



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: March 11, 2020

Ms. Angela Dohrman.
Senior Vice President/COO
Spiritrust Lutheran
Personal Care Residence
800 Bollinger Drive
Shrewsbury, Pennsylvania 17361

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

Dear Ms. Dohrman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 25, 2020 and February 26, 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 SHREWSBURY

License Number: 31027

Address: 800 BOLLINGER DRIVE,, PERSONAL CARE RESIDENCE,, SHREWSBURY, PA 17361

County: YORK

Region: CENTRAL

Administrator

Name: Erica Nevins

Phone: 7172273000

Email:

Legal Entity

Name: SPIRITRUST LUTHERAN

Address: 800 BOLLINGER DRIVE, SHREWSBURY, PA, 17361

Certificate(s) of Occupancy

Type: C-2 LP

Date: 03/02/2001

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 64

Waking Staff: 48

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal,Incident

Inspection Dates and Department Representative

02/25/2020 - On-Site: Israel Springs, Cybil Bomberger

02/26/2020 - On-Site: Israel Springs, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 68

Residents Served: 67

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: 63

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 3

Have Physical Disability: 0

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #2 has been identified by the home to exhibit behaviors of wandering into bedrooms of other residents. Resident #1 has been identified by the home to become highly agitated and aggressive if other residents enter her bedroom.

On 2/11/2020 at approximately 8:00 pm, Resident #2 was observed exiting Resident #1's bedroom. Resident #1 was visibly upset that Resident #2 had been in the room without permission.


On 2/15/2020 at 8:10 pm, Resident #2 wandered into Resident #1's room to use the bathroom. Resident #2 was asked to leave but she did not. Resident #1 then grabbed Resident #2's wrist and Staff Member A intervened. While the staff person tried to remove Resident #2 from the area, Resident #1 reached around Staff Member A and struck Resident #2 on the forehead with her hand.

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 Pages 2A and 2B

Legal Entity Representative


Signature

EVKZ ... PCHA
Printed Name and Title

3-10-20
Date

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

The above plan of correction is approved as of 3/11/2020 (Date) Plan of correction implementation status as of 4/28/2020 (Date)

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



The Village at Shrewsbury

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

Specific Issue Cited (include regulation referenced):

Regulation 55 Pa.Code §2600.42.b

Cause of violation: A resident with wandering tendencies entered another resident's room and was struck because the resident to whom the room belonged was angry and upset she was there. While the resident who struck the other resident has a history of physical aggression when angry or upset, this interaction was not expected because her tendencies toward aggression have always been directed at staff members and not other residents. It was also not documented that the resident with wandering tendencies had a history of entering this resident's room before.

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| Two POC Essentials: | |
| <ol style="list-style-type: none"> 1. Include a plan to immediately correct the specific issue cited. | <p>When the incident occurred, both residents were separated immediately by staff members and both were comforted in their respective rooms. Physical assessment was completed to ensure no injuries occurred and organizational protocol was followed with regard to reporting the incident. This included reporting to DHS, York AAA, both residents' physicians and their respective POAs and the PA State Police. Frequent rounding was completed by nursing staff throughout the evening to ensure the residents remained separated and safe. Follow up interviews were conducted with both residents by the Administrator and PA State Police with no adverse effects of the incident noted. A plan was put in place for nursing staff to frequently round to try to prevent interactions between the two residents from occurring in public spaces and to keep the door to the resident who dislikes others being in her room locked.</p> |
| <ol style="list-style-type: none"> 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) | <p>This resident historically preferred locking her door. It has now been determined that locking her door when she is in her room would be unsafe for her because she likely will not understand how to exit her room if she wanted to. Signs stating, "please knock before entering" and "please ask me before entering my room" have been posted but she disliked them being there and her daughter removed them. Team members will continue to spend one on one time with both residents as time permits to decrease the likelihood of negative interaction. Her physician will also continue to be</p> |

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| | <p>updated on her behaviors and medication refusals. She will also be added to the Life Enrichment Memory Support program so she can remain more engaged and reassured during the day. Team members will continue to offer the signs on her door as an option.</p> |
| <ul style="list-style-type: none"> • Designation of the person responsible to complete each step | <p>Nursing staff will be responsible for monitoring the resident for responses to the new medication (and refusals to take it) and communicating any changes to her physician. Nursing staff and Life Enrichment staff will be responsible for rounding and spending one on one time with both residents to decrease the likelihood they will have a negative interaction.</p> |
| <ul style="list-style-type: none"> • Target dates for completion of each step. | <p>The signs were posted 03-04-2020 but were removed. The frequent rounding and monitoring of resident behaviors began after the initial incident on 02-11-2020 but was increased after the second incident on 02-15-2020. Monitoring of resident changes is ongoing. The one resident will be added to the Memory Support Program for Life Enrichment 03-11-2020.</p> |
| <ul style="list-style-type: none"> • How will the change be made (e.g. update policies and procedures, educated staff and residents)? | <p>Changes have been discussed at Nursing Huddles and the information has been added to the nursing communication board hanging in the Freedom Way Med Room.</p> |
| <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 monitoring –who is going to do what and how frequently) | <p>Compliance with keeping the resident’s door locked will be monitored by the Administrator and the Director of Resident Care by reviewing Resident Assistant documentation and completing random checks. Any concerns about the two residents involved in the incident will be discussed at nursing huddle typically held Monday through Friday at 10:30am Any further issues observed will be brought to the Quality Management meeting for review and further recommendations.</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>Team members will be re-educated on the behaviors of these two residents at the March Nursing Meeting scheduled for March 19, 2020. Additional training on Dementia will be provided through Relias and ongoing discussions will continue to be held at nursing huddles.</p> |

100b - Removal Snow/Obstructions

Regulations

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

A large pile of leaves was located outside the double doors of the activity room/café.

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 Pages 3A and 3B

Legal Entity Representative


Signature

Erica Nelson PCA 3-10-20
Printed Name and Title Date

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Specific Issue Cited (include regulation referenced):

Regulation 55 PA.Code §2600.100b

Cause of violation: Leaves were present in front of a doorway in the basement of the building that could be used as an exit door in the event of an emergency. This violation occurred because that area is not typically used by residents or staff members. All exit doors are inspected by Maintenance to be free of ice, snow, leaves, loose gravel and other foreign debris monthly and inspections were up to date for January and February. However, monthly checks did not prevent the accumulation of leaves outside of the exit door in the basement.

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| Two POC Essentials: | |
| 1. Include a plan to immediately correct the specific issue cited. | When the leaves were found during inspection, the issue was reported to Maintenance and they were removed by the Maintenance Team while surveyors were still on site. |
| 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) | Inspection of exit doors will be added to Environmental Rounds held weekly on Wednesdays at 9:30am and are conducted by the Director of Buildings and Grounds, the Environmental Services Supervisor, the Executive Director and the Administrator. The Maintenance Team will also increase their checks of the exit doors from monthly to weekly during peak season times. Any issues noted will be addressed by the Maintenance Team. Audits will continue to be brought to Quality Management to review. |
| <ul style="list-style-type: none"> Designation of the person responsible to complete each step | Inspection during Environmental Rounds will be the responsibility of the Director of Buildings and Grounds, The Environmental Services Supervisor, the Executive Director and the Administrator. The Maintenance Team will be responsible for additional checks of the exit doors and they will be responsible for addressing any issues noted during those checks. |
| <ul style="list-style-type: none"> Target dates for completion of each step. | Checks during Environmental Rounds will be begin 03-11-2020. Additional Maintenance checks will also be implemented by 03-11-2020. |
| <ul style="list-style-type: none"> How will the change | Environmental Round "agenda" will include exit door |

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| <p>be made (e.g. update policies and procedures, educated staff and residents)?</p> | <p>checks. The Director of Building and Grounds will adjust the Safety Tour schedule for the additional checks.</p> |
| <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 monitoring –who is going to do what and how frequently) | <p>Checking the doors weekly through Environmental Rounds and more frequent Safety Tour checks conducted by Maintenance should ensure the same violation will not occur again.</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>The Maintenance team will be re-educated on the importance of clear walkways to prevent falls by 03-13-2020.</p> |

105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The outside exit point for the laundry room vent located outside double glass door of the Freedom Way area of the home contained a large amount of lint blocking the airflow.

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 Pages 4A and 4B

Legal Entity Representative

 Signature

ERIKZ WELAND PCWA 3-10-20 Printed Name and Title Date

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Specific Issue Cited (include regulation referenced):

Regulation 55 PA.Code §2600.105g

Cause of Violation: Dryer vent to the exterior of the building on the Freedom Way side of the building was missed by Maintenance when doing routine cleaning. All dryer vents and lint traps inspected inside the building were found to be clear of lint.

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| <p>Two POC Essentials:</p> | |
| <p>1. Include a plan to immediately correct the specific issue cited.</p> | <p>When the lint was found during inspection, the issue was reported to Maintenance and it was removed by the Maintenance Team while surveyors were still on site.</p> |
| <p>2. Include a step-by-step plan to assure continued compliance with the regulation over a substantial period of time.</p> | |
| <ul style="list-style-type: none"> • What specific change will be made (e.g. changing practice) | <p>Inspection of exterior dryer vents will be added to Environmental Rounds held weekly on Wednesdays at 9:30am and are conducted by the Director of Buildings and Grounds, the Environmental Services Supervisor, the Executive Director and the Administrator. The Maintenance Team will also increase their checks of the dryer vents to weekly. Any issues noted will be addressed by the Maintenance Team. Audits will continue to be brought to Quality Management to review.</p> |
| <ul style="list-style-type: none"> • Designation of the person responsible to complete each step | <p>Inspection during Environmental Rounds will be the responsibility of the Director of Buildings and Grounds, The Environmental Services Supervisor, the Executive Director and the Administrator. The Maintenance Team will be responsible for additional checks of the dryer vents and they will be responsible for addressing any issues noted during those checks.</p> |
| <ul style="list-style-type: none"> • Target dates for completion of each step. | <p>Checks during Environmental Rounds will be begin 03-11-2020. Additional Maintenance checks will also be implemented by 03-11-2020.</p> |
| <ul style="list-style-type: none"> • How will the change be made (e.g. update policies and procedures, educated | <p>Environmental Round "agenda" will include dryer vent checks. The Director of Building and Grounds will adjust the preventative maintenance schedule for the additional checks.</p> |

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| <p>staff and residents)?</p> | |
| <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 monitoring –who is going to do what and how frequently) | <p>Checking the vents weekly through Environmental Rounds and more frequent Safety Tour checks conducted by Maintenance should ensure the same violation will not occur again.</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>The Maintenance team will be re-educated on the importance of clear dryer vents to prevent fires by 03-13-2020.</p> |

141a 1-10 Medical Evaluation Information

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Documentation of Medical Evaluation (DME) form for Resident #3, dated 2/11/2020, did not assess the resident's Health Status and Cognitive functioning.

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 Pages 5A and 5B

Legal Entity Representative


Signature

EVILIZ WOODS PCHA 3-10-20
Printed Name and Title Date

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Specific Issue Cited (include regulation referenced):

Regulation 55 PA.Code §2600.141

Cause of violation: The Health Status and Cognitive Functioning boxes were not checked by the physician when the DME was completed. The Director of Resident Care reviews these documents for accuracy and completion and addresses any issues with them. However, in this circumstance the error was missed. No other DMEs reviewed reflected errors.

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| Two POC Essentials: | |
| 1. Include a plan to immediately correct the specific issue cited. | The error in the DME was brought to the Director of Resident Care's attention and the error was addressed on March 2, 2020. She was out of the building February 24th-28th, 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) | DMEs will continue to be reviewed by the Director of Resident Care and audits of new resident charts will be completed monthly by the Director of Resident Care and Administrator. Others will be involved as trained. |
| <ul style="list-style-type: none"> • Designation of the person responsible to complete each step | The Director of Resident Care will continue to review the DMEs for completion and accuracy. The audits of new resident charts will be completed by the Director of Resident Care and the Administrator. |
| <ul style="list-style-type: none"> • Target dates for completion of each step. | The review of the DMEs will be ongoing. Audits for new resident charts will begin 03-25-2020. |
| <ul style="list-style-type: none"> • How will the change be made (e.g. update policies and procedures, educated staff and residents)? | A recurring appointment has been placed on the calendar for the Director of Resident Care and Administrator for audits of new residents charts. |
| <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 | The recurring, monthly appointment for chart audit should ensure that this same violation will not occur again. |

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| 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) | The Director of Resident Care has her PCHA license and understands the importance of the DMEs being complete and accurate. |