



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: April 28, 2020

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

RE: Spiritrust Lutheran The Village at Gettysburg
1075 Old Harrisburg Road
Gettysburg, Pennsylvania 17325
Certificate #: 344420

Dear Ms. Rundle:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 20, 2020 and February 21, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: SPIRITRUST LUTHERAN THE VILLAGE AT GETTYSBURG
Address: 1075 OLD HARRISBURG ROAD,, GETTYSBURG, PA 17325
County: ADAMS Region: CENTRAL

License Number: 34442

Administrator

Name: Mindi Roth Phone: 7173346204 Email:

Legal Entity

Name: SPIRITRUST LUTHERAN
Address: 1050 PENNSYLVANIA AVENUE, YORK, PA, 17404

Certificate(s) of Occupancy

Type: C-1 Date: 11/10/2010 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

Inspection

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

Inspection Dates and Department Representative

02/20/2020 - On-Site: Israel Springs

02/21/2020 - On-Site: Israel Springs

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 20 Residents Served: 13

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 13
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act requires that a carbon monoxide alarm be installed in close proximity, but no less than 15 feet, to any fossil fuel burning device or appliance. A carbon monoxide alarm was located outside of the maintenance room containing the boilers that serve the home, located in the Skilled Nursing Facility portion of the home. There were no carbon monoxide alarms located within the room containing these fossil fuel burning boilers.

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.)

Plan of care printed
Pages 2A and 2B

Legal Entity Representative

Melinda Roth
Signature

Melinda Roth RCHA/HSM 3/16/2020
Printed Name and Title Date

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(Date) (Date)

The above plan of correction was approved by BAS Implemented
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The Village at Gettysburg

Commonwealth of Pennsylvania
 Department of Human Services
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Effective Plan of Correction Guide

Specific Issue Cited (include regulation referenced):

2600.18 Applicable health and safety laws-A home shall comply with applicable Federal, State and local laws, ordinances and regulations

The Care Facility Carbon Monoxide Alarms Standards Act requires that a carbon monoxide alarm be installed in close proximity, but no less than 15 feet, to any fossil fuel burning device or appliance. A carbon monoxide alarm was located outside of the maintenance room containing the boilers that serve the home, located in the Skilled Nursing Facility portion of the home. There were no carbon monoxide alarms located within the room containing these fossil fuel burning boilers.
2600.125.a Combustible and flammable materials may not be located near heat sources or hot water heaters. There was an accumulation of items including a mop and 3m brand floorbuffer pads in close proximity or in contact with the two boilers that serve the home located in the maintenance room of the skilled nursing facility portion of the home

Two POC Essentials:	
1. Include a plan to immediately correct the specific issue cited.	Buildings and grounds Director had additional carbon monoxide detector installed within the maintenance boiler room over 15 feet away from the boiler on February 22,2020 .Inspector Israel Springs took a picture of the new carbon monoxide detector.
2. Include a step-by-step plan to assure continued compliance with the regulation over a substantial period of time.	
<ul style="list-style-type: none"> • What specific change will be made (e.g. changing practice) 	New additional carbon monoxide detector has been installed and will be checked on the weekly schedule along with the other detector.
<ul style="list-style-type: none"> • Designation of the person responsible to complete each step 	Buildings and Grounds Director or designee will be responsible for making sure the weekly check of the carbon monoxide detector is completed and logged.
<ul style="list-style-type: none"> • Target dates for completion of each step. 	February 22,2020 the carbon monoxide detector was installed and will be checked weekly moving forward
<ul style="list-style-type: none"> • How will the change be made (e.g. update policies and procedures, educated staff and residents)? 	Buildings and grounds and the Personal care staff have been educated surrounding this change.
<ul style="list-style-type: none"> • What system have you implemented to 	Buildings and Grounds will check weekly and log along with

Melinda Roth PC/HA/BSM
 3/10/2020

<p>make sure that the same violation will not occur again (e.g. ongoing and measurable monitoring –who is going to do what and how frequently)</p>	<p>other carbon monoxide detector checks that are done weekly</p>
<ul style="list-style-type: none"> • What training will be provided to your staff (e.g. in-service training, training by an outside source, training off-site by professional for minimum number of hours, ongoing at staff meetings) 	<p>Inservice was held for Building and Grounds and Personal Care staff on March 4, 2020. to explain the violation and what is being done to correct the violation. Mindi Roth PCHA held the inservice and Buildings and Grounds Director Fred Nelson had input</p>

*Melinda Roth PCHA/HSM
3/10/2020*

42q - Compensation

Regulations

2600.

42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Description of Violation

Resident #1 was observed in the room off of the lounge area folding napkins for use in the skilled nursing facility of the home. The home does not compensate the resident for this activity.

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.)

Plan of care printed
pages 3A and 3B

Legal Entity Representative

Melinda Roth
Signature

Melinda Roth RCHA/HSM 3/10/2020
Printed Name and Title Date

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Commonwealth of Pennsylvania
 Department of Human Services
 Bureau of Human Services Licensing
Effective Plan of Correction Guide

Specific Issue Cited (include regulation referenced):

2600.42q A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home. Resident #1 was observed in the room off of the lounge area folding napkins for use in the skilled nursing facility of the home. The home does not compensate the resident for this activity.

Two POC Essentials:	
1. Include a plan to immediately correct the specific issue cited.	Spoke with resident and Personal Care and Laundry staff about why the resident is unable to volunteer to fold napkins due to the regulation. Resident is no longer folding napkins effective February 21, 2020.
2. Include a step-by-step plan to assure continued compliance with the regulation over a substantial period of time.	
<ul style="list-style-type: none"> What specific change will be made (e.g. changing practice) 	No residents will be volunteering to complete household tasks, such as folding napkins
<ul style="list-style-type: none"> Designation of the person responsible to complete each step 	PCHA reviewed the regulation to the resident and explained why she could no longer fold the napkins for the home. education given to the Personal Care Staff and Laundry staff. Volunteer coordinator also educated about this regulation due to resident being signed up as a volunteer for the home
<ul style="list-style-type: none"> Target dates for completion of each step. 	February 21, 2020 Preliminary discussions held with residents and staff follow up with resident meeting on March 5, 2020 to go over violations and how we are going to correct. Audits completed by June 12, 2020
<ul style="list-style-type: none"> How will the change be made (e.g. update policies and procedures, educated staff and residents)? 	Resident and staff informed of the change on February 21, 2020, and educated on the regulation. Follow up education given to staff on March 5, 2020. Personal Care Staff Laundry staff and volunteer coordinator educated on the regulation that residents are not to perform work of the home without compensation, so no residents will be folding any of the homes laundry
<ul style="list-style-type: none"> What system have you implemented to make sure that the 	Staff and residents were educated and laundry will not be provided to them for folding PCHA will check in with

Melinda Roth PCNA/HOM
 3/10/2020

<p>same violation will not occur again (e.g. ongoing and measurable monitoring –who is going to do what and how frequently)</p>	<p>laundry staff and residents Monday thru Fridays for 4 weeks and then weekly for two months to ensure that work is not being performed for the home.</p>
<ul style="list-style-type: none">• What training will be provided to your staff (e.g. in-service training, training by an outside source, training off-site by professional for minimum number of hours, ongoing at staff meetings)	<p>PCHA provided training on the regulation to staff of Personal Care and Laundry department and Volunteer Coordinator about the regulation on February 21,2020 and follow up training on March 5,2020.</p>

Melinda Roth PCHA/HSM
3/10/2020

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

There was an approximate a 3 inch drop off from the sidewalk to the ground located at the walkways between the front of the home and the parking lot area. This drop in height poses a fall hazard for someone walking on the sidewalk.

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.)

Plan of care Printed.
pages 4A and 4B

Legal Entity Representative

Melinda Roth
Signature

Melinda Roth RCHA/HSM 3/10/2020
Printed Name and Title Date

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Commonwealth of Pennsylvania
 Department of Human Services
 Bureau of Human Services Licensing
Effective Plan of Correction Guide

Specific Issue Cited (include regulation referenced):

2600.100a The exterior of the building and the building grounds or yard must be in good repair and free of hazards. There was an approximate 3 inch drop off from the sidewalk to the ground located at the walkways between the front of the home and the parking lot area. This drop in height poses a fall hazard for someone walking on the sidewalk.

Two POC Essentials:	
1. Include a plan to immediately correct the specific issue cited.	Buildings and Grounds obtained soil on February 20,2020 placed ground around sidewalk to make sidewalk even with the ground.Pictures of the area were taken by Inspector Israel Springs on February 21,2020
2. Include a step-by-step plan to assure continued compliance with the regulation over a substantial period of time.	
<ul style="list-style-type: none"> What specific change will be made (e.g. changing practice) 	PCHA educated Buildings and grounds and Personal Care staff about the regulation on Feb 20, 2020 Soil was obtained and immediately placed around sidewalk to make sidewalk flush with the ground. Buidings and grounds will inform Landscaping service not to edge the area. Buildings and Grounds will audit area weekly for 1 month and then monthly for 5 months to ensure area stays even with the sidewalk
<ul style="list-style-type: none"> Designation of the person responsible to complete each step 	Buildings and grounds corrected the problem immediately. Buildings and grounds will do audits of the area weekly for 1 month and then monthly for 5 months
<ul style="list-style-type: none"> Target dates for completion of each step. 	Area fixed immediately. Audits will be completed by the end of August 2020
<ul style="list-style-type: none"> How will the change be made (e.g. update policies and procedures, educated staff and residents)? 	Personal Care Staff and Buildings and Grounds were educated concerning this regulation on February 20, 2020. PC staff and Buildings and Grounds staff were given additional training on this regulation on March 5,2020
<ul style="list-style-type: none"> What system have you implemented to make sure that the same violation will not occur again (e.g. 	Buildings and Grounds Director will ensure audits are done weekly for 1 month and then monthly for 5 months to ensure that there is not a drop off from the sidewalk

Melinda Roth PCHA/HSM
 3/10/2020

<p>ongoing and measurable monitoring –who is going to do what and how frequently)</p>	
<ul style="list-style-type: none">• What training will be provided to your staff (e.g. in-service training, training by an outside source, training off-site by professional for minimum number of hours, ongoing at staff meetings)	<p>Staff was immediately given education on the regulation on February 20, 2020. Follow up education given to Personal Care staff and Buildings and Grounds staff on March 5, 2020 by PCHA Mindi Roth</p>

Melinda Roth PCHA/HSM
3/10/2020

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The home's freezer contained a small single serve plastic container of sherbet that was previously opened and partially eaten. This item was unlabeled and undated.

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.)

Plan of care printed
pages 5A and 5B

Legal Entity Representative


Signature

Melinda Roth PCNA/HSM 3/18/2020
Printed Name and Title Date

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Commonwealth of Pennsylvania
 Department of Human Services
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Effective Plan of Correction Guide

Specific Issue Cited (include regulation referenced):

2600 103.e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated The home's freezer contained a small single serve plastic container of sherbert that was previously opened and partially eaten. The item was unlabeled and dated

Two POC Essentials:	
1. Include a plan to immediately correct the specific issue cited.	The sherbert was immediately discarded of in the garbage.
2. Include a step-by-step plan to assure continued compliance with the regulation over a substantial period of time.	
<ul style="list-style-type: none"> What specific change will be made (e.g. changing practice) 	Staff and Residents will be reeducated on this regulation. There is a reminder sign on the door of the freezer and labels and pen/marker available for labeling
<ul style="list-style-type: none"> Designation of the person responsible to complete each step 	PCHA Mindi Roth reeducated staff concerning the regulation on February 20, 2020. Additional education provided to staff on March 5, 2020 and residents reeducated on March 5, 2020 Dining Manager reviewed regulation with Dining staff Audits will be performed by PCHA designee and reviewed by PCHA
<ul style="list-style-type: none"> Target dates for completion of each step. 	Sherbert Discarded immediately. Education provided to staff immediately and additional education provided to Personal Care staff on March 5, 2020 Audits will be performed daily on the 11p to 7a shift for one month then weekly for 3 months. The 11 to 7 staff person on Personal Care will perform the audit and be reviewed weekly by PCHA for the 4 months to ensure compliance
<ul style="list-style-type: none"> How will the change be made (e.g. update policies and procedures, educated staff and residents)? 	Staff was educated by the PCHA on February 20, 2020. Additional education was provided on March 5, 2020
<ul style="list-style-type: none"> What system have you implemented to 	Audits will be conducted daily for a month and then weekly for 3 months by the 11p-7am staff person and reviewed

*Melinda Roth PCHA/HSM
 3/00/2020*

<p>make sure that the same violation will not occur again (e.g. ongoing and measurable monitoring—who is going to do what and how frequently)</p>	<p>weekly by the PCHA</p>
<ul style="list-style-type: none">• What training will be provided to your staff (e.g. in-service training, training by an outside source, training off-site by professional for minimum number of hours, ongoing at staff meetings)	<p>Staff educated about the regulation on February 20, 2020 and additional education about labeling and dating foods on March 5, 2020. by PCHA Mindi Roth</p>

Melenda Roth PCHA/HSM
3/10/2020

125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There was an accumulation of items, including a mop and 3M brand floor buffer pads, in close proximity or in contact with the two boilers that serve the home located in the maintenance room of the Skilled Nursing Facility portion of the home.

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.)

Plan of care printed
pages .6A and 6B

Legal Entity Representative

Melinda Roth
Signature

Melinda Roth RCHA/HSM 3/10/2020
Printed Name and Title Date

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The Village at Gettysburg

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Effective Plan of Correction Guide

Specific Issue Cited (include regulation referenced):

2600 125.a Combustable and flammable materials may not be located near heat sources or hot water heaters. There was an accumulation of items including a mop and 3m brand floorbuffer pads in close proximity or incontact with the two boilers that serve the home located in the maintenance room of the skilled nursing facilityportion of the home

Two POC Essentials:	
1. Include a plan to immediately correct the specific issue cited.	The hot water heater located in the boiler room in the skilled part of the building. The mop buckets and and contents were removed immediately and Inspector Israel Springs took pictures of the hot water heater with the items relocated prior to the end of our inspection
2. Include a step-by-step plan to assure continued compliance with the regulation over a substantial period of time.	
<ul style="list-style-type: none"> What specific change will be made (e.g. changing practice) 	Buildings and Grounds and Personal Care staff educated on the regulation and the importance of not placing things in close proximity to boilers and hot water heaters immediately by the PCHA and then additional information was given on 3/5/2020 by PCHA at inservice
<ul style="list-style-type: none"> Designation of the person responsible to complete each step 	PCHA and Buildings and Grounds Director. The Buildings and Grounds Director removed items immediately and PCHA did education with input from Buildings and Grounds Director
<ul style="list-style-type: none"> Target dates for completion of each step. 	February 20,2020 to correct the issue and Education piece completed by March 5, 2020
<ul style="list-style-type: none"> How will the change be made (e.g. update policies and procedures, educated staff and residents)? 	Staff were educated by the PCHA with input from the Buildings and Grounds Director.
<ul style="list-style-type: none"> What system have you implemented to make sure that the same violation will not occur again (e.g. ongoing and measurable 	Audit of the area will be performed daily by Building and Grounds designee for 4 weeks and then weekly for two months to ensure that nothing is being placed in close proximity to the hot water heater or boilers. PCHA will review audits weekly

Melinda Roth PCHA
 3/10/2020

monitoring –who is going to do what and how frequently)	
<ul style="list-style-type: none">• What training will be provided to your staff (e.g. in-service training, training by an outside source, training off-site by professional for minimum number of hours, ongoing at staff meetings)	Inservice training held for PC and Building and Grounds staff to go over the regulation was held on 3/5/2020

Melinda Roth PCMA
3/10/2020