

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

May 24, 2023

[REDACTED], ADMINISTRATOR
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 04/04/2023, 04/07/2023, 04/10/2023 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

Name: *THE BUEHRLE CENTER* License #: *21496* License Expiration: *07/24/2023*
 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: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *01/16/2016* Issued By: *Pa. Dept. of L&I*

Staffing Hours

Resident Support Staff: *63* Total Daily Staff: *170* Waking Staff: *128*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *04/10/2023*

Inspection Dates and Department Representative

04/04/2023 - Off-Site: [REDACTED]
 04/07/2023 - Off-Site: [REDACTED]
 04/10/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *92* Residents Served: *63*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *Breidegam Bldg.* Capacity: *26* Residents Served: *21*
 Hospice
 Current Residents: *1*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
 Diagnosed with Mental Illness: *41* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *44* Have Physical Disability: *1*

Inspections / Reviews

04/04/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/27/2023*

Inspections / Reviews *(continued)*

04/25/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/02/2023

05/24/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2023

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

The home failed to complete and submit an Act-13 Mandatory Reporting Form to the Berks County Area Agency on Aging after initially calling the Berks County Area Agency on Aging on 12/9/22 to report an incident of suspected abuse involving resident #1 as required by the Older Adults Protective Services Act. The home is in violation of Personal Care Home regulation 2600.15(a).

Plan of Correction

Accept (█) - 04/25/2023)

1. *The Act-13 Mandatory Reporting Form cannot be retroactively completed for resident number one.*
2. *Staff will be educated on the process of completing an Act-13 Mandatory Reporting Form when there is a suspected abuse. Education will be completed by the Regional Director of Nursing for the CSM and PCHA. Audits will be completed by the CSM or designee to ensure that an Act-13 Mandatory Reporting Form is completed for abuse reportables weekly for four weeks and monthly for two months or until substantial compliance is achieved.*
3. *Abuse reportables will be audited within 24 hours to confirm that an Act-13 Mandatory Reporting Form was completed by the CSM or designee.*
4. *The day of compliance is 05 23 23.*
5. *Audits will be reviewed monthly through the QAPI process by the CSM or designee.*

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (█) - 05/24/2023)

16c - Written Incident Report

2. 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 accurately report the incident to the Department's personal care home regional office under regulation 2600.16(a)(9). The home's Clinical Director was in possession of an employee witness statement dated 12/8/22 that included the name of a male resident who was believed to be the alleged perpetrator. This information was not provided to the Department on the Department Incident Reporting Form dated 12/9/22.

Plan of Correction

Accept (█) - 04/25/2023)

1. *The witness statement was provided by the CSM to the Department by request on 04 07 23.*

16c Written Incident Report (continued)

2. Staff will be educated on the process of submitting all documentation or evidence relating to incident report to the Department within 24 hours. Audits will be completed by CSM or designee to ensure that all documents/evidence is submitted with incident report to the Department within 24 hours weekly for four weeks and monthly for two months or until substantial compliance is achieved.
3. Education will be completed by the Regional Director of Nursing for the CSM and PCHA to ensure all documentation/evidence is submitted with reportable. CSM or designee will complete audits.
4. The day of compliance is 05/23/23.
5. Audits will be reviewed monthly through the QAPI process by the CSM or designee.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (█) - 05/24/2023)

16d - Final Incident Report**3. Requirements**

2600.

16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

The home submitted an initial incident report on █ regarding resident #1's allegation he/she was touched inappropriately earlier in the day on █. The home did not submit a final report to the Department's personal care home regional office following the conclusion of their investigation of the incident.

Plan of Correction

Accept (█) - 04/25/2023)

A final report cannot be retroactively submitted.

2. Staff will be educated on the process for submitting a final report for any reportable. Audits will be completed by CSM or designee to ensure that a final report is completed for any reportable incident weekly for four weeks and then monthly for two months or until substantial compliance is achieved.
3. Education will be completed by the Regional Director of Nursing for the CSM and PCHA to ensure final report is submitted following the conclusion of the investigation. CSM or designee will complete audits.
4. The day of compliance is 05.23.23.
5. Audits will be reviewed monthly through the QAPI process by the CSM or designee.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (█) - 05/24/2023)

227c - Support Plan Revision**4. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

227c - Support Plan Revision (continued)

Description of Violation

Resident #1's last annual Resident Assessment and Support Plan (RASP) was finalized on [REDACTED]. The next time resident #1's RASP was completed was on [REDACTED] as a significant change due to resident #1 requiring Hospice Services from Holisticare Hospice due resident #1's diagnosis of [REDACTED]- post hospital stay and continued decline. The home failed to complete a timely annual RASP for resident #1 which is a violation of this regulation.

Plan of Correction

Accept ([REDACTED] - 04/25/2023)

1. The annual RASP cannot be retroactively completed. A significant change RASP was completed on [REDACTED]
2. The PCHA will educate the CSM on timely completion of annual and significant change RASPs. Audits will be completed by the CSM or designee to ensure annual and significant change RASPs are completed within allotted time frame. Audits will be completed weekly for four weeks and then monthly for two months or until compliance is achieved.
3. Education will be completed by the PCHA for the CSM to ensure timely completion of annual and significant change RASPs. CSM or designee will complete audits.
4. The day of compliance is 05 23 23.
5. Audits will be reviewed monthly through the QAPI process by the CSM or designee.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented ([REDACTED] - 05/24/2023)