

NOV 1 4 2017

Ms. Natasha Miller, Assisted Living Administrator SpiriTrust Lutheran 1802 Folkemer Circle York, Pennsylvania 17404

RE: SpiriTrust Lutheran – The Village at Sprenkle Drive

Certificate #: 332360

Dear Ms. Miller:

As a result of the Department of Human Services' annual licensing inspection on August 29, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely.

Jadqueline L. Rowe

Director

Enclosure License Inspection Summary

LICENSING INSPECTION SUMMARY Assisted Living Residences – 55 Pa.Code § 2800

PCH Name:	License Number:					
SpiriTrust Lutheran The Village at Sprenkle Drive	332360					
Address:	County:					
1802 Folkemer Circle York, Pennsylvania 17404	York					
Administrator:						
Natasha Miller						
Legal Entity Name:						
SpiriTrust Lutheran						
Legal Entity Address: 1802 Folkemer Circle						
York, Pennsylvania 17404						
Certificate(s) of Occupancy:						
I-2 (Manchester Township)						
9/3/2015						
Type of Inspection:						
Full						
Reason(s) for Inspection(s):						
Renewal and Incident						
On-Site Inspections Dates and Department Representa	tives On-Site:					
August 29, 2017						
Denise Gillespie and Doug Hoover						
Off-Site Inspection Dates and Inspectors, if Applicable: NA						
Resident Demographic I	Pata as of Inspection Dates					
Resident Demographic I Licensed Capacity: 56	Data as of Inspection Dates Number of Residents who:					
Licensed Capacity: 56	Number of Residents who:					
Licensed Capacity: 56 Number of Residents Served: 52	Number of Residents who: Receive Supplemental Security Income: 0					
Licensed Capacity: 56	Number of Residents who:					
Licensed Capacity: 56 Number of Residents Served: 52 Secured Dementia Care Unit In Home: Yes	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52					
Licensed Capacity: 56 Number of Residents Served: 52 Secured Dementia Care Unit In Home: Yes Area: Pin Oak and Red Oak	Number of Residents who: Receive Supplemental Security Income: 0					
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Licensed Capacity: 56 Number of Residents Served: 52 Secured Dementia Care Unit In Home: Yes Area: Pin Oak and Red Oak Secured Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52 Have Mental Illness: 0					
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LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

Regulation

The above plan of correction was approved by _

(Initals)

-	§ 2800.132. Fire drills.					
- annuique	(e) A fire drill shall be held during sleeping hours once every 6 months.					
********	Violation					
philippethy	The residence's fire drill log recorded only one fire drill, held on 6/28/17, conducted during sleeping hours from					
Ì	September 2016 to August 2017.					
all married and	Plan of Correction					
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-	The Administrator or designee will monitor the fire drills to ensure compliance with the requirements of					
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-	2800.132. (左)					
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Sand Printers						
esections	The residence will alternate fire drill shifts on a monthly basis. Every third month, an 11p-7a fire drill will					
CANCEL PARTY	be performed. So a total a (4)11p-7a fire drills will be completed in a 12 month period exceeding the					
-	·					
-	every 6 month DHS requirement.					
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,	rinted Name and Title of Legal Entity Representative (Required on all pages)					
_	Natasha Miller ALA, PCHA, LPN					
Signature of Legal Entity Representative (Required on all pages)						
- MANUAR MULLER ALIT, YOUR, LIVE 1125/17						
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!						
ľ	he above plan of correction is approved as of $9-29-7$ Plan of correction implementation status as of $9-29-7$:					
	(Date)					

Fully Implemented

Not Implemented

Partially Implemented - Adequate Progress

Partially implemented - Inadequate Progress

LICENSING INSPECTION SUMMARY

Assisted Living Residences - 55 Pa.Code § 2800

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R	ea	ul	ati	on

§ 2800.141. Resident medical evaluation and health care.

- (a) A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, subject to the provisions of § 2800.22 (relating to application and admission). The evaluation must include the following:
 - (11) An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Violation

Resident #1, admitted 16, had a medical evaluation completed on 3/20/16. The tuberculin skin test with negative results was administered on 5/3/16.

Plan of Correction

The facility has implemented a new admission and re-admission protocol that consist of a checklist that needs to be completed within the first 48 hours of admission.

The first step on the admission checklist sheet is to enter the first and second step PPD in the quick mar as well as the yearly ppd.

The nurse turns in the admission paperwork to the Director of Resident Care and gets signed off on. At that time the Director of Resident Care will double check that the PPD was administered.

Printed Name and Title of Legal Entity Representative (Required on all pages) NOTOCHO MILICCALA, PCHA, LPN					
Signature of Legal Entity Representative (Required on all pages) Notosko Miller ALA, PCHA,	LPN Date 9/25/17				
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!					
The above plan of correction is approved as of <u>5-25-(7</u> (Date)	Plan of correction implementation status as of <u>? 27-(7</u> : O Fully Implemented				
The above plan of correction was approved by	Partially Implemented – Adequate Progress o Partially Implemented – Inadequate Progress				
	o Not implemented				