

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

December 4, 2024

[REDACTED]  
LUTHERAN SENIOR SERVICES EAST  
[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 10/09/2024, 10/21/2024 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: *07/24/2025*  
 Address: *ONE SOUTH HOME AVENUE, TOPTON, PA 19562*  
 County: *BERKS* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *LUTHERAN SENIOR SERVICES EAST*  
 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: *84* Waking Staff: *63*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *10/21/2024*

**Inspection Dates and Department Representative**

10/09/2024 - On-Site: [REDACTED]  
 10/21/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *92* Residents Served: *60*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *1st floor* Capacity: *28* Residents Served: *21*

**Hospice**  
 Current Residents: *4*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *60*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *24* Have Physical Disability: *0*

**Inspections / Reviews**

10/09/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/10/2024*

11/22/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *11/27/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/09/2024*

Inspections / Reviews *(continued)*

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/27/2024

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 observed by staff striking Resident [REDACTED] on the face with a closed hand after Resident [REDACTED] asked Resident [REDACTED] to stop touching the wheelchair in which the resident was seated. Resident [REDACTED] does have a history of an attempting a violent act toward another resident of the home. On [REDACTED] staff reported that Resident [REDACTED] was observed attempting to choke resident [REDACTED]. The staff of the home reported Resident [REDACTED] was congested and was making gurgling sounds which agitated Resident [REDACTED] who attempted to choke Resident [REDACTED] with the resident's clothing protector.

Resident [REDACTED] and Resident [REDACTED] were involved in an altercation on [REDACTED] during which resident [REDACTED] attempted to hit resident [REDACTED] with a cane. Resident [REDACTED] subsequently reported being hit on the hand by resident [REDACTED]. The residents were involved in a previous incident on [REDACTED] during which the residents were observed by staff hitting one another with closed fists in the common area of the home. Resident #4 also has a prior history of aggressive behavior toward other residents of the home. On [REDACTED] an incident report was submitted noting resident [REDACTED] struck resident [REDACTED] with a cane after becoming aggressive when discovering resident #6 was seated in a chair in the common area of the home that resident [REDACTED] prefers to sit in.

**Plan of Correction**

Accept [REDACTED] - 11/22/2024)

1. Resident number one was separated from Resident number two, provided with an activity and placed on regular checks on 09 17 24.
2. Resident number two was separated from Resident number one and scheduled for follow up with PCP 09 20 24.
3. Resident number one and Resident number three were separated on 11 08 23. Resident number one was removed from the dining area. Resident number three was examined for injury and none found. Resident number three now longer resides on the unit.
4. Resident number four and resident number five were separated and redirected 09 17 24. The residents RASPs were updated to include encouragement to attend activities. Resident number four had cane replaced with rollator.
5. Resident number four and resident number were separated. Resident number six was assessed by CRNP post incident. No injury was noted.
6. Resident number one, two, four, five and 6 medical records will be reviewed weekly by the CSM or designee for four weeks to monitor/anticipate any changes in behavior.
7. Reports will be made by the CSM at meetings of the QAPI Committee.
8. Staff will be educated on how to anticipate needs and behaviors of residents by CSM by 12 06 24.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented [REDACTED] - 12/04/2024)