

Department of Human Services  
Bureau of Human Service Licensing

June 10, 2021

[REDACTED] SENIOR VICE PRESIDENT/COO  
SPIRITRUST LUTHERAN  
800 BOLLINGER DRIVE  
SHREWSBURY, PA 17361

RE: SPIRITRUST LUTHERAN THE  
VILLAGE AT SHREWSBURY  
800 BOLLINGER DRIVE  
PERSONAL CARE RESIDENCE  
SHREWSBURY, PA, 17361  
LICENSE/COC#: 31027

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: SPIRITRUST LUTHERAN THE VILLAGE AT SHREWSBURY License #: 31027 License Expiration Date: 06/17/2021  
Address: 800 BOLLINGER DRIVE, PERSONAL CARE RESIDENCE, SHREWSBURY, PA 17361  
County: YORK Region: CENTRAL

**Administrator**

Name: [REDACTED] Phone: 7172273000 Email: [REDACTED]

**Legal Entity**

Name: SPIRITRUST LUTHERAN  
Address: 800 BOLLINGER DRIVE, SHREWSBURY, PA, 17361  
Phone: 7172273000 Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 03/02/2001 Issued By: L&I

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 60 Waking Staff: 45

**Inspection**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Incident Exit Conference Date: 04/05/2021

**Inspection Dates and Department Representative**

04/05/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 68 Residents Served: 54

**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: 54  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 6 Have Physical Disability: 2

**Inspections / Reviews**

**04/05/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/25/2021

Inspections / Reviews (*continued*)

## 5/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/11/2021*

## 6/10/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 15a - Resident Abuse Report

### 1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

### Description of Violation

*The following incidents of resident-to-resident sexual assault, that were perpetrated by Resident #1, were not reported to Aging as required in accordance with the Older Adult Protective Services Act:*

- 2/6/21 - Resident #1 attempted to kiss several [REDACTED] residents and continued to pursue one [REDACTED] resident who told [REDACTED] "No," grabbed [REDACTED] by the wrist, attempted to kiss [REDACTED] again, and would not release [REDACTED] until staff intervened.
- 1/5/21 - Resident #1 entered a [REDACTED] resident's room uninvited, straddled the [REDACTED] resident while [REDACTED] was sitting in a chair, groped [REDACTED] and kissed [REDACTED]
- 12/29/20 - Resident #1 groped a resident's [REDACTED] and demanded that [REDACTED] kiss [REDACTED]. The resident kept saying, "No, get away from me, I said no."
- 11/4/20 - Resident #1 asked a [REDACTED] resident for a kiss to which the [REDACTED] resident replied, "No." Resident #1 proceeded to kiss the resident and fondle [REDACTED]
- 10/22/20 - Resident #1 was found in a [REDACTED] resident's room and was removed from the room. The [REDACTED] resident was observed to have both [REDACTED] underwear and pants pulled down. Resident #1 was again found in that [REDACTED] resident's room one half hour later.

## 15a - Resident Abuse Report (continued)

**Plan of Correction****Accept**

The five incidents noted in chart review were documented by one LPN and one Charge RA. Review of the progress notes and re-education about the Older Adult Protective Services Act and reporting requirements for abuse will be reviewed individually with these two team members by April 23rd. All nursing staff will be re-educated on the Abuse and Neglect standard and incidents requiring reporting to DHS and Area Agency on Aging by April 23rd. Education with Life Enrichment, Housekeeping and Dining team members will be completed by May 1st.

-Abuse reporting and prevention will be added as a standing agenda item on monthly nursing meetings.

-Abuse reporting and prevention review will be added to the standing agenda for QM meetings.

-A list of incidents requiring reporting will be posted in the nursing medication rooms, in the Life Enrichment office and in the Kitchen with a copy provided for the clipboards on the housekeeping carts.

-Review of progress notes and re-education for LPN and Charge RA entering the notes on the Older Adult Protective Services Act and reporting requirements: [REDACTED], PCHA

-Abuse reporting and prevention will be added as a standing agenda item on monthly nursing meetings: [REDACTED] DRC

-Abuse reporting and prevention review will be added to the standing agenda for QM meetings: [REDACTED] DRC

-A list of incidents requiring reporting will be posted in the nursing medication rooms, in the Life Enrichment office and in the Kitchen with a copy provided for the clipboards on the housekeeping carts: [REDACTED] PCHA

-Review of progress notes and re-education for LPN and Charge RA entering the notes on the Older Adult Protective Services Act and reporting requirements: April 23, 2021

-Abuse reporting and prevention will be added as a standing agenda item on monthly nursing meetings: Implemented April 21, 2021 and will be ongoing

-Abuse reporting and prevention review will be added to the standing agenda for QM meetings: The next QM meeting is scheduled for May 12, 2021

-A list of incidents requiring reporting will be posted in the nursing medication rooms, in the Life Enrichment office and in the Kitchen with a copy provided for the clipboards on the housekeeping carts: April 23, 2021

Nursing team members will be re-educated on abuse reporting requirements, Older Adult Protective Services Act and reportable incidents with the opportunity to ask questions at monthly nursing meetings and as needed. Ancillary departments will be re-educated by May 1st with review of information through in person training and will be ongoing as determined by the QM team. Online training through [REDACTED] will continue.

Nursing team members will be re-educated on abuse reporting requirements and reportable incidents with the opportunity to ask questions at monthly nursing meetings and as needed. Ancillary departments will be re-educated by May 1st with review of information through in person training at least twice a year or as determined by the QM team. Online training through [REDACTED] will continue. [REDACTED] DRC will review the 24 hour report daily to monitor resident behavior.

-Review of the abuse/neglect standard, Older Adult Protective Services Act and reportable incidents will be provided to nursing staff during monthly nursing meetings by [REDACTED] DRC and [REDACTED] PCHA.

-In person training for ancillary departments will be provided by [REDACTED], PCHA by May 1st and will be ongoing as determined by the QM Team.

Completion Date: 04/22/2021

15a - Resident Abuse Report (*continued*)**Document Submission****Implemented***Plan is fully implemented*

## 16c - Written Incident Report

**1. Requirements**

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*The following incidents of resident-to-resident sexual assault, that were perpetrated by Resident #1, were not reported to the Department of Human Services:*

- 2/6/21 - Resident #1 attempted to kiss several [REDACTED] residents and continued to pursue one [REDACTED] resident who told [REDACTED] "No," grabbed [REDACTED] by the wrist, attempted to kiss [REDACTED] again, and would not release [REDACTED] until staff intervened.
- 1/5/21 - Resident #1 entered a [REDACTED] resident's room uninvited, straddled the [REDACTED] resident while [REDACTED] was sitting in a chair, groped [REDACTED] and kissed [REDACTED]
- 12/29/20 - Resident #1 groped a resident's [REDACTED] and demanded that [REDACTED] kiss [REDACTED]. The resident kept saying "No, get away from me, I said no."
- 11/4/20 - Resident #1 asked a [REDACTED] resident for a kiss to which the [REDACTED] resident replied "No." Resident #1 proceeded to kiss the resident and fondle [REDACTED]
- 10/22/20 - Resident #1 was found in a [REDACTED] resident's room and was removed from the room. The [REDACTED] resident was observed to have both [REDACTED] underwear and pants pulled down. Resident #1 was again found in that [REDACTED] resident's room one half hour later.

## 16c - Written Incident Report (continued)

**Plan of Correction****Accept**

The five incidents noted in chart review were documented by one LPN and one Charge RA. Review of the progress notes and re-education about the Older Adult Protective Services Act and reporting requirements for abuse will be reviewed individually with these two team members by April 23rd. All nursing staff will be re-educated on the Abuse and Neglect standard and incidents requiring reporting to DHS and Area Agency on Aging by April 23rd. Education with Life Enrichment, Housekeeping and Dining team members will be completed by May 1st.

- Abuse reporting and prevention will be added as a standing agenda item on monthly nursing meetings.
- Abuse reporting and prevention review will be added to the standing agenda for QM meetings.
- A list of incidents requiring reporting will be posted in the nursing medication rooms, in the Life Enrichment office and in the Kitchen with a copy provided for the clipboards on the housekeeping carts.
  
- Review of progress notes and re-education for LPN and Charge RA entering the notes on the Older Adult Protective Services Act and reporting requirements: [REDACTED] PCHA
- Abuse reporting and prevention will be added as a standing agenda item on monthly nursing meetings: [REDACTED] DRC
- Abuse reporting and prevention review will be added to the standing agenda for QM meetings: [REDACTED] DRC
- A list of incidents requiring reporting will be posted in the nursing medication rooms, in the Life Enrichment office and in the Kitchen with a copy provided for the clipboards on the housekeeping carts: [REDACTED] PCHA
  
- Review of progress notes and re-education for LPN and Charge RA entering the notes on the Older Adult Protective Services Act and reporting requirements: April 23, 2021
- Abuse reporting and prevention will be added as a standing agenda item on monthly nursing meetings: Implemented April 21, 2021 and will be ongoing
- Abuse reporting and prevention review will be added to the standing agenda for QM meetings: The next QM meeting is scheduled for May 12, 2021
- A list of incidents requiring reporting will be posted in the nursing medication rooms, in the Life Enrichment office and in the Kitchen with a copy provided for the clipboards on the housekeeping carts: April 23, 2021

Nursing team members will be re-educated on abuse reporting requirements, Older Adult Protective Services Act and reportable incidents with the opportunity to ask questions at monthly nursing meetings and as needed. Ancillary departments will be re-educated by May 1st with review of information through in person training and will be ongoing as determined by the QM team. Online training through [REDACTED] will continue.

Nursing team members will be re-educated on abuse reporting requirements and reportable incidents with the opportunity to ask questions at monthly nursing meetings and as needed. Ancillary departments will be re-educated by May 1st with review of information through in person training at least twice a year or as determined by the QM team. Online training through [REDACTED] will continue. [REDACTED] DRC will review the 24 hour report daily to monitor resident behavior.

- Review of the abuse/neglect standard, Older Adult Protective Services Act and reportable incidents will be provided to nursing staff during monthly nursing meetings by [REDACTED] DRC and [REDACTED] PCHA.
- In person training for ancillary departments will be provided by [REDACTED] PCHA by May 1st and will be ongoing as determined by the QM Team.

Completion Date: 04/22/2021

16c - Written Incident Report (*continued*)**Document Submission****Implemented***Plan is fully implemented*

## 42b - Abuse

**1. Requirements**

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**

*The following incidents of resident-to-resident sexual assault were perpetrated by Resident #1 and occurred between October 2020 and March 2021:*

- 3/29/21 - Resident #1 pinned Resident #2 against the wall, fondled [REDACTED] with one hand and had [REDACTED] other hand in [REDACTED] pants. Resident #2 yelled, "No, no, help!" to which Resident #1 responded, "You started it, you like it."
- 2/6/21 - Resident #1 attempted to kiss several [REDACTED] residents and continued to pursue one [REDACTED] resident who told [REDACTED] "No," grabbed [REDACTED] by the wrist, attempted to kiss [REDACTED] again, and would not release [REDACTED] until staff intervened.
- 1/5/21 - Resident #1 entered a [REDACTED] resident's room uninvited, straddled the [REDACTED] resident while [REDACTED] was sitting in a chair, groped [REDACTED] and kissed [REDACTED]
- 12/29/20 - Resident #1 groped a resident's [REDACTED] and demanded that [REDACTED] kiss [REDACTED]. The resident kept saying, "No, get away from me, I said no."
- 11/4/20 - Resident #1 asked a [REDACTED] resident for a kiss to which the [REDACTED] resident replied, "No." Resident #1 proceeded to kiss the resident and fondle [REDACTED]
- 10/22/20 - Resident #1 was found in a [REDACTED] resident's room and was removed from the room. The [REDACTED] resident was observed to have both [REDACTED] underwear and pants pulled down. Resident #1 was again found in that [REDACTED] resident's room one half hour later.

42b - Abuse (continued)

Plan of Correction

Accept

One to one supervision was implemented for the offending resident starting the afternoon of April 5, 2021 following DHS exit. The offending resident's routine is to sleep in and come out of [redacted] room around lunchtime so one to one was provided from at least 12pm-8pm with supervision provided additional hours as staffing permitted. Resident's family was given a verbal discharge notice. One to one supervision was provided by the facility until discharge on April 14, 2021.

[redacted] DRC has added resident behaviors to the standing agenda for routine nursing huddles and will be reviewing the 24 hour report to identify behaviors that could potentially be placing other residents at risk for abuse. A behavior monitoring log has been implemented for Resident Assistants to document observed behavior with LPNs and Charge RAs continuing to document in the eMAR.

Nursing huddle agenda: [redacted] DRC  
Review of 24 Hour Report: [redacted] DRC  
Behavior Monitoring Log: [redacted] DRC

Nursing huddle agenda: Already implemented  
Review of 24 Hour Report: Already implemented  
Behavior Monitoring Log: Already implemented

When a behavior that could cause physical or emotional harm to self or other residents has been identified, [redacted] [redacted] DRC and [redacted] PCHA will meet to review the behavior and develop a resident centered plan to ensure the safety of the residents residing in the building. Other departments will be included in the review as applicable and the plan will be reviewed by the QM Team.

When a behavior that could cause physical or emotional harm to self or other residents has been identified, [redacted] [redacted] DRC and [redacted] PCHA will meet to review the behavior and develop a resident centered plan to ensure the safety of the residents residing in the building. Other departments will be included in the review as applicable and the plan will be reviewed by the QM Team.

Reporting of risky behavior will be emphasized at routine nursing huddles and during QM meetings. Training for team members will be conducted based on the particular situation so a customized, person-centered plan can be developed and implemented.

Completion Date: 04/22/2021

Document Submission

Implemented

Plan is fully implemented

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

225c - Additional Assessment (continued)

**Description of Violation**

Resident #1's assessment and RASP, dated 11/18/2020, do not address the sexually aggressive behaviors that have been exhibited towards multiple [REDACTED] residents. The behavioral needs of the RASP indicate that judgment and aggression are "no problem." There are multiple documented incidents of sexual aggression by Resident #1 towards [REDACTED]. In addition, on 4/3/21, fifteen-minute checks were instituted to monitor Resident #1's behavior with the reason listed as "resident to resident assault." The resident's RASP was not updated to reflect the 15-minute checks.

**Plan of Correction**

**Accept**

Re-education for [REDACTED] DRC and [REDACTED] RH Nurse on RASP completion and updates has been completed.

Any change in condition or behavior will be noted on an addendum by [REDACTED] DRC, [REDACTED] PCHA or [REDACTED] RH Nurse based on observed behavior/change in condition or reported behavior/change in behavior.

All team members are responsible for reporting changes in behavior/condition but [REDACTED] DRC, [REDACTED] PCHA and [REDACTED] RH Nurse will be responsible for updating the RASP to reflect the change.

Re-education for [REDACTED] and [REDACTED] on the importance of promptly updating changes on the RASP has already been completed. [REDACTED] has reached out to the Bureau of Human Services Licensing to see if more in depth online or in person training on RASP completion and updates is available.

The RASP will be updated based on information verbally reported or noted in the behavior log or eMAR.

[REDACTED] DRC and [REDACTED] RH Nurse will audit resident RASPs quarterly and bring audit results to the QM Team.

In person training was provided to [REDACTED] DRC and [REDACTED] RH Nurse by [REDACTED] PCHA with additional training being provided to all 3 team members if available.

Completion Date: 04/22/2021

**Document Submission**

**Implemented**

Plan is fully implemented