

Department of Human Services
Bureau of Human Service Licensing

June 27, 2022

[REDACTED], ADMINISTRATOR

RE: SPIRITRUST LUTHERAN - THE
VILLAGE AT SPRENKLE DRIVE
1802 FOLKEMER CIRCLE
YORK, PA, 17404
LICENSE/COC#: 33236

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *SPIRITRUST LUTHERAN - THE VILLAGE AT SPRENKLE DRIVE* License #: *33236* License Expiration: *11/01/2022*

Address: *1802 FOLKEMER CIRCLE, YORK, PA 17404*

County: *YORK*

Region: *CENTRAL*

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: *SPIRITRUST LUTHERAN*

Address: *1802 FOLKEMER CIRCLE, YORK, PA, 17404*

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *09/12/2014*

Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *67*

Waking Staff: *50*

Inspection Information

Type: *Full*

Notice: *Unannounced*

BHA Docket #:

Reason: *Renewal*

Exit Conference Date: *02/01/2022*

Inspection Dates and Department Representative

02/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56*

Residents Served: *44*

Special Care Unit

In Home: *Yes*

Area: *Pin & Red Oak*

Capacity: *24*

Residents Served: *23*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *44*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *23*

Have Physical Disability: *0*

Inspections / Reviews

02/01/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/07/2022*

Inspections / Reviews (*continued*)

05/18/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/25/2022*

05/19/2022 - POC Submission

Reviewer: [REDACTED] *bach* Follow-Up Type: *POC Submission* Follow-Up Date: *05/26/2022*

06/01/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/08/2022*

06/27/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

82c Locked poisons

1. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

A one quart bottle of Oxivir TB brand disinfectant spray, with a manufacture's label indicating "call poison control", was located in a cabinet under the kitchenette sink of the Red Oak secure dementia care unit. The kitchenette has a half door that was not locked. The bottle would be accessible to a resident who opened the door and the cabinet. Not all the residents of the residence have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Directed

Spray was removed on 2/1/2022 during inspection.

Staff who put the chemical under the sink was educated on 2/1/22.

All staff education regarding chemical storage was done on 2/1/22 and 2/3/22 via in person or email.

Chemical storage Relias course will be done yearly for all assisted living staff. Administrator will include proper chemical storage as a training reviewed at a staff meeting once a year, starting in June 2022.

Completion Date: 06/01/2022

Document Submission

Implemented

Spray was removed on 2/1/2022 during inspection.

Staff who put the chemical under the sink was educated on 2/1/22.

All staff education regarding chemical storage was done on 2/1/22 and 2/3/22 via in person or email.

Chemical storage Relias course will be done yearly for all assisted living staff. Administrator will include proper chemical storage as a training reviewed at a staff meeting once a year, starting in June 2022.

225a1 Assessment – annually

1. Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident # 2's most recent evaluation was completed on [redacted]. The resident's previous evaluation was completed on [redacted]. The resident has not had an evaluation for over one year.

Plan of Correction

Accept

Evaluation done on [redacted]. Audit process was developed on [redacted] and initiated on [redacted]. Audit for the month will be done by the end of the previous month to ensure all assessments and evaluations are scheduled and completed.

Administrator will initial all care plans and document that the audit was completed by Health Services Manager

225a1 Assessment – annually (continued)

and Administrator on excel spreadsheet that includes all residents, date of care plans and ADMes. There will be a column on the audit spreadsheet that will allow Administrator to document the check was complete.

Completion Date: 05/23/2022

Document Submission

Implemented

Evaluation done on [redacted] Audit process was developed on [redacted] and initiated on [redacted]. Audit for the month will be done by the end of the previous month to ensure all assessments and evaluations are scheduled and completed.

Administrator will initial all care plans and document that the audit was completed by Health Services Manager and Administrator on excel spreadsheet that includes all residents, date of care plans and ADMes. There will be a column on the audit spreadsheet that will allow Administrator to document the check was complete.

227c Final support plan - revision

1. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment. The residence shall review each resident’s final support plan on a quarterly basis and modify as necessary to meet the resident’s needs.

Description of Violation

Resident # 1's support plan has not been reviewed on a quarterly basis, the last review was completed on [redacted].

Resident # 2's support plan has not been reviewed on a quarterly basis, the last review was completed on [redacted].

Plan of Correction

Accept

Resident #1-Evaluation done on [redacted]. Audit process was developed on [redacted] and initiated on [redacted]. Audit for the month will be done by the end of the previous month to ensure all assessments and evaluations are scheduled and completed.

Resident #2-Evaluation done on [redacted] Audit process was developed on [redacted] and initiated on [redacted]. Audit for the month will be done by the end of the previous month to ensure all assessments and evaluations are scheduled and completed.

Administrator will initial all care plans and document that the audit was completed by Health Services Manager and Administrator on excel spreadsheet that includes all residents, date of care plans and ADMes. There will be a column on the audit spreadsheet that will allow Administrator to document the check was complete.

Completion Date: 05/23/2022

Document Submission

Implemented

Resident #1-Evaluation done on [redacted] Audit process was developed on [redacted] and initiated on [redacted]. Audit for the month will be done by the end of the previous month to ensure all assessments and evaluations are scheduled and completed.

Resident #2-Evaluation done on [redacted] process was developed on [redacted] and initiated on [redacted]. Audit for the month will be done by the end of the previous month to ensure all assessments and evaluations are scheduled and completed.

Administrator will initial all care plans and document that the audit was completed by Health Services Manager and Administrator on excel spreadsheet that includes all residents, date of care plans and ADMes. There will be a column on the audit spreadsheet that will allow Administrator to document the check was complete.

227g Support plan - signatures

1. Requirements

2800.

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

Description of Violation

Resident # 1 participated in the development of his/her support plan on [REDACTED]. However, since it was never printed, the resident did not sign and date the support plan.

Resident # 3 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign and date the support plan.

Plan of Correction

Accept

Resident #1's support plan was printed, signed and dated on [REDACTED]. Health Services Manager will provide Administrator will all completed support plans so Administrator can ensure document is signed and dated.

Resident #3's support plan was signed and dated on [REDACTED]. Health Services Manager will provide Administrator will all completed support plans so Administrator can ensure document is signed and dated.

Health Services Manager will complete the audit monthly and complete all necessary assessments and evaluations. Long term plan will be to provide Administrator access to audit documentation and completed assessments/support plans. Administrator will ensure everything is completed. Administrator will check audit monthly to see which assessments/support plans are due.

Administrator will initial all care plans and document that the audit was completed by Health Services Manager and Administrator on excel spreadsheet that includes all residents, date of care plans and ADMES. There will be a column on the audit spreadsheet that will allow Administrator to document the check was complete.

Completion Date: 05/23/2022

Document Submission

Implemented

Resident #1's support plan was printed, signed and dated on [REDACTED]. Health Services Manager will provide Administrator will all completed support plans so Administrator can ensure document is signed and dated.

Resident #3's support plan was signed and dated on [REDACTED]. Health Services Manager will provide Administrator will all completed support plans so Administrator can ensure document is signed and dated.

Health Services Manager will complete the audit monthly and complete all necessary assessments and evaluations. Long term plan will be to provide Administrator access to audit documentation and completed assessments/support plans. Administrator will ensure everything is completed. Administrator will check audit monthly to see which assessments/support plans are due.

Administrator will initial all care plans and document that the audit was completed by Health Services Manager and Administrator on excel spreadsheet that includes all residents, date of care plans and ADMES. There will be a column on the audit spreadsheet that will allow Administrator to document the check was complete.

233c Key-locking devices

1. Requirements

2800.

233c Key-locking devices (continued)

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The posted code does not open the emergency exit door at the rear of the Red Oak, a secure dementia unit.

Plan of Correction**Accept**

█████ was contacted about the key locking device the day of inspection. █████ ordered the required parts to fix the key pad. Door was fixed on █████ and is functioning properly. Administrator will check the functionality of the Red Oak memory care door monthly during fire drills.

Completion Date: 04/06/2022

Document Submission**Implemented**

█████ was contacted about the key locking device the day of inspection. █████ ordered the required parts to fix the key pad. Door was fixed on 4/6/22 and is functioning properly. Administrator will check the functionality of the Red Oak memory care door monthly during fire drills.