

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *96* Waking Staff: *72*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *02/06/2024*

Inspection Dates and Department Representative

02/06/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *92* Residents Served: *65*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Adjacent to PC* Capacity: *26* Residents Served: *22*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *31* Have Physical Disability: *0*

Inspections / Reviews

02/06/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2024*

03/19/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/20/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/22/2024*

Inspections / Reviews (*continued*)

03/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2024

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

The home's laptop on top of an unattended medication cart near room [redacted] was left open with residents electronic Medication Administration record open and viewable to anyone who walked by.

Plan of Correction

Accept [redacted] - 03/19/2024)

- 1. Laptop screen was immediately covered upon notification by surveyor. On-the-spot education was immediately provided to nurse who left the lap top screen open and unattended.
- 2. Staff re-education was provided on February 6, 2024 by [redacted], interim CSM on the importance of covering/locking the laptop screen when not unattended.
- 3. [redacted], Interim CSM
- 4. Target completion date: March 27, 2024
- 5. [redacted] or designee will Audit compliance with med cart screen coving/locking when unattended weekly x 4 and monthly x 2 or until substantial compliance is obtained to ensure med cart screen is locked/covered when unattended. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented [redacted] - 03/25/2024)

183b - Meds and Syringes Locked

2. Requirements

2600.

- 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately [redacted], the medication cart was left unattended and was found unlocked in the hallway near room [redacted].

Plan of Correction

Accept [redacted] - 03/19/2024)

- 1. Med cart was immediately locked upon notification by surveyor. On-the-spot education was immediately provided to the nurse who left med cart unlocked and unattended.
- 2. Staff re-education was provided on February 6, 2024 by [redacted], interim CSM on the importance of locking the med cart when unattended.
- 3. [redacted], Interim CSM
- 4. Target completion date: March 27, 2024
- 5. [redacted] or designee will Audit compliance with locking the med cart when unattended weekly x 4 and monthly x 2 or until substantial compliance is obtained to ensure med cart is locked when unattended. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: 03/27/2024

183b - Meds and Syringes Locked (*continued*)*Implemented* [REDACTED] - 03/25/2024)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On [REDACTED] an incident occurred involving Resident# [REDACTED] and Resident # [REDACTED] during which Resident [REDACTED] attempted to strangle Resident# [REDACTED]. As per staff interviews, Resident# [REDACTED] was put on checks following the incident. Resident [REDACTED] Resident Assessment Support Plan dated [REDACTED] was not updated to reflect the resident's behaviors or that the resident was put on checks following the incident.

Plan of Correction*Accept* [REDACTED] - 03/19/2024)

1. Resident [REDACTED] Resident Assessment Support Plan (RASP) was updated on [REDACTED] to reflect the intervention for the incident that occurred on [REDACTED].
2. Staff re-education was provided by [REDACTED], interim CSM on the importance of updating resident RASP after incident occurs.
3. [REDACTED], Interim CSM
4. Target Completion Date: March 27, 2024
5. [REDACTED] or designee will Audit compliance with documenting interventions in RASP weekly x 4 and monthly x 2 or until substantial compliance is obtained to ensure RASP are updated with interventions after incidents occur. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented [REDACTED] - 03/25/2024)