



Sent via e-mail [pconrad@spiritrustlutheran.org]

MAILING DATE: April 16, 2020

Mr. Robert Rundle
President/CEO
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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on January 13, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: SPIRITRUST LUTHERAN THE VILLAGE AT KELLY DRIVE
Address: 750 KELLY DRIVE,, YORK, PA 17404
County: YORK Region: CENTRAL

License Number: 35064

Administrator

Name: Pam Conrad Phone: 7178482585 Email: BRUNDLE@SPIRITRUSTLUTHERAN.ORG

Legal Entity

Name: SPIRITRUST LUTHERAN
Address: 750 KELLY DRIVE, YORK, PA, 17404

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 55 Waking Staff: 41

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Complaint

Inspection Dates and Department Representative

01/13/2020 - On-Site: Douglas Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85 Residents Served: 55

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated 7/22/2019 for Resident #1, indicates the need for bowel and bladder incontinence care. Incontinence checks were scheduled between 5-6 am, 9-10 am, 1-2 pm, 5-6 pm and 10-11 pm. The incontinence checks were not completed on the following dates and times:

- 1/1/2020 – 5-6 am, 5-6 pm, 10-11 pm;
- 1/2/2020 – 5-6 am, 5-6 pm, 10-11 pm;
- 1/3/2020 – 9-10 am, 1-2 pm, 5-6 pm, 10-11 pm;
- 1/4/2020 – 5-6 am.

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.)

~Immediately, following the visit from the Department, the Health Services Manager entered the task of incontinence care/checks, for Resident #1, into Point Click Care (electronic eMAR), to be monitored and signed off by the LPN or med-tech on duty, for each shift. (Please see Exhibit A) Additionally, this task was entered into Point Click Care for any resident currently requiring incontinence care/checks. This will also be added if the need arises for any current resident or a resident moving into our community, in the future. Previously, this was only being documented, by the Resident Assistants, on a paper document. This change of documentation practice will ensure that the LPN/med-tech is verifying that the care required is being completed and documented accordingly.

~All Direct Care Team Members were re-educated, by the Health Services Manager, about not only the regulation that was violated, but also the need to review the Resident Assessment Support Plan (RASP), for every resident. This will ensure that Direct Care Team Members are aware of the needs of the residents. Health Services Manager will also provide this training to any new Direct Care team members.

~Health Services Manager will complete an audit of the incontinence care/checks documentation in Point Click Care weekly, for a period of six weeks. (see attached) Ongoing forward, the Health Services Manager will monitor this on a monthly basis.

~Additionally, the results of the audits will be reviewed and discussed at the monthly Quality Management meeting.

Legal Entity Representative

Pam Conrad
Signature

Pam Conrad
Executive Director
Printed Name and Title

2/5/2020
Date

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

The above plan of correction is approved as of 4/15/20 (Date) Plan of correction implementation status as of 4/15/20 (Date)

The above plan of correction was approved by GE (Initials) Implemented Not Implemented