

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

June 27, 2023

[REDACTED], ADMINISTRATOR  
SPIRITRUST LUTHERAN  
1802 FOLKEMER CIRCLE  
YORK, PA, 17404

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 04/26/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** SPIRITRUST LUTHERAN - THE VILLAGE AT SPRENKLE DRIVE **License #:** 33236 **License Expiration:** 11/01/2023

**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 and Industry

## Staffing Hours

**Resident Support Staff:**

**Total Daily Staff:** 61

**Waking Staff:** 46

## Inspection Information

**Type:** Partial

**Notice:** Unannounced

**BHA Docket #:**

**Reason:** Incident

**Exit Conference Date:** 04/26/2023

## Inspection Dates and Department Representative

04/26/2023 - On-Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 56

**Residents Served:** 41

## Special Care Unit

**In Home:** Yes

**Area:** Red / Pin Oak

**Capacity:** 24

**Residents Served:** 17

## Hospice

**Current Residents:** 2

## Number of Residents Who:

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 41

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 1

**Have Mobility Need:** 20

**Have Physical Disability:** 0

## Inspections / Reviews

04/26/2023 Partial

**Lead Inspector:** [REDACTED]

**Follow-Up Type:** POC Submission

**Follow-Up Date:** 05/08/2023

05/10/2023 - POC Submission

**Submitted By:** [REDACTED]

**Date Submitted:** 06/15/2023

**Reviewer:** [REDACTED]

**Follow-Up Type:** POC Submission

**Follow-Up Date:** 05/17/2023

Inspections / Reviews *(continued)*

05/25/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/01/2023

06/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

[REDACTED]

Follow Up Type: Not Required

## 42b Abuse/Neglect

## 1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

At approximately [REDACTED] on [REDACTED], a private duty caregiver observed Staff Person A push Resident #1's wheelchair with such force that it caused Resident #1's head to jerk back and forth, causing Resident #1 to cry out, and say "ouch". Staff person B entered the area following this incident and observed Resident #1 sobbing and visibly upset. Staff Person B then consoled Resident #1 and removed him/her from the area.

## Plan of Correction

Directed ([REDACTED] - 05/22/2023)

Human resources will be adding an abuse focused Relias course for all staff to complete. This course will be required to be completed by the end of June. Administrator will provide an in person education on abuse to the staff in the May staff meeting in which all assisted living nursing staff are required to attend. May staff meeting is tentatively scheduled for 5/30/23. Staff who do not attend will do a one on one training with the HSM by 6/14/23.

Abuse allegation was investigated fully which included suspending the perpetrator and removing her from the building immediately. Statements and interviews were obtained by all parties involved. Administrator notified POA, PCP, DHS, AAA, Police, and internal staff. End result included terminating perpetrator.

A staff list was provided by HR so once education and one on ones are completed, HSM and Administrator will compare the staff list to the education/one on one sign in list. Sign in sheet will be kept and signed by staff who attend the staff meeting and complete one on ones. ALA will print a transcript of Relias course to also ensure completion by all staff and compare this with the staff list.

(Directed)

On 3/24/23, the date that the Administrator was informed of the 3/15/23 incident, the Administrator suspended the staff person involved and removed her from the building immediately. On 3/24/23, the Administrator conducted an internal investigation into the validity of the allegation. This investigation included interviews, written statements, the completion of various internal worksheets and reports to both DHS and AAA. The Administrator also notified the POA, PCP, Police and internal staff. Upon conclusion of the investigation, the staff member in question was terminated by the home on 4/6/23.

Administrator will provide an in-person education on abuse to all staff in the mandatory May staff meeting scheduled for 5/31/23. Staff who do not attend the mandatory meeting will have a one-on-one training with the Health Services Manager (HSM) by 6/14/23. Records will be kept and signed by staff who attend the staff meeting and complete one-on-ones.

In addition, Human Resources Coordinator will add a required abuse-focused Relias course for all staff to complete by 6/30/23.

By 6/30/23, HSM, Administrator and ALA will verify that all staff have received the training and ensure completion of the required Relias training course. Records of all trainings will be kept in staff files.

42b Abuse/Neglect (continued)

Directed Completion Date: 06/30/2023

Implemented ( ) - 06/27/2023)

54a Direct care staff quals

2. Requirements

2800.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept ( ) - 05/22/2023)

Human Resources team members will coordinate a staff file audit to be completed by 5/14/2023.

Staff person A was terminated due to this incident so HR did not obtain necessary documentation. ALA educated the HR representative on 4/27/23 on what information needs to be included in the new hire file and the HR team then completed the audit of new hire files to ensure all educational documentation was present. Audit was completed by 5/14/23.

Starting 5/30/23, the HR team will audit staff files for procurement of educational requirements for all staff quarterly. Administrator will add verification of education to the 1st day/1st 40 check list for new hires.

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented ( ) - 06/27/2023)