

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

April 11, 2024

[REDACTED], EXECUTIVE DIRECTOR
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 02/21/2024 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 SHREWSBURY License #: 31027 License Expiration: 06/17/2024

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

County: YORK

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: SPIRITRUST LUTHERAN

Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 03/28/2001

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 59

Waking Staff: 44

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 02/21/2024

Inspection Dates and Department Representative

02/21/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 68

Residents Served: 50

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 50

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 9

Have Physical Disability: 1

Inspections / Reviews

02/21/2024 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/10/2024

03/18/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/25/2024

Inspections / Reviews *(continued)*

04/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/11/2024

04/11/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 02/21/2024 at 9:20AM, the refrigerator located in the Freedom Hall's kitchenette measured at 50 degrees Fahrenheit. The refrigerator's temperature was measured again at 4:05PM, and the temperature measured at 45 degrees Fahrenheit.

Plan of Correction

Accept ([redacted]) - 04/04/2024)

The fridge was inspected on 2/21/2024 and was found to be on the coldest setting. The daily temperature log for February was reviewed and all temperatures reviewed were in compliance. The thermometer for the fridge was replaced by the Director of Environmental Services on 2/22/2024 and all temperatures recorded since replacement have been in compliance. Fridge temperatures will continue to be monitored by Housekeeping staff. Housekeeping staff will be educated by the Personal Care Home Administrator on regulation 2600.103(f) by 3/25/2024.

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented ([redacted]) - 04/11/2024)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on [redacted]. However, the resident's previous medical evaluation was completed on [redacted].

Resident 2's most recent medical evaluation was completed on [redacted]. However, the resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Accept ([redacted]) - 04/04/2024)

Currently the HSM uses the dates a DME was locked in Point Click Care (eMAR) to track when DMEs are due. On one of the DMEs outside of compliance, the date the form was completed was used as reference instead of the date of the actual evaluation. An audit of all resident files was conducted on 3/1/2024 by the Health Services Manager to verify dates documented in PCC are correct and reflect the date of evaluation. The other DME outside of compliance was due to the doctor's office not sending the completed paperwork back signed as requested. Starting March 1,2024 if DME paperwork is not signed and returned by a doctor's office and attempts to get the document signed and returned by fax are not successful, the Health Services Manager will go to the office in person to have the documents signed. The Health Services Manager was educated by the Personal Care Home Administrator on this new policy on 3/1/2024.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented ([redacted]) - 04/11/2024)

161d - Dietary Needs

3. Requirements

161d Dietary Needs (continued)

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident 3 is reported to have an active mechanical soft diet per speech therapy's recommendations. However, there no order for a mechanical soft diet by a physician, physician's assistant, certified registered nurse practitioner or dietitian.

Plan of Correction

Accept () - 04/04/2024

The RASP for the resident who is currently on a mechanical soft diet was updated on [redacted] by the Health Services Manager. Starting March 1, 2024, a monthly RASP audit will be completed by the Health Services Manager to ensure diets are accurately documented on resident RASPs. The Health Services Manager was educated on updating resident RASPs as soon as a diet changes by the Personal Care Home Administrator on 3/19/2024.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented () - 04/11/2024

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 4 receives blood sugar monitoring every morning. On [redacted], the blood sugar reading documented in the resident's medication administration record (MAR) was [redacted] however, the resident's glucometer had a reading of [redacted]

Plan of Correction

Accept () - 04/04/2024

The blood sugar documented incorrectly on [redacted] was corrected immediately by the Med Tech on duty after being discovered on [redacted]. A daily audit will be completed by nursing staff verifying blood sugar documentation in Point Click Care matches the reading in the glucometer. A tab was added to the eMAR on March 4, 2024 requiring the nightshift LPN or Med Tech to review blood sugar entries for that day and sign off on review daily. If a discrepancy is found in the review the team member conducting the review will notify the Health Services manager. An education will be provided to all Med Techs by the Health Services Manager about regulation 2600.185a with a focus on documenting blood sugars accurately on the MAR by 3/27/2024.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented () - 04/11/2024

187b Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 3 is prescribed [redacted] and [redacted]. Resident 3's [redacted] medication on [redacted] was reported to have been administered but administration records do not include the initials of the staff person who administered medication.

187b Date/Time of Medication Admin. (continued)

Plan of Correction

Accept [REDACTED] - 04/04/2024)

Based on reporting from the LPN on duty on 2/11/2024 it was determined that the medication was administered but not signed off in the MAR. The LPN on duty was an agency nurse and was re educated on how to accurately document medication administration in PCC on 2/29/2024 by the Personal Care Home Administrator. Starting March 25, 2024 a bi weekly audit will be conducted by the Health Services Manager to ensure documentation on resident MARs is accurate. The audit will be completed for 90 days.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented [REDACTED] - 04/11/2024)

254a - Records Discharge/Active

6. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 02/21/2024 at 9:29AM, a red folder containing resident information, care plans and care plan schedules for Resident 5 was unlocked, unattended, and accessible in the sunroom of Freedom Hall.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

The folder containing resident information was immediately removed from the Freedom Way Lounge once found on 2/21/2024 and given to the PCHA for storage. The folder was left by a private duty caregiver contracted with the POA for a resident living on that hall. The owner of the home care agency through which the caregiver is contracted was notified of the incident by the Personal Care Home Administrator on 2/23/2024. Private duty caregivers contracted were educated by the Personal Care Home Administrator on SpiriTrust Lutheran's HIPAA policies by 3/4/2024.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented [REDACTED] - 04/11/2024)