Accept (AG - 10/16/2022)

141a 1-10 Medical Evaluation Information

We cannot retroactively correct the two DMEs.

Educated Resident #4 and Resident #5's physician on regulation 141a 1-10. CSM or designee will audit all new admissions to ensure DME is completed within 60 days prior to admission or 30 day post admission.

PCHA or designee will audit new admissions weekly x4 then monthly x2 or until substantial compliance to ensure DME is completed within 60 days prior to admission or 30 day post admission.

Target Completion Date: 9/30/2022

Correction action plan will be monitored through QAPI, weekly times 4 and monthly times 2 or until substantial compliance.

Licensee's Plan Completion Date: 09/30/2022

Implemented (AG - 11/17/2022)

182b - Prescription Medication

6. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff person A medication annual practicum completed on 3/24/22 only completed 1 medication administration review and 1 medication administration observation.

Staff person B medication annual practicum completed on 4/10/22 only completed 1 medication administration review and 1 medication administration observation.

POC Submission**Accept (AG - 10/16/2022)**

182b Prescription Medication

We cannot retroactively correct staff member A and B's annual practicum. Staff Members A and B completed new annual practicum with 2 medication administration reviews and 2 medication administration observations.

CSM was educated on regulation 182b. PCHA will audit medication reviews and medication administration observations monthly x3 or until substantial compliance.

Target Completion Date: 9/30/2022

Correction action plan will be monitored through QAPI, monthly times 3 or until substantial compliance.

Licensee's Plan Completion Date: 09/30/2022

Implemented (AG - 11/17/2022)

183f - Discontinued Medications

7. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #3's medication of Myrbetriq F/C 25mg was located in the home's medication cart. The resident's Myrbetriq was discontinued on 8/2/2022, but still remained in the medication cart.

POC Submission**Accept (AG - 10/16/2022)**

183f Discontinued Medications

The discontinued medication was removed and destroyed. The cart was audited at that time. No other discontinued medication was found.

Staff education completed on regulation 183f.

CSM or designee will audit medication cart weekly x4 then monthly x2 or until substantial compliance to ensure discontinued medications was removed from medication cart and destroyed.

Target completion date: 9/30/2022

Correction action plan will be monitored through QAPI.

Licensee's Plan Completion Date: 09/30/2022

183f - Discontinued Medications (continued)

Implemented (AG - 11/17/2022)

185a - Implement Storage Procedures

8. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #4 has a physician's order for Amoxicillin 500mg as needed. These medication was not available in the home for the resident.

POC Submission

Accept (AG - 10/16/2022)

185a Implement Storage Procedure

Order obtained to discontinue PRN medication that was not available due to resident being on Hospice services and not needing medication prior to dental procedures.

Staff education completed on regulation 185a.

CSM or designee will audit medication cart weekly x4 then monthly x2 or until substantial compliance to ensure all ordered PRN medications are available in medication cart.

Target completion date: 9/30/2022

Correction action plan will be monitored through QAPI.

Licensee's Plan Completion Date: 09/30/2022

Implemented (AG - 11/17/2022)

227g -Support Plan Signatures

9. Requirements

2600.

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

Description of Violation

The support plan for resident #3 dated [redacted] was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

The support plan for resident #5 dated [redacted] was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

POC Submission

Accept (AG - 10/16/2022)

227g Support Plan Signatures

Reviewed support plan with resident #3 and resident #5 and obtained residents signatures.

Staff education completed on regulation 227g.

CSM or designee to complete facility wide audit of support plans to ensure resident signature was obtained. 10% of residents support plans will be audited for signature weekly times 4 then monthly times 2 or until substantial compliance.

Target Completion Date: 9/30/2022

227g -Support Plan Signatures (continued)

Correction action plan will be monitored through QAPI.

Licensee's Plan Completion Date: *09/30/2022*

Implemented (AG - 11/17/2022)