

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

November 13, 2025

[REDACTED]
LUTHERAN SENIOR SERVICES EAST
[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 09/17/2025 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: *THE BUEHRLE CENTER* License #: *21496* License Expiration: *07/24/2026*
 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: *81* Waking Staff: *61*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/17/2025*

Inspection Dates and Department Representative

09/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *92* Residents Served: *57*

Secured Dementia Care Unit
 In Home: *Yes* Area: *NA* Capacity: *26* Residents Served: *20*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *24* Have Physical Disability: *0*

Inspections / Reviews

09/17/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/18/2025*

10/21/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/21/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/23/2025*

Inspections / Reviews *(continued)*

11/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident # [redacted] assessment dated [redacted] includes an update on [redacted] indicating the resident sustained a skin tear while parking their motorized scooter. Resident # [redacted] assessment, dated [redacted] does not include that the resident began using a motorized scooter to help with transportation while inside and outside of the home.

Plan of Correction

Accept [redacted] - 10/21/2025)

Resident [redacted] assessment and order of scooter is current. Moving forward, upon admission, annually, or as needed, personal care residents requiring scooters for mobility will be assessed by the Physical Therapy Team for safe use. Resident Assessment and Support Plan (RASP) will be updated by the Clinical Services Manager and/or the PCHA immediately after assessment is completed.

Scooter audit for personal care residents was completed on Wednesday, October 8, 2025.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented ([redacted] - 11/13/2025)