

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

May 17, 2024

[REDACTED]
[REDACTED]
DIAKON LUTHERAN SOCIAL MINISTRIES
[REDACTED]
[REDACTED]

RE: THE BUEHRLE CENTER
ONE SOUTH HOME AVENUE
TOPTON, PA, 19562
LICENSE/COC#: 21496

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2024 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: [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: *98* Waking Staff: *74*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Incident* Exit Conference Date: *04/09/2024*

Inspection Dates and Department Representative

04/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* Residents Served: *67*

Secured Dementia Care Unit

In Home: *Yes* Area: *_* Capacity: *26* Residents Served: *24*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *31* Have Physical Disability: *2*

Inspections / Reviews

04/09/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/29/2024*

05/08/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/16/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/15/2024*

Inspections / Reviews (*continued*)

05/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/22/2024

05/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] Resident [REDACTED] was found on top of Resident [REDACTED], in Resident [REDACTED] bed. Resident [REDACTED] had their arm/hand over Resident [REDACTED] throat and was hitting them in the side of the face. Resident [REDACTED] sustained injury to their lip and left side of their face. Resident [REDACTED] sustained two scratches to their chest.

Plan of Correction

Accept (CP - 05/15/2024)

1. Staff immediately separated resident [REDACTED] and resident [REDACTED]. Staff attended to resident [REDACTED] injuries and ensured [REDACTED] safety. Resident [REDACTED] was sent to Emergency Department for evaluation. Resident [REDACTED] was placed on 1:1 until evaluated.
2. Resident [REDACTED] remains on Q15min checks for day shift and 1:1 on evening and night shifts, psych eval was placed to review resident [REDACTED] medications and behaviors, and motion alarm was placed on resident [REDACTED] door. Alarm is a door bell sound and alarm does not prevent resident from exiting the room it is only there to notify staff that resident is exiting room. A Velcro STOP sign was placed across resident [REDACTED] door. Family in agreement to have stop sign in place to help prevent other residents from entering resident [REDACTED] room. Resident [REDACTED] is able to demonstrate how to remove sign as [REDACTED] wishes. Staff will ensure resident is still able to remove stop sign weekly. Staff educated on maintaining staff distance between resident [REDACTED] and Resident [REDACTED], and ensuring all interventions are in place.
3. [REDACTED], PCHA
4. Target completion date: April 2, 2024
5. PCHA or designee will audit current intervention weekly x 4, then monthly x2, or until substantial compliance is achieved. Corrective action plan will be monitor through QAPI process.

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented [REDACTED] - 05/16/2024)