

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

November 9, 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 10/04/2023 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: 07/24/2024
 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: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *01/16/2016* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *100* Waking Staff: *75*

Inspection Information

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

Inspection Dates and Department Representative

10/04/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* Residents Served: *68*

Secured Dementia Care Unit

In Home: *Yes* Area: *Breidegam Building* Capacity: *26* Residents Served: *23*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *32* Have Physical Disability: *1*

Inspections / Reviews

10/04/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/02/2023*

10/30/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/07/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/07/2023*

Inspections / Reviews (*continued*)

11/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The home did not initial the resident MARs indicating that they had received their medications on the following dates and times.

Resident #1 8/10/ 23 & 8/11/23 Trazadone 200-50 mg tab at bedtime: Lorazepam oral tab on 8/12 /23 & 8/14/23 at 8:00PM.

Resident #2 Levothyroxine .75 mg tab to be taken daily at 6:00AM was not initialed as being administered on 8/25/23 & 8/28/23.

Resident #3 Aspirin 81 mg not initialed as being given on 8/13/23 & 8/14/23 at 8:00AM. Escitalopram 10 mg tab not initialed as being given on 8/13/23 & 8/14/23 at 8:00AM, Furosemide oral 40.mg tab daily on 8/13/23 & 8/14/23 at 8:00AM.

Resident # 4 potassium Chloride 20 mg. at 8:00am was not initialed as being administered on 8/13/23 & 8/14/23; Busbar 10 mg to be administered 3 times a day was not initialed as being administered on 8/13/23 & 8/14/23 at 8:00AM.

Plan of Correction**Accept** [REDACTED] - 10/30/2023)

1. Medication administration documentation cannot be retroactivity corrected.

2. The CSM or designee will provide education to staff on the 6 rights of medication administration.

3. [REDACTED], CSM

4. Target completion date: November 30, 2023

5. CSM or designee will audit 10% of residents' medication administration records daily x 2 weeks, weekly x2, then monthly x2 or until substantial compliance is achieved to ensure proper documentation was completed. Corrective action plan will be monitor through QAPI process.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 11/09/2023)