



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 6, 2016

Mr. Robert Rundle, CEO
Spiritrust Lutheran
1802 Folkemer Circle
York, Pennsylvania 17404

RE: Spiritrust Lutheran – The Village at Sprenkle Drive
Certificate #: 332360

Dear Mr. Rundle:

As a result of the Department of Public Welfare's licensing inspection on January 8, 2016 of the above facility, a violation with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary was found.

The violation specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Gloria Emick". The signature is written in a cursive style.

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

PCH Name: Spiritrust Lutheran – The Village at Sprengle Drive	License Number: 332360
Address: 1802 Folkemer Circle York, Pennsylvania 17404	County: York
Administrator: Keri Puna	
Legal Entity Name: Same	
Legal Entity Address: Same	
Certificate(s) of Occupancy: I-2 (Manchester Twp.) 9/3/15	
Type of Inspection: Partial	
Reason(s) for Inspection(s): 90 day interim inspection	
On-Site Inspections Dates and Department Representatives On-Site: 1/8/16 Doug Hoover & Lori Gensil	
Off-Site Inspection Dates and Inspectors, If Applicable: NA	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 56 Number of Residents Served: 20 Secured Dementia Care Unit in Home: Yes Area: Oak & Red Oak Secured Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 7 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 0 <div style="text-align: center;"> RECEIVED MAR 25 2016 CENTRAL REGION FIELD OFFICE Human Services Licensing </div>

Keri E. Puna, Assisted Living Administrator

Keri Puna 3/25/2016

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

<p>Regulation 2800.231(c)(1) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.</p>
<p>Violation The cognitive preadmission screening form, dated 12/11/15, for Resident #1, admitted on [REDACTED] 15, did not document collaboration with a physician or a geriatric assessment team.</p>
<p>Plan of Correction</p> <ol style="list-style-type: none"> 1. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit. The cognitive preadmission screening form, dated 12/11/15, for Resident #1, admitted on [REDACTED] 15, did not document collaboration with a physician or a geriatric assessment team. 2. On 1/11/16, the Preadmission Screening for Special Care Unit Standard was updated to indicate the team members who comprise our geriatric assessment team, as well as the team members able to sign the preadmission screening form on behalf of the geriatric assessment team. This standard is attached. 3. On 1/11/16, all preadmission screening forms were reviewed by the geriatric assessment team and signed to indicate this review. The preadmission screening for Resident #1 is attached. 4. In order to prevent future violations, all preadmission screening forms will be completed in collaboration with the geriatric assessment team or a physician, with the form documenting this collaboration. 5. Plan of correction for this violation is monitored through our Quality Management process for further recommendations.

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>Keri E. Pung, Assisted Living Administrator</i>	
Signature of Legal Entity Representative (Required on all pages) <i>Keri Pung</i>	Date <i>3/25/2016</i>
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>4-6-16</i></u> (Date)	Plan of correction implementation status as of <u><i>4-6-16</i></u> : (Date)
The above plan of correction was approved by <u><i>KE</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented