

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

November 14, 2024

[REDACTED], ADMINISTRATOR
LUTHERAN SENIOR SERVICES EAST
[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 09/17/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: BUFFALO VALLEY PERSONAL CARE License #: 20212 License Expiration: 08/15/2025
Address: 305 E TRESSLER BLVD, LEWISBURG, PA 17837
County: UNION Region: NORTHEAST

Administrator

Name: [Redacted]

Legal Entity

Name: LUTHERAN SENIOR SERVICES EAST
Address: [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: 42 Waking Staff: 32

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 09/17/2024

Inspection Dates and Department Representative

09/17/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 2 columns: Category and Value. Rows include: General Information (License Capacity: 50, Residents Served: 41), Secured Dementia Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: 0), Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 41, Diagnosed with Mental Illness: 1, Diagnosed with Intellectual Disability: 0, Have Mobility Need: 1, Have Physical Disability: 0).

Inspections / Reviews

Table with 2 columns: Date/Type and Details. Rows include: 09/17/2024 Full (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 10/17/2024), 10/31/2024 - POC Submission (Submitted By: [Redacted], Date Submitted: 11/05/2024, Reviewer: [Redacted], Follow-Up Type: Document Submission, Follow-Up Date: 11/04/2024).

Inspections / Reviews *(continued)*

11/14/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/05/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The resident in room 504 utilizes an enabler bar. The enabler bar in room 504 was not covered with an opening approximately 12 inches by 5 inches and 8 inches by 5 inches and approximately 6 inch gap between the bottom of the bar and the bed. The opening and gap pose a possible limb or head entrapment.

Plan of Correction

Accept (█ - 10/31/2024)

Maintenance removed the new style enabler bars and replaced them with the former style. Surveyor was shown the former style and she agreed it was safe, so long as it was secured, passed the entrapment risk test and the bar remained covered.

Maintenance replaced all the new style enablers that were in use, with the former style on 9/18/24.

Staff were inserviced on 10/1/24 with the DHS bedrail guidelines and the need for ongoing monitoring.

PCHA or designee will audit the bars weekly x 4 and then monthly x 2. Maintenance will audit the bars monthly and ongoing, to ensure they are secure to the bed, remain covered, and ensure there is not a gap between the bar and the mattress.

Findings will be reported monthly at QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented (█ - 11/14/2024)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was a trash can in the kitchen with garbage in it that was uncovered with no staff present.

Plan of Correction

Accept (█ - 10/31/2024)

A small trash can was found in the kitchen with trash inside that was not covered. The can was emptied into a larger, covered trash receptacle after PCHA brought it to the attention of the culinary aide.

Culinary staff were re-educated that the trashcan can be uncovered when it is in use, but must be immediately emptied into a large can that contains a lid when task is complete to prevent penetration of insects and rodents. PC staff were also educated to monitor this when they are helping in the kitchen.

PCHA or designee will audit the trashcan weekly x 4 and monthly x 2.

Findings will be reported monthly at QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented (█ - 11/14/2024)

109b - Rabies Vaccination

3. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The pet vaccination for Gemi (cat) expired [REDACTED].

The pet vaccination for Kitty (cat) expired [REDACTED].

Plan of Correction

Accept [REDACTED] - 10/31/2024)

Two of our resident's pet cats did not have up-to-date vaccines. Resident in room 509 asked [REDACTED] daughter to make a vet appointment for this month. Resident in room 406 had a vet appt on 9/23/24. The wife made the decision to take the cat home, as the resident was not interacting with her like he had at home. 2nd cat in room 509 did have her rabies vaccine and a copy was given to PCHA.

Staff were re-educated on 10/1/24.

Upon admission, any resident desiring to have a cat or dog will have to provide up-to-date rabies information prior to moving the animal into the home. PCHA will keep a spreadsheet of the residents that have pets to include the date their next vaccines are due. PCHA will ask resident if an appointment is scheduled 3 months prior to due date. PCHA or designee will audit the list monthly.

Audit findings will be reported at QAPI for review and recommendation.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [REDACTED] - 11/14/2024)

184a Resident's Meds Labeled

4. Requirements

2600.

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

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident # 1 has a straight order for [REDACTED] by mouth 4 times a day, may take additional tab every 6 hours as needed for pain, [REDACTED] in 24 hours. The Medication Administration Record (MAR) states [REDACTED] mg, 1 tab by mouth 4 times a day, may take additional tab every 12 hours as needed for pain, [REDACTED] in 24 hours. The MAR is correct, there was a change to the prescription when another medication was added and there was no indication on [REDACTED] blister pack there was a prescription change.

Repeat 7-11-23

Plan of Correction

Accept [REDACTED] - 10/31/2024)

MAR and medication bottle directions did not match for [REDACTED] for one resident. A change of direction sticker was immediately placed on the bottle by LPN. LPN reached out to the physician for a new prescription so that the bottle will be correct the next time it is filled.

Staff were re-educated on 10/1/24 on the importance of noting any change to a resident's medication and immediately placing a change of direction sticker on the card or bottle so that the medication is not improperly administered.

184a - Resident's Meds Labeled (continued)

PCHA/CSM will audit meds of 10% of our resident census weekly x 4 and then monthly x 2. Audit findings will be reported monthly at QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [redacted] - 11/14/2024)

187b - Date/Time of Medication Admin.

5. 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 # 3, has an order for blood glucose to be taken at [redacted] so the order for [redacted] can be administered on a sliding scale at [redacted] to receive 2 units. On [redacted] no reading recorded on the MAR, Glucometer reading [redacted]. There is no indication the resident received the 2 units of [redacted]

Resident # 4 has an order for blood glucose to be taken at [redacted] with [redacted] /ML to be administered on a sliding scale of [redacted] to receive [redacted] of [redacted]. The glucometer recorded a blood glucose level of [redacted]. The blood glucose reading was not recorded on the Medication Administration Record (MAR).

Plan of Correction

Accept [redacted] - 10/31/2024)

Resident #3 was not given 2 units of insulin as ordered. LPN transcribed glucometer reading as [redacted] so no insulin was given. MD was updated. No ill effects noted from resident not receiving insulin. LPN was educated on 9/17/24. Remainder of staff were educated to include double checking to make sure reading was transcribed correctly in MAR.

The LPN that did not document blood sugar reading for resident #4 on [redacted] was terminated. PCHA/CSM will audit 10% of resident charts monthly x 4 weeks and then monthly x 2 months. Findings will be reported monthly at QAPI for review and recommendation.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [redacted] - 11/14/2024)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident # 3 has an order to administer [redacted] on a sliding scale at [redacted] to receive 2 units. The glucometer reading on [redacted]. This was incorrectly recorded on the Medication Administration Record (MAR) at [redacted] Per the sliding scale, [redacted] the resident is to be administered 2 units of [redacted]. Per the MAR, the medication was incorrectly held due to the incorrect reading recorded.

187d - Follow Prescriber's Orders (continued)

Repeat 7-11-23, 3-19-24

Plan of Correction**Accept ([REDACTED] - 10/31/2024)**

Blood sugar check for resident #3 was recorded as [REDACTED] in MAR. However the glucometer showed [REDACTED]. Resident should have received [REDACTED] units of insulin.

Responsible staff member was educated on 9/17/24. Remainder of staff were educated on 10/1/24 about the importance of double checking the number on the glucometer and then making sure you are writing the matching number in the MAR to determine if the resident needs insulin. Also discussed effects of not getting the required insulin.

PCHA/CSM will audit 10% of resident glucometers and make sure reading was written correctly in the MAR and that the resident received insulin if scale indicated such.

Findings will be discussed at QAPI for review and recommendation.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented ([REDACTED] - 11/14/2024)