

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

August 19, 2024

PAMELA CONRAD , EXECUTIVE DIRECDTOR
SPIRITRUST LUTHERAN
750 KELLY DRIVE
YORK, PA, 17404

RE: SPIRITRUST LUTHERAN THE
VILLAGE AT KELLY DRIVE
750 KELLY DRIVE
YORK, PA, 17404
LICENSE/COC#: 35064

Dear [REDACTED] ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/17/2024, 07/18/2024 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 KELLY DRIVE License #: 35064 License Expiration: 06/16/2025
 Address: 750 KELLY DRIVE, YORK, PA 17404
 County: YORK Region: CENTRAL

Administrator

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

Legal Entity

Name: SPIRITRUST LUTHERAN
 Address: 750 KELLY DRIVE, YORK, PA, 17404
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/23/1995 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 51 Waking Staff: 38

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal Exit Conference Date: 07/18/2024

Inspection Dates and Department Representative

07/17/2024 - On-Site: [REDACTED]

07/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 Residents Served: 51

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: 51
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

07/17/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/01/2024

08/06/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/19/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/13/2024

Inspections / Reviews *(continued)*

08/13/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/20/2024

08/19/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 7/17/24, the window in the shower room located on the second floor Applewood neighborhood contained multiple cracks in the second layer windowpane.

Plan of Correction

Accept (█) - 08/13/2024)

Inspector reviewed this concern with Executive Director and Director of Facilities, on July 17, 2024. The exterior glass from the double-pane window was removed during the morning of July 17, 2024, by the Director of Facilities. It was confirmed that the interior window pane remains in place and intact. Photo of the window, indicating removal of the exterior glass, was presented to the inspector, on July 17, 2024, for review/confirmation of correction being acceptable, and was acknowledged as such.

A capital request, for replacement of this window, was submitted on July 25, 2024, to our corporate office, and was approved on July 26, 2024. Our Facilities Director placed an order, for the window, on Monday, July 29, 2024. Delivery of the window, from the manufacturer, is expected in four to six weeks, and installation will then be scheduled.

The monthly audit form was edited to include checking condition of window(s) and screen(s). These audits will be completed monthly ongoing by a member of our Facilities Team, beginning July 30, 2024, and reviewed during our Quality Management meetings. Any repair/replacement will be completed as indicated.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented (█) - 08/19/2024)

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/18/24, a bottle of Milk of Magnesia (PRN) prescribed for Resident 2 was in the home's medication cart; however, this medication was discontinued on 2/12/24.

Plan of Correction

Accept (█) - 08/13/2024)

July 18, 2024 / Inspector reviewed these findings with the nurses on duty and the Executive Director. Medication listed above was discarded on July 18, 2024, by nurse on duty, during time of inspection.

Direct Care Staff were made aware of these findings and review of this regulation was provided, by Executive Director, on July 30, 2024.

Medication cart audit has been revised and will resume monthly completion, beginning in August 2024, by the nightshift LPN. The audit is to be completed and returned to the Executive Director, by the 20th of each month.

183d - Prescription Current (continued)

This audit will then be reviewed at our Quality Management meetings ongoing.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented (█) - 08/19/2024)

185a - Implement Storage Procedures**3. 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 is prescribed Chloro septic lozenges as needed. On 7/18/24 this medication was not available in the home.

On 7/18/24, the following discrepancies between the blood sugar readings in Resident 2's glucometer and Resident 2's medication administration record (MAR) were observed:

On 7/1/24 at 7:30am, the resident's MAR had a blood sugar reading of 147 documented. However, there was no reading in the resident's glucometer.

On 7/19/24 at 7:00pm, the resident's MAR had a blood sugar reading of 125. However, the resident's glucometer had a reading of 130.

Repeated Violation - 10/18/22, et al

Plan of Correction

Accept (█) - 08/13/2024)

July 18, 2024 / Inspector reviewed these findings with the nurses on duty and the Executive Director. Since resident has not used medication in more than two months, nurse on duty sent request, on July 18, 2024, to have medication discontinued by PCP. Order to discontinue medication was received and noted on July 26, 2024.

Direct Care Staff were made aware of these findings and review of this regulation was provided, by Executive Director, on July 30, 2024.

Medication cart audit has been revised and will resume monthly completion, beginning in August 2024, by the nightshift LPN. The audit is to be completed and returned to the Executive Director, by the 20th of each month. This audit will then be reviewed at our Quality Management meetings ongoing.

All blood sugar readings, from previous day, are to be reviewed by LPN nightly, to assure reading on glucometer is the same as what was documented on eMAR, in PCC. This has been added to the eMAR, in Point Click Care (PCC), for each resident receiving blood sugar monitoring. If there are any corrections that need to be made it will be documented as to what actions were taken.

Health Services Manager / Executive Director will audit PCC documentation and glucometer documentation weekly for a four week period through August 29, 2024 to review compliance with the above measures. Following that time, the Health Services Manager / Executive Director will spot-check for compliance, on a monthly basis., for a six month period. This will be reviewed during our Quality Management meeting.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented () - 08/19/2024

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.

Description of Violation

Resident 3 is prescribed Acetaminophen (500mg) with orders to take 2 tablets twice a day as needed. However, Resident's 3 medication administration record (MAR) indicates the strength of this medication as 325mg.

Plan of Correction

Accept () - 08/13/2024

July 18, 2024 / Inspector reviewed these findings with the nurses on duty and the Executive Director. On July 18, 2024, nurse on duty sent request to have this PRN order reviewed and clarified, by PCP. Order clarification order was received and noted on July 23, 2024.

Direct Care Staff were made aware of these findings and review of this regulation was provided., by Executive Director, on July 30, 2024.

Medication cart audit has been revised and will resume monthly completion, beginning in August 2024, by the nightshift LPN. The audit is to be completed and returned to the Executive Director, by the 20th of each month. This audit will then be reviewed at our Quality Management meetings ongoing.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented () - 08/19/2024

254a - Records Discharge/Active

5. 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 7/17/24, the records for Resident 1 were unlocked, unattended, and accessible outside resident room 274.

Plan of Correction

Accept () - 08/13/2024

July 18, 2024 / Inspector reviewed these findings with the nurses on duty and the Executive Director. Immediately, the nurse on duty removed the envelope, containing information prepared to accompany resident to a medical appointment that morning. The envelope of information was then given directly to the resident to take to appointment.

Direct Care Staff were made aware of these findings and review of this regulation and Record Access Standard was provided, by Executive Director, on July 30, 2024. Education also included the correct process for handling

254a - Records Discharge/Active (continued)

prepared paperwork for resident appointments. No further issues have been noted, since this instance. Executive Director completed walk-through on July 30, 2024, and August 6, 2024. Health Services Manager / Executive Director will continue to oversee and continue to complete weekly walk-throughs, to assure compliance is maintained, to prevent future violations, relating to confidentiality of resident information.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented (█) - 08/19/2024