



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 08 2018

Mr. Robert Rundle, Jr.  
President/Chief Executive Officer  
Spiritrust Lutheran  
750 Kelly Drive  
York, Pennsylvania 17404

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

Dear Mr. Rundle:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 18, 2018 and April 19, 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,

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 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 87 Waking Staff: 60		
Type of Inspection: Full BHA Cocket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/18/2018: McCloskey, Jason; Showers, Michael 04/19/2018: McCloskey, Jason; Showers, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 85 Number of Residents Served: 66 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: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 66 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 36084 - 04/18/2018 - McCloskey, Jason  
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT KELLY DRIVE

1. REGULATION 55 Pa.Code §2600  
 2600.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

2a. DESCRIPTION OF VIOLATION

The inside of the red coffee cups placed for use during the 4/19/18 dinner service were covered with black coffee ground residue from previous use. The residue rubbed off when wiped with a finger.

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.

- \*Our Dining Services Manager and Dining Services Supervisor were made aware of this violation on 19 April, during our annual DHS inspection.
- \*All cups were immediately removed from the dining room tables, shelves, and storage area to be soaked. Following the soaking process, the cups were cleaned further, via dishwasher. Clean cups, free of coffee ground residue, were then placed on the dining room tables.
- \*All dining services team members were made aware of the violation of this regulation. Team members were provided education about the importance of maintaining compliance with this regulation to maintain sanitary conditions and reduce the risk of resident illness.
- \*Going forward, all coffee cups will be soaked on a weekly basis, by a dining assistant. This process has been added to the weekly sanitation schedule. Dining Services Manager has reviewed this process with the team.
- \*Dining Services Supervisor will spot check coffee cups, at least monthly, to monitor compliance, with this process.
- \*Dining Services Manager and/or Dining Services Supervisor will provide re-education about this regulation and process to current team members, as needed. Education will be provided to new team members, upon hire.
- \*Review of this process will be conducted during our monthly Quality Management meetings. At that time, results will be analyzed for effectiveness, determine if process is working, and if any further follow up is needed.
- \*Executive Director will oversee to ensure compliance is maintained, to prevent future violations.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) Pam Conrad

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Pam Conrad, Executive Director      Date 5/7/2018

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

The above plan of correction is approved as of 5/16/18  
 (Date)

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

Plan of correction implementation status as of 5/16/18  
 (Date)

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

Violation Report: 35064 - 04/18/2018 - McCloskey, Jason  
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT KELLY DRIVE

**1. REGULATION 55 Pa.Code §2600**

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

**2a. DESCRIPTION OF VIOLATION**

On 4/19/18, there was an accumulation of lint in the lint trap of the stackable washer/dryer unit in the first floor mini-kitchen/pantry/resident laundry area.

**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.*

\* Director of Facilities was made aware of this violation, during our annual DHS inspection on 19 April. Lint was immediately removed.

\* All (Environmental Services, Building and Grounds, Security, and Nursing) team members have been notified of the violation of this regulation. Team members were provided education about the importance of maintaining compliance with this regulation—reduces the chance of fire in the home.

\* Going forward, (Environmental Services and Direct Care) team members will continue to remove lint from lint filters, after each use.

\* Environmental Services team members will be assigned to monitor this daily (Monday through Saturday). A team member from Security will monitor this each Sunday. The Environmental Services team will remove the lint filter and vacuum the area beyond the filter weekly. This will be documented on the Dryer Cleaning Log.

\* Director of Facilities will review the Dryer Cleaning Log weekly, to ensure compliance. Director of Facilities will also spot check dryers/lint filters monthly, for compliance.

\* Director of Facilities will provide re-education, about this regulation and process, to current team members, as needed. This education will also be provided to new team members, upon hire.

\* This process will be reviewed and discussed at our monthly Quality Management meetings. At that time, it will be determined if the process is working and is effective. Further follow up will be done, as needed.

\* Executive Director will oversee to ensure compliance is maintained, to prevent future violations.

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) Pam Conrad, Executive Director Date 5/17/2018

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 (Date)

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 (Initials)

Plan of correction implementation status as of 5/16/18  
 (Date)

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

Violation Report: 35064 - 04/18/2018 - McCloskey, Jason  
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT KELLY DRIVE

**1. REGULATION 55 Pa.Code §2600**

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**2a. DESCRIPTION OF VIOLATION**

The last 4 sleeping hour fire drills were held within a 15-minute time period. The drills included:

3/28/18 Initiated at 11:42pm  
 11/28/17 Initiated at 11:31pm  
 5/30/17 Initiated at 11:35pm  
 2/28/17 Initiated at 11:35pm

**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.*

- \*Director of Facilities was made aware of this violation, during our annual DHS inspection on 19 April.
- \*Going forward, Director of Facilities will vary the times of the sleeping-hour fire drills, to include drills between the hours of [redacted]. This is important, as it ensures our team members and residents are prepared to respond to different fire scenarios/times.
- \*Director of Facilities will continue to document time of drill (as well as other required information) on the Fire Drill Log.
- \*Review of fire drills will continue to be discussed during our monthly Quality Management meetings. At that time, ongoing compliance of this regulation will be evaluated. Determination will then be made if any further follow up is needed.
- \*Education about this regulation and process will continue annually for current team members. Education for new team members will be done upon hire and annually. Residents will also continue to receive education about this regulation upon move-in and ongoing.
- \*Executive Director will oversee to ensure compliance with this regulation is maintained, to prevent future violations.

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) Pam Conrad, Executive Director Date 5/7/2018

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Plan of correction implementation status as of 5/16/18  
 (Date)

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

Violation Report: 35084 - 04/18/2018 - McCloskey, Jason  
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT KELLY DRIVE

**1. REGULATION 55 Pa.Code §2600**

2800.132(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**

During fire drills, fires are simulated at various locations within the home. Residents within the affected locations are evacuated to areas determined by a fire safety expert to be fire safe. These residents are accounted for, however, the home does not check on residents in other areas not directly affected by the simulated fire to determine if they have evacuated their rooms and are prepared to evacuate the building if necessary.

**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.*

\*The contents of this regulation and violation have been reviewed with team members.

\*A "Resident Accountability" form has been created and will be utilized during all fire drills, going forward. This will ensure that all residents are accounted for and safe.

\*Following each fire drill, the nurse will provide the completed "Resident Accountability" form to the Facilities team member who conducted the fire drill. Completed forms will be kept with the fire drill log and maintained by the Director of Facilities.

\*Director of Facilities will re-educate all current team members on this regulation and process annually and as needed. All new team members will be educated upon hire and annually ongoing.

\*This process will be reviewed and discussed at our monthly Quality Management meetings. At that time, it will be determined if the process is working and is effective. Further follow up will be done, as needed.

\*Executive Director will oversee to ensure compliance is maintained, to prevent future violations.

\* During each fire drill, all residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

*BAS 5/16/18*

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) *Pam Conrad, Executive Director* Date *5/7/2018*

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The above plan of correction is approved as of *5/16/18*  
 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 35064 - 04/18/2018 - McCloskey, Jason  
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT KELLY DRIVE

1. REGULATION 65 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 4/19/18, Debrox ear wax removal for Resident 2 was present in the home's "C and B" cart. The treatment had an expiration date of 05-2017.

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.

\*Health Services Manager and nurses on duty, during our annual DHS inspection on 19 April, were made aware of this violation.

\*Nurse removed Debrox ear drops from the medication cart and disposed of them on 19 April.

\*Nursing team was re-educated on the contents of this regulation and of the importance of an ongoing auditing system, to ensure we are not keeping medications that have expired.

\*Auditing of medication carts will continue and going forward, will be assigned to the night-shift nurse, to be completed on the 15<sup>th</sup> of each month. A Medication Cart Audit form will be utilized to document this auditing process.

\*Health Services Manager will monitor to ensure process is being followed. Health Services Manager will also spot check medication carts to ensure compliance with this regulation.

\*Health Services Manager will re-educate current nursing team members about this regulation and process, as needed. Education will be provided to new nursing team members, upon hire. This regulation will also continue to be reviewed annually.

\*Review of this process will be conducted during our monthly Quality Management meetings. At that time, it will be determined if any further follow-up is needed.

\*Executive Director will oversee to ensure compliance is maintained, to prevent future violations.

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) Pam Conrad, Executive Director Date 5/7/2018

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 (Date)

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

Plan of correction implementation status as of 5/16/18  
 (Date)

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

Violation Report: 35064 - 04/18/2018 - McCloskey, Jason  
 PCH Name: SPIRITRUST LUTHERAN THE VILLAGE AT KELLY DRIVE

**1. REGULATION 55 Pa.Code §2800**

2800.183(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**

Resident 1 has two blister cards containing "Oxycod / APAP Tab 5-325mg" tablets. One blister card had five blisters with torn foil backing and one of the tablets was sticking out through the tear. The other card had sixty tablets and two of the blisters were opened and had been resealed with tape. One of the tablets was adhered to the tape.

**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.*

- \*Health Services Manager and nurses on duty, during our annual DHS inspection, on 19 April, were made aware of this violation.
- \*Nursing team was re-educated on the contents of this regulation and the importance of storing medications appropriately.
- \*All medication, belonging to Resident 1, was appropriately disposed of, by the nurses, on 19 April.
- \*Our Narcotic/Controlled Substance Count Sheet has been revised to include that the nurses will verify each blister pack is intact (front and back) at the beginning and end of each shift, while verifying the medication count.
- \*Each narcotic blister pack will now be stored in a plastic sleeve, to provide added protection of medication.
- \*Auditing of medication carts will continue. This audit will be conducted by the night-shift nurse and will be done on the 15<sup>th</sup> of each month. This audit will include monitoring for proper storage of medications.
- \*Health Services Manager will monitor to ensure this process is being followed and will spot check medication carts to ensure ongoing compliance with this regulation.
- \*Health Services Manager will re-educate current nursing team members about this regulation and process, as needed. Education will be provided to new nursing team members, upon hire. This regulation and process will also continue to be reviewed annually.
- \*This process will be reviewed and evaluated during our monthly Quality Management meetings. At that time, it will be determined if any further follow up is needed.
- \*Executive Director will oversee to ensure compliance is maintained, to prevent future violations.

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) Pam Conrad, Executive Director Date 5/7/2018

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 (Date)

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 (Initials)

Plan of correction implementation status as of 5/16/18  
 (Date)

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