

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

August 9, 2023

[REDACTED], CEO  
DIAKON LUTHERAN SOCIAL MINISTRIES  
[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 07/11/2023, 07/12/2023 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: *BUFFALO VALLEY PERSONAL CARE* License #: *20212* License Expiration: *08/15/2023*  
 Address: *305 E TRESSLER BLVD, LEWISBURG, PA 17837*  
 County: *UNION* Region: *NORTHEAST*

**Administrator**

Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *DIAKON LUTHERAN SOCIAL MINISTRIES*  
 Address: [Redacted]  
 Phone: [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: *44* Waking Staff: *33*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: [Redacted]  
 Reason: *Renewal, Incident* Exit Conference Date: *07/12/2023*

**Inspection Dates and Department Representative**

07/11/2023 - On-Site [Redacted]  
 07/12/2023 - On-Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *50* Residents Served: *42*

**Secured Dementia Care Unit**  
 In Home: *No* Area: [Redacted] Capacity: [Redacted] Residents Served: [Redacted]

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *2* Have Physical Disability: *0*

**Inspections / Reviews**

07/11/2023 Full  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *07/29/2023*

07/31/2023 - POC Submission  
 Submitted By: [Redacted] Date Submitted: *08/03/2023*  
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *08/07/2023*

Inspections / Reviews *(continued)*

08/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/03/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On [redacted] staff person A was alerted that resident #1 required changing due to bowel incontinence. Staff person A escorted resident #1 back to their room but did not immediately provide care to resident #1 and instead waited for another staff person to start resident rounds.

Plan of Correction

Accept [redacted] - 07/31/2023)

- 1. The incident cannot be retroactivity corrected.
- 2. Staff re-education was provided on 7/25/23 by PCHA on the importance of following the resident support plan to meet the ADL requirement for that resident.
- 3. Charlene Fisher, PCHA
- 4. Target Completion date: August 29, 2023
- 5. Administrator or designee will review 10% of task documentation in PCC weekly x 4 and monthly x 2 or until substantial compliance is obtained to ensure to ensure ADL requirements were met. Corrective action plan will be monitor through QAPI process.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented ([redacted] - 08/09/2023)

25c2 Fee Schedule

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #2's contract dated [redacted] did not include the monthly fee for room and board.

Plan of Correction

Accept [redacted] - 07/31/2023)

- 1. The Fee schedule for 2023 was reviewed with the resident and his initials obtained.
- 2. All new admissions will have the fee schedule as part of the admission packet and that will be reviewed and signed by the resident upon admission. Staff re-education was provided on 7/25/23 by PCHA on the importance of communicating the daily rate to the resident on admission, as well as any other ancillary rates they may encounter.
- 3. Charlene Fisher, PCHA
- 4. Target completion date: August 29, 2023
- 5. Administrator or designee will audit all new admissions to ensure they were given a copy of the fee schedule weekly x 4, monthly x 2 or until substantial compliance is obtained. Corrective action plan will be monitor through QAPI process.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented ([redacted] - 08/09/2023)

26b Quality Management Plan Content

3. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

- 1. The reportable incident and condition reporting procedures.
- 2. Complaint procedures.
- 3. Staff person training.
- 4. Licensing violations and plans of correction, if applicable.
- 5. Resident or family councils, or both, if applicable.

Description of Violation

The home did not have documentation that a quality management meeting was held in 2022 to review the topics required under this regulation. Repeat violation from 8/2022.

Plan of Correction

Accept (████) - 07/31/2023)

- 1. The missed Quality Management Meeting cannot be retroactively corrected.
- 2. A QAPI meeting was held on July 25, 2023. Annual QAPI meetings will be pre-scheduled yearly for the month of September, following the DHS annual survey. Administrator was educated by Amy Deluca, DHS surveyor about the importance of 26b and that the QAPI meeting can be held at Personal Care yearly with staff members working in this building.
- 3. Charlene Fisher, PCHA
- 4. Target completion date: August 29, 2023
- 5. ED or designee will audit PCHA to ensure she has complied with regulation 26b yearly in September. Outcomes will be reviewed at QAPI at the nursing care center for review and recommendations.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented (████) - 08/09/2023)

65a FS Orientation 1st Day

4. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Description of Violation

The home did not have documentation that staff persons B, C, and D had training in the topics required under this regulation on their first day of work. Staff person B was hired (████); staff person C was hired (████) staff person D was hired (████).

65a FS Orientation 1st Day (continued)

Plan of Correction

Accept [redacted] - 07/31/2023)

- 1. The tag cannot be retroactively corrected. Staff members B, C, and D were given fire safety tour and education on 7/24/23
- 2. Items under regulation 65a will be added to the orientation checklist for new hires. Morrison, our contracted culinary service, will follow the same orientation process to ensure compliance with this regulation. PCHA, CMS, ED, and Maintenance Director were educated on regulation 2600.65a and the requirements to be compliant.
- 3. Charlene Fisher, PCHA
- 4. Target completion date: August 29, 2023
- 5. Personal care new hires and contracted staff will be audited by PCHA, Culinary Director and H.R. manager after each orientation x 3 months or until substantial compliance is obtained. Outcomes will be reported at QAPI for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented [redacted] 08/09/2023)

65f - Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Staff person E did not have training in the required topic Meeting the Needs of the Residents using the Documentation of Medical Evaluation, Preadmission screening, and Resident Assessment Support plan for the 2022 training year.

Plan of Correction

Accept [redacted] - 07/31/2023)

- 1. The tag cannot be retroactively corrected. Staff member E completed annual training for Meeting the needs of the Residents using the Documentation of Medical Evaluation, Preadmission screening, and Resident Assessment Support Plan on February 5, 2023.
- 2. Staff were re educated by PCHA on July 25, 2023 on the requirement to complete assigned educations timely.
- 3. Charlene Fisher, PCHA
- 4. Target completion date: August 29, 2023
- 5. Audits for completion of assigned education will be conducted by PCHA or designee monthly x 3 months or until substantial compliance is obtained. Outcomes will be reported at QAPI for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented [redacted] - 08/09/2023)

65g - Annual Training Content

6. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

65g - Annual Training Content (continued)

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

**Description of Violation**

Staff person F did not have training in fire safety completed by a fire safety expert for the 2022 training year.

**Plan of Correction**

Accept (█) - 07/31/2023

1. Missed annual fire safety training cannot be retroactively corrected. Staff member F completed annual in-person fire safety training on 7/24/23.
2. Staff were educated on the importance of each employee completing annual in-person fire safety training on July 25, 2023. PCHA will develop a list of names for all those employees working in Personal Care and will mark each one off as they attend to ensure everyone receives the training. Training will be offered on various days at various times.
3. Charlene Fisher, PCHA
4. Target completion date: August 29, 2023
5. PCHA will audit the sign-in sheet yearly, to ensure Personal Care employees attended the annual in-person fire safety training. A synopsis of the training will be attached. Outcomes will be reported at QAPI for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented (█) - 08/09/2023

182b - Prescription Medication

**7. Requirements**

- 2600.
- 182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:
    4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff person E was due for a medication administration annual practicum training on 6/17/22 but staff person E's annual practicum was not completed until 1/5/23.

**Plan of Correction**

Accept (█) - 07/31/2023

1. Missed annual medication administration practicum training cannot be retroactively corrected. Staff member E completed annual practicum training on January 5, 2023.
2. Staff were re-educated by PCHA or designee on the specifics of regulation 182b on July 25, 2023 so they can be proactive in working with the trainer to be in compliance.
3. Charlene Fisher, PCHA
4. Target completion date: August 29, 2023.
5. PCHA or designee will audit all med-tech compliance monthly x 3 or until substantial compliance is obtained. Outcomes will be reported for review and recommendation at QAPI.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented (█) - 08/09/2023

184a Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

Resident #3 has an order for [redacted] tablet at bedtime. The direction on the pharmacy label for this medication stated 1 tablet in the morning, take with largest meal of the day.

Resident #4's [redacted] insulin pens were stored in the medication cart with no pharmacy label.

Resident #5's [redacted] was stored in the medication cart with no pharmacy label.

Resident #6 has an order for [redacted] tablet by mouth daily as needed. The pharmacy label for this medication states 1 tablet daily.

Plan of Correction

Accept ( [redacted] - 07/31/2023)

- 1. Medication labels for residents 3, 4, 5, and 6 were corrected immediately upon surveyor notification.
- 2. Staff were re-educated by CSM on regulation 184.a and the importance to ensure all parts of the label are on every medication correctly on 7/25/23.
- 3. Lesley Rager, CSM
- 4. Target completion date: August 29, 2023
- 5. Audits will be conducted weekly x 4 weeks and then monthly x 2 or until substantial compliance is obtained, by the CSM or Designee to ensure compliance. Outcomes will be reported at QAPI for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented ( [redacted] - 08/09/2023)

187d Follow Prescriber's Orders

9. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 has an order for [redacted] tablet two times daily, hold for diastolic blood pressure (DBP) less than 60 or pulse less than 60. On the following dates and times the medication was not administered but the DBP and pulse were not recorded:

[redacted] and [redacted]

Plan of Correction

Accept ( [redacted] - 07/31/2023)

- 1. Medication errors cannot be retroactively corrected.
- 2. Med-tech responsible for medication errors was educated on the six-rights of medication administration on 7/11/23.. Med-tech no longer works as med-tech at the facility. Staff were re-educated by CSM on the importance

187d - Follow Prescriber's Orders (continued)

of following the six-rights of medication administration paying special attention to parameters on July 25, 2023.

3. Lesley Rager, CSM

4. Target completion date: August 29, 2023

5. CSM or Designee will audit the MAR's weekly for 4 weeks then monthly x 2 or until substantial compliance is obtained to ensure all medications with parameters were administered correctly. Outcomes will be reported at the monthly QAPI for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented (████) - 08/09/2023)

190b - Insulin Injections

10. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person E did not have diabetic training completed by a certified diabetes instructor within the previous 12 months.

Plan of Correction

Accept (████) - 07/31/2023)

1. Missed Diabetic training cannot be retroactively corrected.

2. Employee E is a Registered Nurse as of July 6, 2023 and no longer needs to complete Diabetic training. Staff were educated by CSM on timely completion of Diabetic Training on July 25, 2023.

3. Lesley Rager, CSM.

4. Target completion date: August 29, 2023

5. CSM or designee will complete audits quarterly x 3 or until substantial compliance is obtained to ensure all med techs that are Diabetic Certified are up-to-date with their credentials. If they are not, they will not be able to administer insulin. Outcomes will be reported to QAPI for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented (████) - 08/09/2023)

225c - Additional Assessment

11. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #7's most current support plan was completed (████) The resident's previous support plan was completed (████)

225c Additional Assessment (*continued*)**Plan of Correction****Accept** [REDACTED] - 07/31/2023)

1. *The missed Support Plan cannot be retroactively corrected.*
2. *Resident #7 support plan was completed 7/6/2023. Staff were re educated on the need to complete support plan annually, with significant change in condition, and at the request of the department upon cause to believe that an update is required.*
3. *Lesley Rager, CSM*
4. *Target completion date: August 29, 2023*
5. *Audits will be conducted by CSM or designee weekly x 4 or until substantial compliance is obtained. Outcomes will be reported at QAPI for review and recommendation.*

**Licensee's Proposed Overall Completion Date:** 08/29/2023**Implemented** [REDACTED] - 08/09/2023)