

Department of Human Services  
Bureau of Human Service Licensing

September 27, 2022

[REDACTED]  
SPIRITRUST LUTHERAN  
800 BOLLINGER DRIVE  
SHREWSBURY, PA, 17361

RE: SPIRITRUST LUTHERAN THE  
VILLAGE AT SHREWSBURY  
800 BOLLINGER DRIVE  
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 08/09/2022, 08/10/2022 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 SHREWSBURY License #: 31027 License Expiration: 06/17/2023  
Address: 800 BOLLINGER DRIVE, SHREWSBURY, PA 17361  
County: YORK Region: CENTRAL

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 03/28/2001 Issued By: Department of Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 66 Waking Staff: 50

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Incident Exit Conference Date: 08/10/2022

**Inspection Dates and Department Representative**

08/09/2022 - On-Site [REDACTED]  
08/10/2022 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 68 Residents Served: 58

**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: 58  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 8 Have Physical Disability: 58

**Inspections / Reviews**

**08/09/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/26/2022

Inspections / Reviews (*continued*)

## 08/29/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/06/2022*

## 08/31/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/08/2022*

## 09/26/2022 - Document Submission

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

On [redacted] which resulted in the home reporting an [redacted] concerning Resident 1. On [redacted] the York County Agency Area on Aging was contacted via telephone, however, the Mandatory Abuse Reporting ACT 13 Form was not completed and sent to the Agency Area on Aging for this incident.

Plan of Correction

Accept

The PCHA contacted York AAA on [redacted] and was instructed by the Case Manager that an Act 13 was not necessary in this particular circumstance so one was not completed. It was confirmed by a supervisor at York AAA in writing that the PCHA was instructed that this document wasn't necessary. Effective 8/26/2022 the PCHA will submit the Act 13 document in all cases of alleged [redacted]

Completion Date: 08/30/2022

Document Submission

Implemented

The PCHA contacted York AAA on [redacted] and was instructed by the Case Manager that an Act 13 was not necessary in this particular circumstance so one was not completed. It was confirmed by a supervisor at York AAA in writing that the PCHA was instructed that this document wasn't necessary. Effective 8/26/2022 the PCHA will submit the Act 13 document in all cases of alleged [redacted]

18 - Compliance With Laws

1. Requirements

2600.

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

Description of Violation

On 8/9/22 at approximately 10:47AM, the Carbon Monoxide Alarm observed near the kitchen did not have batteries installed and was otherwise inoperable.

Plan of Correction

Accept

Batteries were installed in the Carbon Monoxide detector by a Maintenance Team Member on 8/9/2022 and the unit was fully operational by 11:15am. The kitchen unit has been added to the Maintenance preventative maintenance checks and Maintenance staff were re-educated about the unit during an in-service held by the Director of Maintenance on 8/11/2022. The unit will also be inspected during weekly Environmental Rounds held every Wednesday morning and attended by the Executive Director, the PCHA, the Director of Maintenance and the Director of Housekeeping and Laundry starting 8/26/2022.

Completion Date: 08/30/2022

Document Submission

Implemented

Batteries were installed in the Carbon Monoxide detector by a Maintenance Team Member on 8/9/2022 and the

18 - Compliance With Laws (continued)

unit was fully operational by 11:15am. The kitchen unit has been added to the Maintenance preventative maintenance checks and Maintenance staff were re-educated about the unit during an in-service held by the Director of Maintenance on 8/11/2022. The unit will also be inspected during weekly Environmental Rounds held every Wednesday morning and attended by the Executive Director, the PCHA, the Director of Maintenance and the Director of Housekeeping and Laundry starting 8/26/2022.

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

On [redacted] Resident 1 was observed with [redacted] and stated to Staff Member A that he/she had been in bed all day. Staff Member A observed a [redacted] by Staff Member A at 5:00 a.m. that morning, indicating that [redacted] had not been provided to Resident 1 for more than 14 hours.

Plan of Correction

Accept

**The two team members involved in the incident in which a resident had not been provided [redacted] for what was suspected to be 14 hours were terminated [redacted] by the PCHA and the Director of Resident Care upon completion of the investigation and the [redacted] by the organization. Nursing team members will be provided with additional education regarding detecting, preventing and reporting [redacted] presented by the PCHA. An audit will be completed of all residents who require [redacted] to ensure needs are accurately reflected in the resident RASPs by 8/26/2022 by the PCHA to ensure expectations are clear. A summary of the education provided to staff and results of the audit will be brought by the PCHA to the quarterly Quality Management Meeting.**

Completion Date: 08/30/2022

Document Submission

Implemented

**The two team members involved in the incident in which a resident had not been provided [redacted] for what was suspected to be 14 hours were [redacted] by the PCHA and the Director of Resident Care upon completion of the investigation and the [redacted] substantiated by the organization. Nursing team members will be provided with additional education regarding detecting, preventing and reporting [redacted] presented by the PCHA. An audit will be completed of all residents who require [redacted] to ensure needs are accurately reflected in the resident RASPs by 8/26/2022 by the PCHA to ensure expectations are clear. A summary of the education provided to staff and results of the audit will be brought by the PCHA to the quarterly Quality Management Meeting.**

125a - Combustible Storage

1. Requirements

2600.

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

125a - Combustible Storage (continued)

Description of Violation

On 8/09/22, at approximately 11:10 AM, plastic tables containing various tools, plastic containers, a canned substance and carboard box were observed leaning against the hot water heater. Additionally, a mattress, as well as other cardboard boxes, and various other combustible items were observed near the hot water heater.

Plan of Correction

Accept

The plastic tables containing the tools, plastic containers, canned substance and cardboard boxes in addition to the mattress and the other combustible materials stored near the water heater in the workshop were removed on 8/9/2022 by a Maintenance Team Member at 3:00pm. Maintenance staff were re-educated on proper storage of combustible and flammable materials and the importance of keeping items away from heat sources and hot water heaters on 8/11/2022 by the Director of Maintenance. A summary of the education provided to staff will be brought to the quarterly Quality Management Meeting by the Director of Maintenance. The workshop will also be inspected during weekly Environmental Rounds starting 8/26/2022 and attended by the Director of Maintenance, and the Director of Housekeeping and Laundry, the Executive Director and the PCHA.

Completion Date: 08/30/2022

Document Submission

Implemented

The plastic tables containing the tools, plastic containers, canned substance and cardboard boxes in addition to the mattress and the other combustible materials stored near the water heater in the workshop were removed on 8/9/2022 by a Maintenance Team Member at 3:00pm. Maintenance staff were re-educated on proper storage of combustible and flammable materials and the importance of keeping items away from heat sources and hot water heaters on 8/11/2022 by the Director of Maintenance. A summary of the education provided to staff will be brought to the quarterly Quality Management Meeting by the Director of Maintenance. The workshop will also be inspected during weekly Environmental Rounds starting 8/26/2022 and attended by the Director of Maintenance, and the Director of Housekeeping and Laundry, the Executive Director and the PCHA.

181f - Record of Medication

1. Requirements

2600.

181.f. The resident’s record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 8/10/22, Resident 2's MAR did not include [redacted] [redacted] However, these medications were found in the resident's room.

On 8/10/22, Resident 2's MAR did not include [redacted]. However, this medication was found in resident's room.

Plan of Correction

Accept

The PCHA was informed of the [redacted] [redacted] being in Resident 2's room during the exit interview on 8/10/2022. At approximately 4:00pm on that date those medications were removed from the resident's room with [redacted] permission with the explanation that a doctor's order was needed and the medications would be returned to [redacted] when the

181f - Record of Medication (continued)

order was received. [redacted] was faxed on 8/10/2022 by the LPN requesting orders for those medications. On 8/12/2022 signed orders were received back by [redacted] and the medications were added to the MAR by Phoebe Pharmacy. The medications were returned to the resident by the CRA. Monthly audits will be completed to review the MAR and medications currently being stored in rooms of residents who self-administer medications by the PCHA starting 9/15/2022. Results of these audits will be shared at the Quarterly Quality Management Meeting by the PCHA.

Completion Date: 08/30/2022

Document Submission Implemented

The PCHA was informed of th [redacted]  
[redacted]  
approximately 4:00pm on that date those medications were removed from the resident's room with [redacted] permission with the explanation that a doctor's order was needed and the medications would be returned [redacted] when the order was received. [redacted] was faxed on 8/10/2022 by the LPN requesting orders for those medications. On 8/12/2022 signed orders were received back by [redacted] and the medications were added to the MAR by Phoebe Pharmacy. The medications were returned to the resident by the CRA. Monthly audits will be completed to review the MAR and medications currently being stored in rooms of residents who self-administer medications by the PCHA starting 9/15/2022. Results of these audits will be shared at the Quarterly Quality Management Meeting by the PCHA.

184b - Resident's Meds Labeled

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 8/10/22 at approximately 12:31 PM, a bottle of value [redacted] was found in the medication cart, but was not labeled with a resident's name.

Plan of Correction Accept

Upon review of where the bottle of [redacted] was found in the medication cart and current MAR review, the resident to whom the medication belonged was identified on 8/10/2022 by the CRA who labeled the medication with the resident's name. Weekly audits of the medication carts will be completed by LPNs and CRAs with an assigned schedule to review certain resident records certain nights of the week starting 9/5/2022. Results of the audits will be shared at the Quarterly Quality Management Meetings by the PCHA.

Completion Date: 08/30/2022

Document Submission Implemented

Upon review of where the bottle of [redacted] was found in the medication cart and current MAR review, the resident to whom the medication belonged was identified on 8/10/2022 by the CRA who labeled the medication with the resident's name. Weekly audits of the medication carts will be completed by LPNs and CRAs with an assigned schedule to review certain resident records certain nights of the week starting 9/5/2022. Results of the audits will be shared at the Quarterly Quality Management Meetings by the PCHA.

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.

185a - Implement Storage Procedures (*continued*)**Description of Violation**

Resident 2 who is prescribed [REDACTED] was not available in the home on 8/10/22.

Resident 3 who is prescribed [REDACTED] was not available in the home on 8/10/22.

Resident 3 who is prescribed [REDACTED] for [REDACTED] was not found available in the home on 8/10/22.

Resident 3 who is prescribed [REDACTED] was not found available in the home.

Resident 4 who is prescribed [REDACTED] er [REDACTED] was not found available in the home on 8/10/22.

Resident 4 who is prescribed [REDACTED] was not found available in the home on 8/10/22.

Resident 4 who is prescribed [REDACTED] was not found available in home on 8/10/22.

[REDACTED], was not found available in the home on 8/10/22.

Resident 5 who is prescribed [REDACTED] was not found available in the home on 8/10/22.

Resident 5 who is prescribed [REDACTED] not found available in the home on 8/10/22.

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

Phoebe Pharmacy was faxed on 8/10/2022 requesting all of the missing medications for Residents 2, 3, 4, and 5 by the CRA and the LPN.

For Resident 2 a fax requesting a script for the [REDACTED] sent on 8/10/2022 by the LPN. A script was sent by [REDACTED] PCP on 8/15/2022 to Humana Pharmacy Mail Delivery by LPN. Upon inspection on 8/17/2022 by the PCHA the [REDACTED] was still not present in [REDACTED] ([REDACTED]). A follow up phone call was made to [REDACTED] pharmacy on 8/19/2022 by the PCHA and the medication was shipped on that date. Based on pharmacy staff predictions the medication will arrive 8/25/2022.

For Resident 3 the [REDACTED] were received by the facility from Phoebe

185a - Implement Storage Procedures (continued)

Pharmacy on 8/11/2022 by the LPN. The [redacted] was received 8/18/2022 from Phoebe Pharmacy by the LPN.

For Resident 4 [redacted] were all requested 8/10/2022 by the LPN. The [redacted] were received on 8/11/2022 from Phoebe Pharmacy by the LPN. According to Phoebe Pharmacy, the [redacted] is on back order. A fax was sent on 8/17/2022 by the CRA requesting consideration for the medication to be discontinued since [redacted] has not needed it for over a year. It was discontinued on [redacted].

For Resident 5 [redacted] was requested on 8/10/2022 by the LPN from Phoebe Pharmacy but still not in the building as of 8/17/2022 upon inspection by the PCHA. Phoebe Pharmacy was contacted again on 8/17/2022 regarding the missing medication by the PCHA. It was reported by Phoebe Pharmacy that the resident's PCP was contacted because [redacted] should not be on 2 different doses of Acetaminophen PRN and it was clarified that only the [redacted] should be ordered. [redacted] MAR accurately reflects this change entered by Phoebe Pharmacy and the correct dose was delivered 8/17/2022 from Phoebe Pharmacy and accepted by the LPN. Weekly audits will be conducted for PRN medications by LPNs and CRAs with an assigned schedule to reviewed certain resident records certain nights of the week starting 9/5/2022. Monthly audits will be completed for all residents who self-administer by the PCHA starting 9/15/2022 and the results of both of these audits will be shared at the quarterly Quality Management Meeting by the PCHA.

Completion Date: 08/30/2022

Document Submission

Implemented

Phoebe Pharmacy was faxed on 8/10/2022 requesting all of the missing medications for Residents 2, 3, 4, and 5 by the CRA and the LPN.

For Resident 2 a fax requesting a script for the [redacted] was sent on 8/10/2022 by the LPN. A script was sent [redacted] PCP on 8/15/2022 to Humana Pharmacy Mail Delivery by LPN. Upon inspection on 8/17/2022 by the PCHA the [redacted] was still not present in [redacted]). A follow up phone call was made to [redacted] pharmacy on 8/19/2022 by the PCHA and the medication was shipped on that date. Based on pharmacy staff predictions the medication will arrive 8/25/2022.

For Resident 3 the [redacted] were received by the facility from Phoebe Pharmacy on 8/11/2022 by the LPN. The [redacted] was received 8/18/2022 from Phoebe Pharmacy by the LPN.

For Resident 4 the [redacted] were all requested 8/10/2022 by the LPN. [redacted] were received on 8/11/2022 from Phoebe Pharmacy by the LPN. According to Phoebe Pharmacy, the [redacted] on back order. A fax was sent on 8/17/2022 by the CRA requesting consideration for the medication to be discontinued [redacted] has not needed it for over a year. It was discontinued on [redacted].

For Resident 5 [redacted] was requested on 8/10/2022 by the LPN from Phoebe Pharmacy but still not in the building as of 8/17/2022 upon inspection by the PCHA. Phoebe Pharmacy was contacted again on 8/17/2022 regarding the missing medication by the PCHA. It was reported by Phoebe Pharmacy that the resident's PCP was contacted because [redacted] should not be on 2 different doses of [redacted] and it was clarified that only the [redacted] should be ordered. [redacted] MAR accurately reflects this change entered by Phoebe Pharmacy and the correct dose was delivered 8/17/2022 from Phoebe Pharmacy and accepted by the LPN. Weekly audits will be conducted for PRN medications by LPNs and CRAs with an assigned schedule to reviewed certain resident records certain nights of the week starting 9/5/2022. Monthly audits will be completed for all residents who self-administer by the PCHA starting 9/15/2022 and the results of both of these audits will be shared

185a - Implement Storage Procedures (continued)

at the quarterly Quality Management Meeting by the PCHA.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for Resident 6, who was admitted to the home on [REDACTED].

Plan of Correction

Accept

The RASP missing for Resident 6 who was admitted on [REDACTED] was completed [REDACTED] by the Director of Resident Care and signed on [REDACTED]. Resident chart audits are currently ongoing and completed by the Administrative Assistant with needed corrections addressed by the PCHA. New admission files are not currently filed until all DHS required documentation is present in the file. Ownership of RASP completion is being shifted from the Director of Resident Care to the PCHA effective 8/23/2022 until Director of Resident Care's replacement is hired and trained. The Administrative Assistant will send a calendar reminder for the due date of the RASP upon admission as a back-up reminder. Resident chart audits will continue to be ongoing with results shared at the Quarterly Quality Management Meeting by the PCHA.

Completion Date: 08/30/2022

Document Submission

Implemented

The RASP missing for Resident 6 who was admitted on [REDACTED] was completed on [REDACTED] by the Director of Resident Care and signed on [REDACTED]. Resident chart audits are currently ongoing and completed by the Administrative Assistant with needed corrections addressed by the PCHA. New admission files are not currently filed until all DHS required documentation is present in the file. Ownership of RASP completion is being shifted from the Director of Resident Care to the PCHA effective 8/23/2022 until Director of Resident Care's replacement is hired and trained. The Administrative Assistant will send a calendar reminder for the due date of the RASP upon admission as a back-up reminder. Resident chart audits will continue to be ongoing with results shared at the Quarterly Quality Management Meeting by the PCHA.