



November 14, 2019

Mr. Robert Rundle
President/CEO
Spiritrust Lutheran
2735 Luther Drive
Chambersburg, Pennsylvania 17202

RE: Spiritrust Lutheran the Village at Luther Ridge
Certificate #: 352980

Dear Mr. Rundle:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 17, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 "Kevin Hancock". The signature is fluid and cursive, with a large initial "K" and "H".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: SPIRITRUST LUTHERAN THE VILLAGE AT LUTHER RIDGE
Address: 2735 LUTHER DRIVE,, CHAMBERSBURG, PA 17202
County: FRANKLIN Region: CENTRAL

License Number: 35298

Administrator

Name: Angela Rock Phone: 7172645700 Email: RRUNDLE@SPIRITRUSTLUTHERAN.ORG

Legal Entity

Name: SPIRITRUST LUTHERAN
Address: 2735 LUTHER DRIVE, CHAMBERSBURG, PA, 17202

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/01/1993 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 36 Waking Staff: 27

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

09/17/2019 - On-Site: Douglas Hoover, Michael Showers

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 Residents Served: 31

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 30
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 5 Have Physical Disability: 3

09/17/2019

Rec'd
10/2/19
GE

1 of 4

141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for Resident #1, dated 3/6/2019, is more than 60 days prior to the admission date of 5/19/2019.

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.)

See attached

Page 2A of 4

Legal Entity Representative

Angelita Rock

Signature

Angelita Rock, PCHA

Printed Name and Title

10/2/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 10/21/19
(Date)

Plan of correction implementation status as of 10/21/19
(Date)

Fully Implemented

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

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

141a

Resident #1 completed the admission agreement and was admitted as a bed hold (meaning she began paying for the room) on 5/3/19. The resident subsequently left on 5/4/19 for a 2-week vacation and returned 5/19/19 and began staying in the home. The 5/3/19 date was erroneously used as the admission date during an internal mock audit for compliance indicating the DME date of 3/6/19 to be within the 60 day window.

Following the renewal survey, an audit was performed of all resident records to ensure there were no other DMEs with noncompliant dates.

Ongoing forward, the Personal Care Home Administrator and the Director of Resident Care will both have an increased awareness in similar admission situations – completion of the admission agreement and placing on bed hold versus actually beginning to stay in the home. All DMEs received will be immediately checked for the date the “Evaluation Completed” as well as the date “Form Completed” to ensure both are within the allowable timeframes. Failure to meet regulatory compliance will require the resident to be re-evaluated by the appropriate party and a new DME completed.

Additionally, the results of the annual renewal survey will be brought to the monthly Quality Management meeting for review and further recommendations.

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The glucometer for Resident #1 was not calibrated for the date and time. The Medication Administration Record (MAR) for September of 2019 documents that blood sugar readings be taken once daily at 6:00 am. The glucometer recorded the following dates and times:

- On 9/17/2019, the glucometer recorded the date as 1/12 at 23:42,
- On 9/16/2019, the glucometer recorded the date as 1/11 at 23:42,
- On 9/15/2019, the glucometer recorded the date as 1/10 at 23:42,
- On 9/14/2019, the glucometer recorded the date as 1/9 at 23:40,
- On 9/13/2019, the glucometer recorded the date as 1/9 at 00:07,
- On 9/12/2019, the glucometer recorded the date as 1/7 at 23:43,
- On 9/11/2019, the glucometer recorded the date as 1/7 at 00:31,
- On 9/10/2019, the glucometer recorded the date as 1/5 at 23:42,
- On 9/9/2019, the glucometer recorded the date as 1/4 at 23:51,
- On 9/8/2019, the glucometer recorded the date as 1/4 at 00:20,
- On 9/7/2019, the glucometer recorded the date as 1/3 at 00:21,
- On 9/6/2019, the glucometer recorded the date as 1/1 at 23:50.

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.)

See attached

Page 3A of 4

Legal Entity Representative

Angela K. Rock

Signature

Angela K Rock, RCHA 10/2/19

Printed Name and Title

Date

185a

Resident #1 received a doctor's order on 9/3/19 to do daily blood glucose checks the first thing each morning. The resident did not have a glucometer, and the glucometer was ordered from the pharmacy and received on 9/4/19. The morning of 9/5/19, the LPN on duty opened the glucometer and tested Resident #1's blood glucose as directed, but failed to calibrate the correct date and time on the new glucometer.

Following the renewal survey, Resident #1's glucometer was immediately calibrated to the correct date and time by the Director of Resident Care. Also, all team members were educated about not only the regulation, but the importance of maintaining the glucometer equipment regularly.

As an ongoing measure to prevent future reoccurrence – upon receipt of any new glucometer, the nurse/med tech will calibrate the machine to current date/time and have a second nurse/med tech double check for accuracy. Any diagnostic tests required by the manufacturer (i.e. calibration) will also be performed at this time.

Additionally, a nursing measure was put in place through Point Click Care (automated eMAR) for each current glucometer with glucose checks being performed by a nurse/med tech to be checked on a daily basis prior to daily glucose testing by nurse/med tech personnel on shift. See attached screen shot from Point Click Care.

All glucometers of residents self-administering glucose checks will be checked monthly by a nurse/med tech for accurate calibration of date/time. This will be completed on the last day of each month as well as the Saturday surrounding day light savings time.

The Director of Resident Care will audit both Point Click Care documentation and all glucometers weekly on Monday morning for 6 weeks through 11/11/19 to determine continued compliance with the above measures. After the initial 6-week period, the Director of Resident Care will audit on a monthly basis (first Monday of every month). See attached spreadsheet that will be used to document the audits.

The results of the annual renewal survey will also be brought to the monthly Quality Management meeting for review and further recommendations.

185a - Implement Storage Procedures *(continued)*

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The above plan of correction is approved as of	<u>10/21/19</u> (Date)	Plan of correction implementation status as of	<u>10/21/19</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 GE
(Initials)