



August 19, 2019

Ms. Emily Shaw
Assisted Living Administrator
SpiriTTrust Lutheran
1802 Folkemer Circle
York, Pennsylvania 17404

RE: SpiriTTrust Lutheran the Village at Sprenkle Drive
Certificate # 332360

Dear Ms. Shaw:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on July 22, 2019 and July 23, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: SPIRITRUST LUTHERAN THE VILLAGE AT SPRENKLE DRIVE
Address: 1802 FOLKEMER CIRCLE, YORK, PA 17404
County: YORK

License Number: 33236

Region: CENTRAL

Administrator

Name: Emily Shaw

Phone: 7177649994

Email:

Legal Entity

Name: SPIRITRUST LUTHERAN

Address: 1802 FOLKEMER CIRCLE, YORK, PA, 17404

Certificate(s) of Occupancy

Type: C-2 LP

Date: 09/12/2014

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 82

Waking Staff: 62

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

07/22/2019 - On-Site: Israel Springs, Michael Showers

07/23/2019 - On-Site: Israel Springs, Michael Showers

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56

Residents Served: 52

Special Care Unit

In Home: Yes

Area: Memory Care

Capacity: 24

Residents Served: 24

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 52

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 30

Have Physical Disability: 0

185a Storage procedures

Requirements

2800.

185.a. The residence 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

The following discrepancies were found between the recorded blood glucose measurements on Resident #1's Medication Administration Record and actual readings stored in the resident's glucometer:

-7/4/19 at 11:30 am the glucometer stored a measurement of 181 the MAR documented a measurement of 159.

-7/6/19 at 4:30pm the glucometer stored a measurement of 375 the MAR documented a measurement of 309.

-7/13/19 at 11:30 am the glucometer stored a measurement of 205 the MAR documented a measurement of 120.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See attachment Page 2A

Legal Entity Representative

Emily G Shaw
Signature

Emily G. Shaw, ALA 8-2-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/5/19
(Date)

Plan of correction implementation status as of 8/5/19
(Date)

The above plan of correction was approved by BAS
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Identified: 2800.185.a .

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

<p>Practice concern as described on violation report</p>	<p>The following discrepancies were found between the recorded blood glucose measurements on Resident #1's Medication Administration Record and actual readings stored in the resident's glucometer: -7/4/19 at 11:30 am the glucometer stored a measurement of 181 the MAR documented a measurement of 159. -7/6/19 at 4:30pm the glucometer stored a measurement of 375 the MAR documented a measurement of 309. -7/13/19 at 11:30 am the glucometer stored a measurement of 205 the MAR documented a measurement of 120.</p>
<p>1. Why is the regulation important?</p>	<p>Reduces the risk that medications and medical equipment will be misplaced, lost, or misused.</p>
<p>2. How was the regulation violated?</p>	<p>The glucometers were not used to accurately record the blood glucose measurements.</p>
<p>3. What caused the violation?</p>	<p>Staffs responsible for recording glucometer readings did not do so accurately.</p>
<p>4. What can be done right away to fix the violation?</p>	<p>Staffs responsible for administering insulin were educated the same day as the survey on the importance of transcribing the reading on the glucometer to the MAR correctly.</p>
<p>5. What can we do to prevent future violations?</p>	<p>The Administrator or designee will audit glucometers and MARs to ensure that readings match on both until 100% accuracy is achieved for 3 months. Audit results will be brought to Quality Management meeting for further review and recommendations.</p>
<p>6. Who will be responsible for preventing further violations?</p>	<p>The Administrator of designee.</p>

Emily H. Shaw, ALA 8-2-19

187d Follow prescriber's orders

Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 7/6/2019 at 4:30pm, the Medication Administration Record for Resident #1 documented a blood sugar measurement of 375 and the resident was administered 5 units of Novolog based upon the directions of the resident's sliding scale regimen. The actual measurement stored on the resident's glucometer for this time and date was 309 and the resident should have only received 4 units of Novolog.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

see attached Page 3A

Legal Entity Representative

Emily W Shaw
Signature

Emily G. Shaw, ALA 8-2-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/5/19 Plan of correction implementation status as of 8/5/19
(Date) (Date)

The above plan of correction was approved by BAS
(Initials) Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Identified: 2800.187 d

The home shall follow the directions of the prescriber.

Practice concern as described on violation report	On 7/6/2019 at 4:30pm, the Medication Administration Record for Resident #1 documented a blood sugar measurement of 375 and the resident was administered 5 units of Novolog based upon the directions of the resident's sliding scale regimen. The actual measurement stored on the resident's glucometer for this time and date was 309 and the resident should have only received 4 units of Novolog.
1. Why is the regulation important?	To ensure that residents receive medications and treatments as ordered by a physician.
2. How was the regulation violated?	The resident did not receive the amount of insulin ordered for the recorded blood sugar reading in the glucometer.
3. What caused the violation?	The recorded blood sugar on the MAR did not match the glucometer reading resulting in the resident receiving too much insulin.
4. What can be done right away to fix the violation?	Staffs responsible for administering insulin were educated the same day as the survey on the importance of transcribing the reading on the glucometer to the MAR correctly to ensure the resident receives the correct amount of insulin.
5. What can we do to prevent future violations?	The Administrator of designee will audit glucometers and MARs to ensure that readings match on both until 100% accuracy is achieved for 3 months. Audit results will be brought to Quality Management meeting for further review and recommendations.
6. Who will be responsible for preventing further violations?	Administrator of designee.

Emily H Shaw, ALA 8-2-19

227g Support plan - signatures

Requirements

2800.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The Support plan for Resident #1, dated 1/21/19, was not signed by the resident and did not document the resident's refusal or inability to sign.

The Support plan for Resident #2, dated 6/18/19, was not signed by the resident and did not document the resident's refusal or inability to sign.

The Support plan for Resident #3, dated 4/19/19, was not signed by the resident and did not document the resident's refusal or inability to sign.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

see attached Page 4A

Legal Entity Representative

Emily H Shaw
Signature

Emily G. Shaw, AUA
Printed Name and Title

8-2-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/5/19
(Date)

Plan of correction implementation status as of 8/5/19
(Date)

The above plan of correction was approved by BAS
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Identified: 2800.227g

Individuals who participate in the development of the support plan shall sign and date the support plan.

Practice concern as described on violation report	Resident support plans were not signed by resident, family, or documented that the resident has refused or had an inability to sign.
1. Why is the regulation important?	The primary benefits of signature requirements are to allow residents and their formal/informal supports the opportunity to participate in care-plan development, and to record whether or not such participation occurred.
2. How was the regulation violated?	Residents and/or family members did not sign initial or annual support plans upon completion by the facility.
3. What caused the violation?	The responsible party for completing the support plans did not meet with residents and/or family members to review the support plan to have them sign or indicate that the resident was unable to sign.
4. What can be done right away to fix the violation?	The administrator or designee will complete an audit of all current support plans for signatures. Any signatures needed from resident/family will be obtained no later than 8/31/19.
5. What can we do to prevent future violations?	The administrator or designee will audit all support plans for signatures 72 hours after admission and within 3 days after the annual support plan date. Audits will be completed until there are 3 months of 100% compliance. Audit results will be brought to Quality Management meeting for further review and recommendations.
6. Who will be responsible for preventing further violations?	Administrator or designee.

Emily H. Shaw, ALA 8-2-19