

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

March 24, 2023

[REDACTED]

RE: SPIRITRUST LUTHERAN THE
VILLAGE AT UTZ TERRACE
2100 UTZ TERRACE
HANOVER, PA, 17331
LICENSE/COC#: 32285

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/14/2023, 02/15/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SPIRITRUST LUTHERAN THE VILLAGE AT UTZ TERRACE License #: 32285 License Expiration: 10/07/2023
Address: 2100 UTZ TERRACE, HANOVER, PA 17331
County: YORK Region: CENTRAL

Administrator

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

Legal Entity

Name: SPIRITRUST LUTHERAN
Address: 1050 PENNSYLVANIA AVENUE, YORK, PA, 17404
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/22/2007 Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 40 Waking Staff: 30

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 02/15/2023

Inspection Dates and Department Representative

02/14/2023 - On-Site: [REDACTED]
02/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 46		Residents Served: 39	
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: 39	
Diagnosed with Mental Illness: 20		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 1		Have Physical Disability: 0	

Inspections / Reviews

02/14/2023 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/03/2023

Inspections / Reviews (*continued*)

03/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/13/2023

03/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/04/2023

03/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video monitoring and recording of the front exterior entrance and the front interior lobby; however, residents are not informed upon admission that this area is subject to video recording and signs are not posted in this area indicating that images are being recorded.

Plan of Correction**Accept (CR - 03/13/2023)**

- Personal Care Home Administrator posted signage at the front entrance to the building on 2/16/2023 which reads "NOTICE for the safety of our residents, staff, and visitors, this entrance is under 24-hour video surveillance."
- Vice president of communication and public relations developed a letter to inform all of the current residents of the video surveillance on 2/17.
- Personal Care Home Administrator obtained a signature on the disclosure of video letter and placed in all current resident's file by 2/24/2023.
- Vice President of Sales and Marketing is in the process of revising the current PC resident handbook to include video surveillance disclosure. Handbook update to be finalized by 3/31/2023. Any admissions before handbook update finalized will receive letter to sign on day of admission.
- Director of Sales and Marketing will review updated handbook with new residents upon admission. Handbook updated and will be included in admission process beginning 3/7/2023.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (CR - 03/24/2023)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 was observed to have an enabler device on his/her bed with an opening of approximately 12 inches. On 2/15/2023, a cover was not present on the bed enabler which poses an entrapment hazard.

Plan of Correction**Accept (CR - 03/06/2023)**

- Personal Care Home Administrator placed a pillowcase on resident # 1's enabler bar on 2/15/2023.
- Personal Care Home Administrator explained the risks associated with using the enabler bar to resident #1 on 2/15/2023.
- Personal Care Home Administrator placed order for enabler bar covers on 2/22/2023.
- Personal Care Home Administrator educated all Direct Care Staff on 2/23/2023 to the need for enabler bars to be covered at all times.
- Resident Assistant performed initial audit on 2/24/23 on all additional enabler bar devices and half rails to ensure they are covered.
- Personal Care Home Administrator updated /PCC for the weekly enabler bar checks to include ensuring they are

81b - Resident Personal Equipment (continued)

covered and will be started on 3/1/2023.

-STL Clinical Excellence Team will develop an enabler bar policy that will include the approval of use by medical professional, the need for the device to be covered, maintenance involvement for measuring openings at time of application, and weekly audits for placement and covering by direct care staff. Policy to be in place by 3/31/2023.

-STL Clinical Excellence Team will develop a safety device evaluation to ensure all necessary requirements are met before the enabler device goes into place by 3/31/2023.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (CR - 03/24/2023)

171b5 - First Aid Kit**3. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 2/15/2023 at approximately 1:15 PM, the first aid kit in the Subaru Forester, used to transport residents, did not include a thermometer.

Plan of Correction

Accept (CR - 03/13/2023)

-Personal Care Home Administrator placed a thermometer in the Subaru Forester on 2/15/23 at 8am.

-Driver performed an audit on all additional company vehicles to ensure all mandated items were present by end of day 2/24/2023. The Ford Taurus was found to not have a thermometer and it was placed in the first aid kit 2/24/2023.

-Transportation Secretary developed a check of list which lists all mandated items that must be included in the first aid kit with a signature required sign off monthly for first aid kit compliance on 2/20/2023 and the check off list has been signed for all vehicles as of 2/24/2023.

-All drivers will be educated by the Transportation Secretary on the new audit process and the mandated items in the first aid kit and to report procedures for missing or expired items. Education to be complete by 3/10/2023.

-Transport Secretary will audit the sign-off sheets quarterly and report all non-compliance to Personal Care Home Administrator immediately. Audits began 2/24/2023.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (CR - 03/24/2023)

185a - Implement Storage Procedures**4. 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

Resident #2 is prescribed Polyethylene Glycol-1 cap twice a day as needed for constipation.

On 2/15/2023, this medication was not available in the home.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept (CR - 03/06/2023)**

- LPN ordered resident #2's polyethylene glycol from Masonic pharmacy on 2/15/2023.
- Resident # 2's polyethylene glycol was received at the facility by LPN on 2/15/2023 at 4:30pm.
- LPN did audit on 2/16/23 of all other resident PRN medications to ensure available for administration. Missing PRN meds ordered 2/16/23.
- Personal Care Home Administrator educated all direct care staff on the regulations regarding accessibility of medications on 2/23/2023.
- Night shift LPN audit form updated 2/24/2023 to include ensuring all PRN medications are available to dispense.
- Beginning the week of 3/1/2023 the weekly cart audits will be completed by nightshift LPN or designee.

Licensee's Proposed Overall Completion Date: 02/24/2023

Implemented (CR - 03/24/2023)

188b - Medication Error Reporting

6. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #3 is prescribed Sodium Chloride Tab 1 GM - 1 tab by mouth every other day for Hyponatremia. However, Resident #3 did not receive this medication as scheduled on 2/9/2023. The medication error was not reported to the prescriber or the resident's designated person as of 2/15/2023.

Plan of Correction**Accept (CR - 03/07/2023)**

Medication was not given on 2/5/23 not 2/9/23.

- LPN updated the provider via fax and the POA via phone on 2/24/2023 that sodium chloride had not been administered on 2/5/2023.
- Personal Care Home Administrator reported the medication error to Department of Human Services via fax on 2/24/2023.
- Personal Care Home Administrator educated charge resident assistants and LPNs on 2/23/2023 to the medication administration regulations and the necessary requirements when a medication is not given as ordered.
- Personal Care Home Administrator will monitor eMAR weekly beginning on 3/2/2023 to ensure that any missed medication doses are being reported to POA, MD and DHS. This task has been added to PCHA outlook calendar.
- Clinical Excellence Team reviewed medication administration standards and the following revisions were added on 2/27/23: " If a medication is not available, staff will notify the pharmacy provider immediately. Notify resident and/or resident representative and provider if a missed dose would occur."

Licensee's Proposed Overall Completion Date: 03/02/2023

Implemented (CR - 03/24/2023)

227d - Support Plan Medical/Dental

7. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for Resident #1, dated [REDACTED], does not indicate a medical need for the use of the resident's bilateral half-length bed rails or a plan to protect the resident from the potential dangers of the bed rails.

Plan of Correction**Accept (CR - 03/06/2023)**

- LPN faxed Resident #1 PCP to request discontinue order for use of hospital bed and bilateral half-rails due to resident no longer using on 2/16/2023.
- LPN did complete audit of Personal Care Residence to identify all enabler bars and half rails on 2/16/23.
- Personal Care Home Administrator performed audit of care plans for all additional residents with enabler bar to ensure all RASPs include use of device on 2/16/2023.
- Personal Care Home Administrator will do monthly audits on all bed devices to ensure that RASP include use of device. Placed on outlook calendar to begin 3/15/23.
- Direct Care Staff were educated on 2/23/23 on support plan requirements which include any resident change in status that would necessitate a need for a device on their bed. Education included alerting PCHA or designee of need for support plan to be updated.
- Clinical Excellence RN will provide education to PCHA and designees that develop support plans to all requirements of the support plan which include resident's use of enabler bar by 2/28/23.

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented (CR - 03/24/2023)