

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

December 2, 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 11/05/2024 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: *85* Waking Staff: *64*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *11/05/2024*

Inspection Dates and Department Representative

11/05/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *92* Residents Served: *61*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *28* Residents Served: *20*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *24* Have Physical Disability: *1*

Inspections / Reviews

11/05/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/22/2024*

11/25/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/27/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/04/2024*

Inspections / Reviews (*continued*)

11/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/27/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/03/2024

12/02/2024 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] at approximately 9:15am, Resident [REDACTED] went outside to the courtyard. The door was unlocked, and the door alarm sounded. Staff A heard the alarm and told Staff C to turn off the alarm. No one went to investigate why the alarm was going off. At approximately 9:30-9:45am, Staff B was making rounds and went to the courtyard to ensure the gate was secure and noticed resident [REDACTED] on the ground with a pool of blood around the resident's head.

On [REDACTED] at approximately 1:45pm, Resident [REDACTED] was at the doorway to the kitchen trying to grab some sugar packets. Resident [REDACTED] saw resident [REDACTED] and started arguing with Resident [REDACTED]. Resident [REDACTED] did not put the sugar packets down and Resident [REDACTED] aggressively hit resident [REDACTED] with a rollator walker. By [REDACTED], a small bruise had formed on Resident [REDACTED]'s right shin. Resident [REDACTED] has a history of aggressive behaviors towards other residents.

Repeat Violation 4/9/24

Plan of Correction

Accept ([REDACTED] 11/26/2024)

1. Staff A was Educated on the need to respond to all alarms and inspect the area of alarm before resetting/Turning off alarm. Education was completed on 10/04/2024.
2. The door that resident [REDACTED] exited has been locked and not accessible for residents to exit with out a code. Staff was educated on the door being locked on 10/09/2024.
3. All SDCU residents must be accompanied while outside on the patio as of 10/01/2024.
4. CSM or Designees will complete monthly audits x 3 months to ensure that D1 door remains locked.

1. Residents [REDACTED] and [REDACTED] were separated immediately
2. Physicians and families notified of both residents hat incident occurred.
3. Medication reviews completed. Medication changes made for resident number 2 on 11/04/24. Medication changes made for resident number 3 on 11/03/2024.
4. CSM and PCHA discussed anticipation of resident's behaviors at a staff meeting on 11.18.24.
5. Changes in DCS assignments have been discussed by CSM and PCHA and again at staff meeting on 11.18.24. Changes in DCS in SDCU will take place starting 11.27.24.
6. Results of interventions will be reviewed at meetings of QAPI Committee by the CSM/Designee.
7. CSM/Designee will complete weekly Audits x 4 weeks of progress notes/behaviors of residents 2 and resident 3. Any negative trend will be reported, and action will be taken immediately to correct variance by implement interventions.

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

Implemented ([REDACTED] 11/27/2024)