



**Facility Information**

Name: *BUFFALO VALLEY PERSONAL CARE* License #: *20212* License Expiration: *08/15/2024*  
 Address: *305 E TRESSLER BLVD, LEWISBURG, PA 17837*  
 County: *UNION* 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-2 LP* Date: *11/07/1988* Issued By: *DLI*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *45* Waking Staff: *34*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *03/19/2024*

**Inspection Dates and Department Representative**

*03/19/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *50* Residents Served: *45*

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

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**03/19/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2024*

**04/22/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *04/26/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/26/2024*

Inspections / Reviews (*continued*)

04/29/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On [redacted] during the [redacted] medication pass, Resident [redacted] medication was not placed in the resident's hand, mouth or other route as ordered by the prescriber. The medication cup with [redacted] in it ([redacted] and [redacted]) was found in Resident [redacted] room on [redacted], [redacted] medication pass.

Plan of Correction

Accept [redacted] - 04/22/2024)

- 1. The incident cannot be corrected retroactively.
- 2. Staff re-education was provided to agency staff member of Staffing Firm, by her supervisor [redacted]. The staff member will not be returning to our PC. Personal Care staff were also re-educated at the staff meeting on 4/11/24 on the importance of staying with a resident and watching to make sure each medication is taken.
- 3.PCHA and CSM will be responsible for ensuring the proposed actions are complete.
- 4. Target Completion Date: 4/19/24
- 5. PCHA and CSM will perform audits during 11-7, 3-11 and 7-3 med passes, Will observe 10% of the med passes weekly x 4 and monthly x 2 or until substantial compliance is obtained to ensure medication administrator requirements were met. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [redacted] - 04/29/2024)

187b - Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] did not take the prescribed medications on [redacted] at the 6pm medication pass [redacted]. The Medication Administration Record (MAR) incorrectly indicates the medications were administered on [redacted] at [redacted]

Plan of Correction

Accept [redacted] - 04/22/2024)

- 1. The incident cannot be corrected retroactively.
- 2. Staff re-education was provided to agency staff member of Staffing Firm, by her supervisor [redacted]. The staff member will not be returning to our PC. Personal Care staff were also re-educated on regulation 187a,b,c and d at the staff meeting on 4/11/24. Emphasized it is fraudulent to document the action occurred when it did not.
- 3.PCHA and CSM will be responsible to ensure the proposed actions are complete.
- 4. Target Completion Date: 4/19/24
- 5. PCHA and CSM will audit 10% of MARs weekly x 4 and monthly x 2 or until substantial compliance is obtained to ensure medication administration and correct documentation occurred. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: 04/19/2024

187b - Date/Time of Medication Admin. (continued)

Implemented [redacted] 04/29/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] did not take the prescribed medications on [redacted] at the 6pm medication pass [redacted].

Plan of Correction

Accept [redacted] - 04/22/2024)

1. The incident cannot be corrected retroactively.
2. Staff re-education was provided to agency staff member of Staffing Firm, by her supervisor [redacted]. The staff member will not be returning to our PC. Personal Care staff were also re-educated on regulation 187a,b,c and d at the staff meeting on 4/11/24. PCHA emphasized the importance of residents receiving all the prescribed medications per prescriber's instructions.
- 3.PCHA and CSM will be responsible to ensure the proposed actions are complete.
4. Target Completion Date: 4/19/24
5. PCHA and CSM will perform audits during 11-7, 3-11 and 7-3 med passes, Will observe 10% of the residents weekly x 4 and monthly x 2 or until substantial compliance is obtained to ensure medication administration requirements were met. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [redacted] - 04/29/2024)

224a - Preadmission Screen Form

4. Requirements

2600.  
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] DOA [redacted] does not have a preadmission screening completed.

Plan of Correction

Accept [redacted] - 04/22/2024)

1. Required Prescreen cannot be retroactively corrected. Resident has been discharged from the facility.
2. LPN supervisor and LPN staff were re-educated on regulation 224a at the staff meeting on 4/11/24 and the importance of doing a prescreen, to ensure we can care for the residents needs, and that they are appropriate for our facility.
- 3.PCHA and CSM will be responsible to ensure the proposed actions are complete.
4. Target Completion Date: 4/19/24
5. PCHA and CSM will perform audits for all new admissions day prior or day of the admission to ensure the prescreen is present, Will audit for 3 months or until substantial compliance is met. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: 04/19/2024

224a - Preadmission Screen Form (continued)

Implemented [redacted] - 04/29/2024)

227c - Support Plan Revision

5. 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.

Description of Violation

Resident [redacted] Resident Assessment and Support Plan (RASP) dated [redacted] is the most current RASP on file, exceeding the annual requirement.

Plan of Correction

Accept [redacted] - 04/22/2024)

- 1. RASP was finalized in the computer, but not printed signed and placed on the chart. RASP was printed on 3/19/24 and taken to the resident to sign. Resident refused. Notation was made on the RASP.
- 2. Supervisor and LPN staff were re-educated on regulation 224a at the staff meeting on 4/11/24 and the importance of having this document available to staff so they know how to properly care for a resident.
- 3. PCHA and CSM will be responsible to ensure the proposed actions are complete.
- 4. Target Completion Date: 4/19/24
- 5. PCHA and CSM will perform audits for all new admissions within 15 days of admission to ensure the RASP has been started/ Will audit for 3 months or until substantial compliance is obtained to ensure regulation was met. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [redacted] - 04/29/2024)