

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

March 30, 2023

[REDACTED]  
DIAKON LUTHERAN SOCIAL MINISTRIES  
ONE SOUTH HOME AVENUE  
TOPTON, PA, 19562

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 02/08/2023 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		
<b>Name:</b> THE BUEHRLE CENTER	<b>License #:</b> 21496	<b>License Expiration:</b> 07/24/2023
<b>Address:</b> ONE SOUTH HOME AVENUE, TOPTON, PA 19562		
<b>County:</b> BERKS	<b>Region:</b> NORTHEAST	

Administrator		
<b>Name:</b> [REDACTED]	<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]

Legal Entity		
<b>Name:</b> DIAKON LUTHERAN SOCIAL MINISTRIES		
<b>Address:</b> ONE SOUTH HOME AVENUE, TOPTON, PA, 19562		
<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]	

Certificate(s) of Occupancy		
<b>Type:</b> C 1	<b>Date:</b> 01/16/2016	<b>Issued By:</b> L&I

Staffing Hours		
<b>Resident Support Staff:</b> 0	<b>Total Daily Staff:</b> 111	<b>Waking Staff:</b> 83

Inspection Information		
<b>Type:</b> Partial	<b>Notice:</b> Unannounced	<b>BHA Docket #:</b>
<b>Reason:</b> Complaint	<b>Exit Conference Date:</b> 02/08/2023	

Inspection Dates and Department Representative	
02/08/2023	On Site [REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
<b>License Capacity:</b> 92		<b>Residents Served:</b> 67	
Secured Dementia Care Unit			
<b>In Home:</b> Yes	<b>Area:</b> Breidegam Bldg	<b>Capacity:</b> 26	<b>Residents Served:</b> 22
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> 67	
<b>Diagnosed with Mental Illness:</b> 0		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 44		<b>Have Physical Disability:</b> 0	

Inspections / Reviews		
02/08/2023 - Partial		
<b>Lead Inspector:</b> [REDACTED]	<b>Follow-Up Type:</b> POC Submission	<b>Follow-Up Date:</b> 02/20/2023
02/28/2023 - POC Submission		
<b>Submitted By:</b> [REDACTED]	<b>Date Submitted:</b> 03/29/2023	
<b>Reviewer:</b> [REDACTED]	<b>Follow-Up Type:</b> POC Submission	<b>Follow-Up Date:</b> 03/03/2023

Inspections / Reviews (*continued*)

## 03/01/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/06/2023

## 03/30/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2023

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 9:00am a medication cart was observed unattended in the library. A binder with narcotic prescription information for residents of the home was stored on the side of the medication cart, allowing for confidential resident medication information to be accessible to unauthorized persons.

Plan of Correction

Accept [redacted] - 03/01/2023)

- 1. The narcotic book was immediately removed from the med cart and given to the nurse on 2-8-23
- 2. Staff education completed by the CSM on storage of confidential information on 2-15-2023
- 3. The CSM or designee will audit proper storage of narcotic book weekly for four weeks and then monthly for two months or until substantial compliance on 2-15-2023
- 4. Results of the outcome of the audit will be reported at the QAPI meeting monthly.

Licensee's Proposed Overall Completion Date: 04/04/2023

Implemented [redacted] 03/30/2023)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

- 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The most current Documentation of Medical Evaluation (DME) form completed for resident #1 was dated [redacted]/2021.

Plan of Correction

Accept [redacted] - 03/01/2023)

- 1. An updated DME was completed on 02 15 2023.
- 2. Education was completed by PCHA for CSM on the importance of timely completion of DMEs on 2-15-2023. A whole house audit was completed to ensure that DMEs are within annual compliance on 2-15-2023
- 3. The CSM or designee will audit timely completion of DMEs weekly for four weeks and monthly for two months or until substantial compliance.
- 4. Reports of the outcome of the audit will be reported at the QAPI meeting monthly.

Licensee's Proposed Overall Completion Date: 04/04/2023

Implemented [redacted] 03/30/2023)

234d - Support Plan Revision

3. Requirements

2600.

- 234.d. The support plan shall be revised at least annually and as the resident's condition changes.

234d - Support Plan Revision (*continued*)**Description of Violation**

*The most current support plan completed for resident #1 was dated [REDACTED]/2022.*

**Plan of Correction**

**Accept [REDACTED] - 03/01/2023)**

- 1. An updated RASP was completed on 02 15 2023.*
- 2. Education was completed by PCHA for CSM on the importance of timely completion of RASPs on 2-15-2023. A whole house audit was completed to ensure that RASPs are within annual compliance on 2-15-2023*
- 3. The CSM or designee will audit timely completion of RASPs weekly for four weeks and monthly for two months or until substantial compliance.*
- 4. Reports of the outcome of the audit will be reported at the QAPI meeting monthly.*

**Licensee's Proposed Overall Completion Date: 04/04/2023**

**Implemented [REDACTED] - 03/30/2023)**