

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

June 17, 2025

[REDACTED]  
LUTHERAN SENIOR SERVICES EAST  
[REDACTED]

RE: BUFFALO VALLEY PERSONAL CARE  
305 E TRESSLER BLVD  
LEWISBURG, PA, 17837  
LICENSE/COC#: 20212

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/07/2025 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: *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] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *LUTHERAN SENIOR SERVICES EAST*  
 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: *41* Waking Staff: *31*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Incident* Exit Conference Date: *05/07/2025*

**Inspection Dates and Department Representative**

05/07/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *50* Residents Served: *38*

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

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

05/07/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/08/2025*

06/17/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *06/17/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

06/17/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [redacted] was admitted to the home on [redacted] the residents initial Medical Evaluation was completed [redacted]

Plan of Correction

Accept [redacted] 06/17/2025)

Resident was admitted from home on [redacted]. DME was sent out to the physician late, on [redacted]. Our practice it to send the DME out within 3 days of being admitted.

CSM/designee were educated on 5/7/25 on regulation 141a1. A DME form will be placed in the admission packet so it is not missed and can be sent out timely. Personal care staff will be educated at the staff meeting on 6/5/25.

PCHA will audit new admissions to ensure the DME was sent out within 3 days of admission, going forward for each admission.

Audit results will be reported at the monthly QAPI meeting for review and recommendation.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented ([redacted] - 06/17/2025)