

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

June 2, 2026

[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 03/25/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BUFFALO VALLEY PERSONAL CARE* License #: *20212* License Expiration: *08/15/2026*
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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *03/25/2026*

Inspection Dates and Department Representative

03/25/2026 - 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: Capacity: Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

03/25/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/24/2026*

05/06/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/12/2026*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/15/2026*

Inspections / Reviews *(continued)*

06/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan dated [redacted] for resident [redacted] indicates the resident requires assistance with transferring, toileting, and ambulation. On [redacted] between 6:44 a.m. and 8:57 a.m., the resident did not receive this assistance as required. The resident required assistance to use the toilet and rang the call bell 7 times and no staff responded to assist the resident. It was not until a staff member heard the resident yelling for help at 8:57 a.m. when the resident received the assistance to transfer and go to the bathroom.

Plan of Correction

Accept [redacted] - 05/06/2026)

Resident [redacted] was assessed with no negative effects related to the events on 3/2/2026 and needs met by staff when CSM responded. Support plan reviewed and reflects residents needs related to transferring, toileting and ambulation. Nursing staff were re-educated by PCHA and CSM on 3/3/26 about the importance of answering and responding to call bells. Call bell response is about customer service and safety. Discussed the possible effects a resident may experience if they do not get the help they need.

PCHA will educate on regulation 227a re: developing a support plan and the role they play in reviewing the careplan so they are aware of the plan showing how to meet a resident's needs

PCHA/CSM or designee will conduct a random sample audit of 8 call bells and response times for all 3 shifts. Audits will be conducted weekly for 4 weeks and as needed. Results of these audits will be reviewed through the QAPI committee for recommendations.

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented [redacted] - 06/02/2026)

187d Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] has an order for [redacted], take 1.5 tablets one time a day by mouth. On [redacted], the resident was given 1 – 25 mcg tablet instead of 1.5 tablets to equal 37.5 mcg.

Plan of Correction

Accept [redacted] - 05/06/2026)

Resident [redacted] was assessed and no adverse effects identified as a result of the medication error. Review of administration record for Resident [redacted] reflects no additional medication errors and resident has received prescribed Levothyroxine as ordered.

The Staffing Firm was notified of the error and asked to educate their staff member. Physician/family/resident were notified. Reportable was submitted.

House staff and agency staff will be re-educated on regulation 187d and the importance of thoroughly reading the order listed in the computer and ensuring they have the correct card and that the dosage and instructions match the MAR in Point Click Care.

PCHA and CSM will audit the resident's MARs weekly, x 4 weeks to verify the resident is receiving the correct

187d Follow Prescriber's Orders (continued)

dosage of Levothyroxine.

Findings will be reported to QAPI for review and recommendation.

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented [REDACTED] - 06/02/2026)

224a - Preadmission Screen Form

3. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED] Preadmission Screening dated [REDACTED] does not indicate if the facility can meet the resident's needs.

Repeat violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/06/2026)

The resident was admitted to our facility on 2/27/26. PCHA and CSM screened the resident on 2/24/26 and completed the prescreen at that time. Staff did not check the box that stated we could meet [REDACTED] needs in Personal Care. The box is now checked as it was determined upon the initial assessment that we could meet the resident's needs.

CSM re educated to ensure all areas of the prescreen are addressed to show that the facility did an assessment and determined a resident's needs could be met.

PCHA will audit all new admissions for the next 3 months and ongoing.

Findings will be reported at QAPI for review and recommendation.

Target date: 5/15/26

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented [REDACTED] - 06/02/2026)