

Mailing Date: March 20, 2018

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' licensing inspection on February 28, 2018 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.

Sincerely,

**Brett Swanger** 

**Human Services Licensing Supervisor** 

Enclosure
Licensing 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:		Connector
1802 Folkemer Circle		County: York
York, Pennsylvania 17404		10f K
Administrator:		
Natasha Miller		
Legal Entity Name:		
Spiritrust Lutheran		
Legal Entity Address:		
1802 Folkemer Circle		
York, Pennsylvania 17404		
Certificate(s) of Occupancy: i-2 (Manchester Twp.)		
9/12/15		
Type of Inspection:		
Partial		
* 407 14 (200.)		
Reason(s) for Inspection(s):		
Incident Report		
On-Site Inspections Dates and Department Representa	tives On-Site:	
2-28-2018		
Laura Heemer		
Off-Site Inspection Dates and Inspectors, if Applicable:		
NA		
Resident Demographic	Data as of Inspection Dates	
Licensed Capacity: 56	Number of Residents who:	
, , , , , , , , , , , , , , , , , , ,	Transfer of the Parish that th	
Number of Residents Served: 52	Receive Supplemental Security (	ncome: 0
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 52	
Area: Pin Oak & Red Oak	Have Mental Illness: 0	
Secured Unit Capacity, if Applicable: 24	Have an Intellectual Disability: 0	)
Number of Residents Served in Secured Dementia	Have a Mobility Need; 25	
Care Unit, if applicable: 24	House a Minuster Land 1 and 1	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 2		
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### LICENSING INSPECTION SUMMARY Assisted Living Residences – 55 Pa.Code § 2800

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15 (a) The residence shall immediately report suspected abuse of a resident served in the residence in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § § 15.21—15.27 (relating to reporting suspected abuse, neglect, abandonment or exploitation) and comply with the requirements regarding restrictions on staff persons.

#### **Violation**

The home did not report suspected abuse of a resident in accordance with the Older Adult Protective Services Act. Resident records document that on 2/10/2018 Resident 1 struck Resident 2 on the left upper arm and upper back causing a bruise. No report was made regarding this incident.

#### Plan of Correction

- 1. Effective immediately the administrator or designee at Spiritrust Lutheran-The Village at Sprenkle Drive Assisted Living will report all incidents of resident on resident concerns.
- 2. Team members will report all resident on resident incidents to the administrator or designee immediately when they occur and they will be reported to DHS as well as investigated to ensure resident safety.
- 3. At the time of incident a skin assessment will be performed on residents involved by the nurse and another assessment will be done in 48 hours to verify no injury noted. During daily huddles with team members administration will discuss any daily incidents and talk about inventions, procedure and etc that will help with resident care.
- 4. Nursing and household team members were also educated on proper interventions to reduce resident on resident conflict.
- 5. Adherence to above plan will be reviewed at Quality Management meeting for review and recommendations.

Printed Name and Title of Legal Entity Representative (Required on al	TO THE PROPERTY OF THE PROPERT
Signature of Legal Entity Representative (Required on all pages)	etasla Milles Pate 3/19/18
	ES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/20/16 (Date)  The above plan of correction was approved by (Initials)	Plan of correction implementation status as of 3/20/18.  (Date)  Fully Implemented  Partially Implemented Adequate Progress  Partially Implemented Inadequate Progress
	Not implemented

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

	2800.42(c) - A resident shall be treated with dignity and respect.				
	contact wh resident ar behind tou- disrespecti	bers of the home are aware that Resident 1 is easily agitated and needs to be informed of Intended physical en contact is required during care. Due to the possibility for agitation, staff make eye contact with the ad do not approach the resident from behind. On 2/3/2018, Staff Person A approached Resident 1 from ched Resident 1 on the side of the head without giving him having prior knowledge, and spoke to him in a full manner. These actions caused Resident 1 to yell, curse, and be restless the remainder of the day.			
	Plan of Co	prrection			
	1.	the team member involved in the incident was suspended by administrator pending investigation immediately when incident occurred.			
	2.	Administrator educated team member on proper interventions and discussed concerns with her choices of resident care that day.			
		was given a final written warning by administrator due to the severity of the situation and for not using appropriate interventions during resident behaviors. In addition she will do the following Relias Training(electronic based):			
	Challenging behaviors in dementia care				
1	Managing behaviors with persons with dementia				
	is also required to take the Dementia Course offered at Spiritrust Lutheran again which consist of topics such as the proper interventions for behaviors, maintaining dignity, as well as dealing with difficult behaviors. This class is on Wednesday 3/21/18 8a-4p. (Please see attached agenda.) Assessment and Support plan were updated on inventions that work with the resident.				
	3. Our community educator will also do periodic check- ins with to ensure she is using proper interventions. All team members were educated on the updates to the Assessment and Support Plan.				
	Adherence to above plan will be reviewed at Quality Management meeting for review and recommendations.				
7	rinted Name a	nd Title of Legal Entity Representative (Required on all pages) Natasha Miller, Administrator			
il	gnature of Leg	ral Entity Representative (Required on all pages) Nataska Muli Date 3 19 8			
		DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
î	ne above plan	of correction is approved as of 3/26/18 (Date)  Plan of correction implementation status as of 3/26/18 (Date)			
The above plan of correction was approved by (Initials)  Fully Implemented  Partially Implemented – Adequate Progress					
		Partially Implemented – Inadequate Progress			
		Not Implemented			