



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 08 2018

Mr. Robert Rundle, Jr.
President/CEO
Spiritrust Lutheran
Personal Care Residence
800 Bollinger Drive
Shrewsbury, Pennsylvania 17361

RE: Spiritrust Lutheran The Village at Shrewsbury
Personal Care Residence
Certificate # 310270

Dear Mr. Rundle:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on April 16, 2018 and April 17, 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.

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: 31027 - 04/16/2018 - McCloskey, Jason
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT SHREWSBURY

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Pennsylvania Boiler and Unfired Pressure Vessel Law requires boilers and pressure vessels maintain certification for operation. The certification for the home's water tank expired on 5/19/17. This water tank was not reinspected for certification until 4/13/18.

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.

1. Plan of Correction for violation of Regulation 55 Pa.Code §2600.18
 1. This regulation is important because it ensures the safety of residents, team members and visitors and protects the infrastructure of the facility during normal operations and in the event of an emergency.
 2. This regulation was violated because the hot water tank was overdue for inspection.
 3. The cause of this violation stems from a transition from one insurance company to another and routine inspections were not clearly outlined with regard to who has ownership of scheduling them.
 4. When it was identified that the hot water tank was overdue for inspection, an inspection was completed on April 13, 2018. The facility will follow up with the Department of Labor to ensure the updated certificate is received onsite.
 5. A recurring Outlook calendar appointment for items requiring routine inspection has been added to the schedules of the Executive Director, PCHA and Director of Facilities so the required inspections can be scheduled.
 6. An audit of required inspections will be conducted annually going forward. Results of the audits will be brought to Quality Management meeting for review and further recommendations.

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

Janette Kessel

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Janette Kessel, Executive Director</i>	<i>5/9/18</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/15/18</u> (Date)	Plan of correction implementation status as of <u>5/15/18</u> (Date)
The above plan of correction was approved by <u>BOS</u> (Initials)	<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

Violation Report: 31027 - 04/16/2018 - McCloskey, Jason
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT SHREWSBURY

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 4/16/18, opened and unsealed bags of chicken patties and sausage patties were stored in the walk-in freezer. On 4/16/18, an uncovered metal bowl of tossed salad was observed in the downstairs cafe/multi-purpose room refrigerator.

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.

2. Plan of Correction for violation of Regulation 55 PA.Code §2600.103(g)

1. This regulation is important to prevent contamination of food items served to residents, team members and visitors.
2. This regulation was violated by having two frozen food items improperly stored in plastic bags that were not labeled, dated or properly sealed and by having a refrigerated item improperly covered and marked.
3. This cause of this violation was due to a lack of follow through of proper storage techniques from one team member who has received coaching on safe storage techniques. The uncovered salad was an item left in the refrigerator from the dinner meal the evening before and should have been disposed of. It is standard practice to dispose of all meal items left over in the cafe venue because cross utilization isn't a viable option due to the fact the menu for the Personal Care Dining room differs from the menu served in the cafe.
4. The Assistant Director of Dining Services discarded the uncovered salad upon discovery as was noted in Mike Sowers, DHS Surveyor's report.
5. A training session about proper food storage will be conducted for all Dining Services staff by Cura personnel. Team members will be required to sign a training log confirming attendance to training. Proper food storage will continue to be part of new team member orientation for all Dining Services staff and a monthly audit will be put into place to ensure continued compliance with food storage requirements per regulation.
6. Results of audits will be brought to Quality Management meeting for review and further recommendations.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anette Kessel, Executive Director* Date *5/9/18*

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The above plan of correction is approved as of 5/15/18
 (Date)

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

Plan of correction implementation status as of 5/15/18
 (Date)

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

Violation Report: 31027 - 04/16/2018 - McCloskey, Jason
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT SHREWSBURY

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident 1's most recent medical evaluation was performed on 12/13/17. The previous medical evaluation was performed on 10/24/16.

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.

3. Plan of Correction for violation of Regulation 55 PA.Code §2600.141(b)(1)

1. This regulation is important to ensure that residents can be properly cared for at the Personal Care level and so physicians can routinely assess diagnosis and medications.
2. This regulation was violated because a DME was not completed within the timeframe required by regulation.
3. It has been acknowledged by the current Executive Director that prior facility leadership failed to develop a tracking tool for when DMEs are completed and due for residents. When it was discovered that a tracking tool had not been developed and that some resident DMEs were out of compliance with regulation requirements, a tool was put into place and updates were made as quickly as possible. This violation occurred because the DME for one of the residents had not been updated within the timeframe required by regulation.
4. A spreadsheet has been developed by the Director of Resident Care listing residents names, the date of the most recent DME and most recent RASP.
5. The Director of Resident Care will take ownership of ensuring compliance with having these documents updated. In the absence of the Director of Resident Care, the Personal Care Administrator will take ownership of ensuring compliance. Monthly audits of new resident charts are being conducted. Audits of other charts will be conducted biannually.
6. Audits will be brought to Quality Management for review and further recommendations.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janelle Kessel, Executive Director</i>	Date <i>5/9/18</i>
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Violation Report: 31027 - 04/16/2018 - McCloskey, Jason
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT SHREWSBURY

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 4/16/18, a blister card in the "Orchard View" medication cart was damaged and a tablet of the "APAP CODEINE TAB 300mg-15mg" was protruding through the foil backing.

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.

4. Plan of Correction for violation of Regulation 55 PA.Code §2600.183(e)

1. This regulation is important to prevent contamination of resident medications.
2. This regulation was violated because the foil of blister pack of APAP Codeine was punctured.
3. The cause of this violation stems from the fact nursing team members were unaware of the puncture in the foil for the medication blister pack.
4. Upon discovery of the damaged packaging, medication from that tab was safely disposed of per regulation.
5. An inservice is scheduled for nursing team members providing instruction on how to examine the blister packs of medications for damage while completing the narcotic count for the shift. If damage resulting in potential exposure to moisture, light, temperature variance or unsanitary conditions is detected, the medication in the damaged part of the pack will be disposed of per regulation requirements. Audits of controlled substance blister packs will be completed during the shift inspections.
6. Audits will be brought to Quality Management for review and further recommendations

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Janelle Kessel, Executive Director* Date *6/9/18*

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 (Date)

Plan of correction implementation status as of 5/15/18
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

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- Not Implemented