

Department of Human Services
Bureau of Human Service Licensing

June 27, 2022

[REDACTED], PRESIDENT & CEO

RE: SPIRITRUST LUTHERAN THE
VILLAGE AT LUTHER RIDGE
2735 LUTHER DRIVE
CHAMBERSBURG, PA, 17202
LICENSE/COC#: 35298

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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 LUTHER RIDGE License #: 35298 License Expiration: 09/18/2022
Address: 2735 LUTHER DRIVE, CHAMBERSBURG, PA 17202
County: FRANKLIN Region: CENTRAL

Administrator

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

Legal Entity

Name: SPIRITRUST LUTHERAN
Address: 2735 LUTHER DRIVE, CHAMBERSBURG, PA, 17202
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/17/1993 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 31 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
Reason: Renewal Exit Conference Date: 05/18/2022

Inspection Dates and Department Representative

05/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 Residents Served: 31

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: 31
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

05/18/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/10/2022

06/16/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/30/2022*

06/27/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the white Toyota van does not include antiseptic.

Plan of Correction

Accept

The antiseptic has been replaced in the Toyota van on 05/19/22. Drivers have been re-educated on the importance of a full first aid kit and the importance of replacing first aid supplies if used or expired.

First aid kits located in all agency transport vehicles will be checked using the audit form and restocked by drivers on day shift every month. The drivers will complete the audit tool and forward to the Health Services Manager for review. They will also initial the monthly check form (05/30/22) and forward to the Administrative Assistant to confirm audits are being completed.

Completion Date: 06/02/2022

Document Submission

Implemented

The antiseptic has been replaced in the Toyota van on 05/19/22. Drivers have been re-educated on the importance of a full first aid kit and the importance of replacing first aid supplies if used or expired.

First aid kits located in all agency transport vehicles will be checked using the audit form and restocked by drivers on day shift every month. The drivers will complete the audit tool and forward to the Health Services Manager for review. They will also initial the monthly check form (05/30/22) and forward to the Administrative Assistant to confirm audits are being completed.

185a - Implement Storage Procedures

1. Requirements

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

On 05/18/22 the following glucometer readings for Resident 1 were incorrectly documented in the Medication Administration Record (MAR) as follows:

05/02 7 am glucometer read 128 incorrectly entered as 124

05/04 7 am glucometer read 130 incorrectly entered as 135

05/08 3 pm glucometer read 208 incorrectly entered as 191

05/08 7 pm glucometer read 171 incorrectly entered as 191

05/09 3 pm glucometer read 261 incorrectly entered as 251

05/13 7 am glucometer read 131 incorrectly entered as 130

On 05/18/22 the following glucometer readings for Resident 2 were incorrectly documented in the MAR as follows:

05/03 7:30 am glucometer read 205 incorrectly entered as 203

05/05 7:30 am glucometer read 205 incorrectly entered as 203

05/09 7:30 am glucometer read 194 incorrectly entered as 201

05/11 7:30 am glucometer read 205 incorrectly entered as 207

185a - Implement Storage Procedures (continued)

Repeated Violation - 09/17/19

Plan of Correction**Accept**

Nursing staff were re-educated on the regulation and the importance of proper documentation 06/09/22.

A daily audit will be performed by the 11p-7a nurse on duty on each diabetic resident's MAR to ensure that the documented readings match the glucometer. If there are corrections that need to be made it will be documented as to what actions were taken. This will be done daily through 7/8/2022. The attached audit sheet will be used.

The Health Services Manager will audit both Point Click Care(MAR) documentation and the glucometer readings weekly for 6 weeks through 7/22/2022 to determine continued compliance with the above measures, After the 6 week period the Health Services Manager will audit on a monthly basis. Attached is the form that will be used.

The survey results will also be brought to the Monthly Quality Management meeting for review and further recommendations.

Completion Date: 06/09/2022

Document Submission**Implemented**

Nursing staff were re-educated on the regulation and the importance of proper documentation 06/09/22.

A daily audit will be performed by the 11p-7a nurse on duty on each diabetic resident's MAR to ensure that the documented readings match the glucometer. If there are corrections that need to be made it will be documented as to what actions were taken. This will be done daily through 7/8/2022. The attached audit sheet will be used.

The Health Services Manager will audit both Point Click Care(MAR) documentation and the glucometer readings weekly for 6 weeks through 7/22/2022 to determine continued compliance with the above measures, After the 6 week period the Health Services Manager will audit on a monthly basis. Attached is the form that will be used.

The survey results will also be brought to the Monthly Quality Management meeting for review and further recommendations.