

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

September 3, 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 07/15/2025 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: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *07/15/2025*

Inspection Dates and Department Representative

07/15/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *50* Residents Served: *40*

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: *40*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

07/15/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/25/2025*

08/14/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/03/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/21/2025*

Inspections / Reviews (*continued*)

08/20/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/27/2025

09/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2025

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 in an old, soiled brief. Their buttocks had dried bowel movement on it, and they had two sores on their [REDACTED]. The resident is unable to toilet themselves and requires assistance from staff and incontinence checks every 2 hours. Internal investigations by the home were completed and contained findings that Resident [REDACTED] was not changed for their incontinence from around the time of 6:30p.m. on 06/24/2025 until 10:30a.m. on 06/25/2025. Resident [REDACTED] was sitting in the soiled brief for approximately 16 hours.

Plan of Correction

Accept [REDACTED] - 08/20/2025)

[REDACTED] discovered [REDACTED] condition on 6/25 around 10:30 a.m. and immediately reported this incident to the PCHA and CSM. [REDACTED] chose to perform care on the resident and changed [REDACTED] brief. Calmoseptine was applied to the reddened areas. PCHA immediately launched a neglect investigation.

Witness statements were requested from staff. An agency staff member from Clipboard was suspended immediately after providing [REDACTED] witness statement. [REDACTED] claimed [REDACTED] had given the resident care that a.m. washing and dressing [REDACTED] and changing [REDACTED] brief. Two nursing staff members were suspended one on 6/25/25 and the other on 6/26/25 after witness statements were obtained and it was determined they did not ensure resident was toileted or had brief changed.

Staff were re-educated starting on 6/25/25 about the abuse policy, skin check procedures, when to notify the physician and how to care for residents who are combative with care. Plans of supervision were created for the two facility staff members who were suspended and approved by AAA. Brenda and Brianna were educated the day they returned to work on 7/8/25, meeting with administrator and CSM prior to their shift. The agency staff member was terminated from our facility.

Two audits were created. Toileting audit: the med tech/LPN on duty accompanied the aide on toileting rounds to assist aide in successfully toileting the residents on the toileting schedule. This audit began on 7/8/25 and ended on 8/5/25.

Second audit, CSM and PCHA met with LPN 3 x a week x 2 weeks beginning on 7/9/25 and ending on 7/24/25 to discuss any skin issues found by LPN or reported by staff. 24 hr report and nursing report sheets were also reviewed daily.

Findings will be reported to QAPI for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented [REDACTED] - 09/03/2025)

227d - Support Plan Medical/Dental

2. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d Support Plan Medical/Dental (continued)

Description of Violation

Resident [REDACTED] Resident Assessment and Support Plan states that resident needs total 24 hour direct supervision but does not state the need for total evacuation assistance.

Plan of Correction

Accept [REDACTED] - 08/20/2025)

CSM incorrectly marked the resident as needing supervision 24/7. The facility does not offer one on one supervision. The CSM understood 24/7 to mean the resident could not live alone at home and needed to be in a facility that was staffed 24/7. The RASP was errored out by surveyor and changed from "Total" supervision to "extensive".

Discussion was had between ED and PCHA re: the need for resident to be transferred to a safer environment. PCHA met with dtrs [REDACTED] and [REDACTED] on 7/16 to discuss the need to transfer the resident. [REDACTED] in agreement. Resident was discharged to our Nursing Care Center on Thursday July 17th.

CSM and PCHA were educated on 7/22/25 by the surveyor about proper completion of the rasp and that [REDACTED] can reach out to DHS for technical assistance.

PCHA/designee audited RASPS on 8/4/25 of the current residents who have a diagnosis of [REDACTED] to ensure the correct supervision status is marked. No other rasps were marked that way.

Findings will be reviewed at QAPI for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [REDACTED] - 09/03/2025)