

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

November 10, 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 10/09/2025 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: *PA Dept. L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *80* Waking Staff: *60*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/09/2025*

Inspection Dates and Department Representative

10/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *92* Residents Served: *56*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care* 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: *56*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *24* Have Physical Disability: *1*

Inspections / Reviews

10/09/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/15/2025*

11/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/10/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/15/2025*

Inspections / Reviews *(continued)*

11/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at 9:34 a.m., The laptop on the medication cart counter, located near room [REDACTED], was unlocked, unattended, and accessible residents' medical file.

Plan of Correction

Accept [REDACTED] - 11/10/2025)

On Tuesday, October 14, 2025, staff was educated on the necessity in keeping resident records confidential, including computer screens. On a monthly basis and sporadically, the Administrator shall do spot checks of computer screens, especially those connected with Medication Carts and if needed, On-The-Spot-Education will be given by the Clinical Services Manager. On an annual basis, the Administrator shall include Resident Record Confidentiality in required staff training.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented [REDACTED] - 11/10/2025)

103e - Left Overs

2. Requirements

2600.

- 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 9:50 a.m., 2 covered plates containing eggs, a cinnamon roll, and peaches were unlabeled and undated on the counter in the kitchen area in The Timothy M. Bredigan Center.

Plan of Correction

Accept [REDACTED] 11/10/2025)

On Tuesday, October 14, 2025, staff was educated on the importance of labeling, dating and putting any leftover food in the refrigerator. On a weekly basis, the Administrator or Clinical Services Manager shall perform spot checks in the kitchen of the SDU to ensure food safety.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented [REDACTED] - 11/10/2025)

123b - Emergency Procedures Posted

3. Requirements

2600.

- 123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home

123b - Emergency Procedures Posted (continued)

Plan of Correction

Accept (█ - 11/10/2025)

On Monday, October 13, 2025, the Administrator placed the copy of the Emergency Preparedness Plan in a conspicuous place. On a monthly basis, the Administrator shall ensure that the Emergency Preparedness Plan is kept up to date and in a conspicuous place in the home. On Tuesday, October 14, 2025, staff was educated on the importance of having the emergency preparedness plan in a conspicuous place.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented (█ - 11/10/2025)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #█ is prescribed █ as needed. On █ at approximately 2:30p.m., medication was not available in the home.

Plan of Correction

Accept (█ 11/10/2025)

█ for Resident █ was ordered on October 7, 2025, but was not received until October 9, 2025. On Tuesday, October 14, 2025, staff was educated on when the appropriate time to order medications per Pharmacy recommendations. The Administrator and Clinical Services Manager (CSM) have been working with the Pharmacy to ensure faster delivery service. Ongoing talks are continuing with frequent phone calls, emails and personal visits with the Pharmacy Representative. Per an EverTrue corporate representative, the CSM may consider keeping over-the-counter (OTC) in stock with Central Supply so that residents receive OTC medications in a timelier manner. On a quarterly basis, the CSM will include medication ordered vs. medication received as part of the medication orders and medication cart audit.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented (█ - 11/10/2025)