



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 27 2017

Mr. Robert Rundle,
President/CEO
Spiritrust Lutheran
750 Kelly Drive
York, Pennsylvania 17404

RE: Spiritrust Lutheran The Village at Kelly Drive
License #: 350640

Dear Mr. Rundle:


As a result of the Department of Human Services' annual licensing inspection on June 6, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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. 2600 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT KELLY DRIVE		License Number: 35064
Address: 750 KELLY DRIVE, YORK, PA 17404		County: York
Administrator: Pam Conrad		Region: CENTRAL
Legal Entity Name: SPIRITRUST LUTHERAN		
Legal Entity Address: 1050 PENNSYLVANIA AVENUE, YORK, PA 17404		
Certificate(s) of Occupancy C-2 LP 04/12/2001 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 60	Working Staff: 45
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
06/06/2017: Cornstock, Kelly; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUL 20 2017</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 85 Number of Residents Served: 60 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 35064 - 06/06/2017 - Comstock, Kelly
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT KELLY DRIVE

1. REGULATION 55 Pa.Code §2800

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff Member A, hired on [redacted]/17, was not a resident of Pennsylvania for two consecutive years prior to hire. The home did not have an FBI background clearance check completed for the staff member.

3. 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.

- ~ Appropriate paperwork to have FBI Background Clearance Check completed was provided to Staff Member A, on day of inspection (6 June 2017)
- Results have been received and placed in Staff Member A's employee file. (see attached) (14 June 2017) *BE*
- ~ All employee files were audited, by Human Resources Coordinator and were found to be compliant with this regulation. Audits will continue ongoing.
- ~ Human Resources Coordinator will continue to use our New-Hire Checklist, as a guide, to ensure all requirements are being met, (see attached) and that compliance with this regulation is maintained.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Pam Conrad*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Pam Conrad, Executive Director</i>	Date <i>7/19/2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-2-17 (Date)

Plan of correction implementation status as of 8-2-17 (Date)

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

The above plan of correction was approved by *BE* (Initials)

Violation Report: 35084 - 06/06/2017 - Comstock, Kelly
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT KELLY DRIVE

1. REGULATION 55 Pa.Code §2800
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's last medical evaluation was completed on 4/3/17. The previous evaluation was completed on 3/16/16.

3. 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.

- ~ Executive Director provided re-education to Health Services Manager and all LPN's. Education included review of this regulation and its requirements, the DME form, and a competency to indicate understanding. (see attached) (30 June 2017) - SE
- ~ Health Services Manager will continue to provide this education to all LPN's upon hire and annually.
- ~ Health Services Manager will continue to use tracking tool for completion of DME; for each resident. Appointments, with PCP, for completion of DME, will be scheduled at least 2-3 months in advance of due date, to ensure compliance is maintained.
- ~ Resident files will be audited monthly, by Health Services Manager, to ensure compliance is being maintained.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Sam Conrad

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sam Conrad, Executive Director Date 7/19/2017

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The above plan of correction is approved as of 8-2-17
 (Date)

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

Plan of correction implementation status as of 8-2-17
 (Date)

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