



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 23 2018

Mr. Robert Rundle,  
President/ CEO  
Spiritrust Lutheran  
1050 Pennsylvania Avenue  
York, Pennsylvania 17404

RE: Spiritrust Lutheran the Village at Gettysburg  
1075 Old Harrisburg Pike  
Gettysburg, Pennsylvania 17325  
Certificate: 344420

Dear Mr. Rundle:

As a result of the Department of Human Services' annual licensing inspection on April 5, 2018 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](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 'J. Rowe'.

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 GETTYSBURG		License Number: 34442
Address: 1075 OLD HARRISBURG RD, GETTYSBURG, PA 17325		County: Adams
Administrator: Melinda Roth		Region: CENTRAL
Legal Entity Name: SPIRITRUST LUTHERAN		
Legal Entity Address: 1050 PENNSYLVANIA AVENUE, YORK, PA 17404		
<b>Certificate(s) of Occupancy</b>		
C-1 11/10/1987 DOH		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 13	Waking Staff: 10
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/05/2018: Hoover, Douglas		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b></p> <p>APR 17 2018</p> <p>Human Services Licensing</p>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 20 Number of Residents Served: 13 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: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 13 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	
<i>Melinda Roth 4/16/18</i>		

Violation Report: 34442 - 04/05/2018 - Hoover, Douglas  
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT GETTYSBURG

1. REGULATION 55 Pa.Code §2600  
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION  
 A 30 lb. box of potato fry wedges, a box of 3/8" cut French fries and a bag of "Hanover French Style Green Beans" were stored on the floor of the freezer.

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.

Please see Attached document,  
 Page 2A of 5. -SE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Melinda Roth PCH/HSM</u>	Date <u>4/16/18</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/18/18</u> (Date)	Plan of correction implementation status as of <u>4/18/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>SE</u> (Initials)	

SpiriTrust Lutheran The Village at Gettysburg  
April 16, 2018  
License #344420  
Melinda Roth, PCHA

Page 2A of 5

JE

1. The regulation cited during our annual inspection under 103 d. This regulation is important because it ensures that food shall be stored off the floor for sanitation.
2. The violation was violated because a 30 lb box of potato fry wedges , a box of 3/8 inch cut French fries and a bag of Hanover French style green beans were stored on the floor of the freezer.
3. The cause of the error was a staff person storing the potato fry wedges, French fries and a bag of green beans on the floor of the freezer.
4. Plan of Correction:
  1. On April 5<sup>th</sup>, 2018 Assistant Dining Supervisor was notified of Violation. Bag of green beans was disposed of. Boxes of Potato wedges and 3/8 "" fries were stored at 6 inches off the floor.
  2. Error did not cause harm to any resident.
  3. Immediate education of regulation of items being stored 6 inches off the floor was done with Dining Services Staff.
  4. Dining Director and Assistant Director will monitor freezer 5 times a week for 5 weeks to ensure that all items are at least 6 inches off the floor.

5. Prevention of Future Violation:

1. Results of audits will be reviewed at our Quality Management Review for further recommendations and follow up

6. Melinda Roth PCHA and [REDACTED] Dining Manager will be responsible for preventing future violations

Melinda Roth PCHA / HSM  
4/16/2018

Violation Report: 34442 - 04/05/2018 - Hoover, Douglas  
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT GETTYSBURG

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

During the fire drills conducted from July of 2017 to February of 2018, the "PC Dining Room" was the only exit used for evacuation. No other alternate exit routes were utilized.

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.*

Please see Attached document  
 Page 3A of 5. -8E

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Melinda Roth

Printed Name and Title of Legal Entity Representative  
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Melinda Roth PCHA/HSM

Date

4/16/18

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 (Date)

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

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

SpiriTrust Lutheran The Village at Gettysburg  
April 16, 2018  
License # 344420  
Melinda Roth PCHA

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1. The Regulation cited during our annual inspection under 132 f. This regulation is important because it ensures that alternate exit routes are used during fire drills This prevents residents getting accustomed to only one exit.
2. The violation was violated because from July of 2017 to February of 2018. The PC Dining Room was the only exit used for evacuation. No other alternate exit routes were utilize
3. The cause of the error was that the staff on duty used the Personal Care Dining Room as the Only exit between July 2017 and February 2018, and did not utilize an alternative exit.

#### 4 Plan of Correction

1. Immediate education was given to Personal Care Staff regarding Regulation 132 F and the need to use alternate evacuation routes during evacuations.
2. Buildings and Grounds Director reviewed upcoming drills on April 6<sup>th</sup> 2018 and the regulation 132F. Meetings will follow drills monthly times 6 months to ensure alternative routes were used during fire drill evacuations.

#### 5. Prevention of Future Violations:

1. PCHA Will meet monthly with Buildings and Grounds Director [REDACTED] Monthly for 6 months to ensure that we are using alternative routes for fire drill evacuations.
  2. All results will be reviewed at our Quality management Review for further follow up and recommendations.
6. Melinda Roth Administrator and [REDACTED] Buildings and Grounds Director will be responsible for preventing future violations.

Melinda Roth PCHA/HSM  
4/16/2018

Violation Report: 34442 - 04/05/2018 - Hoover, Douglas  
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT GETTYSBURG

**1. REGULATION 55 Pa.Code 52600**

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**2a. DESCRIPTION OF VIOLATION**

Only 12 of 13 residents evacuated during the 11/8/17 fire drill at 4:15 am.

**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.*

Please see Attached document  
 Page 4A of 5. -BE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Melinda Roth

Printed Name and Title of Legal Entity Representative  
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Melinda Roth PCHA/HSM

Date

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SpiriTrust Lutheran The Village at Gettysburg  
April 16, 2018  
License # 344420  
Melinda Roth PCHA

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1. The Regulation cited during our annual inspection under 132 h. This regulation is important because it ensures that all residents evacuate to a designated meeting place away from the building or with in the fire safe area during each fire drill.
2. The violation was violated because only 12 of 13 residents evacuated during the 11/8/17 drill at 4:15 am
3. The cause of the error was that the resident refused to evacuate. [REDACTED] was provided education about this. No repeat drill was held at that time. Resident has evacuated at all subsequent drills.
4. Plan of Correction
  1. Work with resident to continue participation in all fire drills.
  2. Met with Buildings and Grounds Director on April 6<sup>th</sup> 2018 Discussed upcoming drills and the regulation 132h. The need for all residents to evacuate in all fire drills. Plan to meet during Fire Drills monthly for 6 months to ensure that all residents evacuated during the drills.
5. Prevention of Future Violations:
  1. PCHA will meet monthly with Buildings and Grounds Director [REDACTED] Monthly for 6 Months to ensure that all residents are evacuating during the fire drills.
  2. All results will be reviewed at our Quality Management Review for further follow up and recommendations.
6. Melinda Roth Administrator and [REDACTED] Buildings and Grounds Director will be responsible for preventing future violations.

Melinda Roth PCHA/ITSM  
4/16/2018

Violation Report: 34442 - 04/05/2018 - Hoover, Douglas  
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT GETTYSBURG

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The March 2018 Medication Administration Record for Resident #1 did not have the diagnosis or purpose for the following medications: *Lisinopril, 30mg., Hydrochlorothiazide, 12.5 mg., Isorbide, 60 mg., Eliquis, 2.5 mg., Diltiazem ER, 120 mg. and Mirtazapine, 7.5 mg.*

**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.*

*Please see Attached document  
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 (Required on EVERY Page) *Melinda Roth*

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JE

SpiriTrust Lutheran The Village at Gettysburg  
April 16, 2018  
License #344420  
Melinda Roth, PCHA

1. The regulation cited during our annual inspection under 187a This regulation is important because it ensures that a proper medication record shall be kept to include items for each resident whom medications are administered.
2. The violation was violated by Resident 1's March 2018 Medication Administration Record did not have the diagnosis or purpose for the following medications, Lisinopril 30mg, Hydrochlorothiazide 12.5mg, Isorbide 60mg, Eliquis 2.5, Diltiazem ER 120 mg, and Mirtazapine 7.5mg.
3. The cause of the violation was an error transcribing the diagnosis from the physician order to the medication administration record when admitted in March.
4. Plan of Correction:
  1. On April 6<sup>th</sup> Reeducation was provided to the staff member regarding the error.
  2. Error did not cause harm to the resident. There was no change in physician orders. The diagnosis was on the chart but not on the medication record.
  3. education of regulation 187a provided to all PC staff April 6th
  4. 11-7 shift will monitor medication records for diagnosis and other proper medication items as per the regulation 187a nightly on new orders, and admissions starting April 16, 2018. Melinda Roth Administrator will do a monthly audit for 6 months to ensure process being followed.
5. Prevention of Future Violation:
  1. All results will be reviewed at our Quality Management Review for further recommendations and follow up
6. Melinda Roth PCHA will be responsible for audits, to prevent future violations.

Melinda Roth PCHA/HSM  
4/16/2018