

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

September 11, 2024

[REDACTED], ADMINISTRATOR
SPIRITRUST LUTHERAN
[REDACTED]
[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 08/22/2024 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SPIRITRUST LUTHERAN THE VILLAGE AT UTZ TERRACE License #: 32285 License Expiration: 10/07/2024

Address: 2100 UTZ TERRACE, HANOVER, PA 17331

County: YORK

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: SPIRITRUST LUTHERAN

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 02/22/2007

Issued By: Dept. Labor & 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: 08/22/2024

Inspection Dates and Department Representative

08/22/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 46

Residents Served: 40

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 40

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

08/22/2024 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/06/2024

09/09/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/10/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/19/2024

Inspections / Reviews *(continued)*

09/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/10/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 8/22/24 at approximately 10:04am the Carbon Monoxide Alarm required for the boiler room which has 3 gas boilers, and 2 gas water heaters was not observed nearby or otherwise installed within appropriate distance of these units.

Plan of Correction

Accept () - 09/09/2024)

-On 8/22/24, (), Buildings and Grounds supervisor replaced the carbon monoxide alarm in the boiler room. See attached picture

-On 9/5/2024, () relocated the CM alarm to an outlet that is used less frequently and placed a sign near the carbon monoxide alarm in the boiler room that states, "The carbon monoxide alarm must remain plugged in at all times." See attached picture

-On 9/4/24, PCHA/Buildings and Grounds supervisor developed an education regarding the necessity and requirements for the carbon monoxide alarm. All applicable staff will be educated by 9/11/2024.

-Buildings and Grounds Supervisor will add carbon monoxide alarm monitoring to quarterly audits. Next to be completed October 2024.

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented () - 09/11/2024)

85e - Trash Outside Home

3. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/22/2024 at approximately 11:10am, the dumpster outside the home located down the stairs across from the dining room was observed overflowing with trash.

Plan of Correction

Accept () - 09/09/2024)

-On 8/22/24, dumpster lid was closed following knowledge of violation.

-On 9/4/2024 PCHA/B&G supervisor developed education related to regulation 85e and all applicable employees will be educated and sign off on training by 9/11/2024

-B&G supervisor placed signs on dumpsters stating, "Dumpster lids must remain closed when not in use." See picture

-PCHA and B&G supervisor will periodically check for compliance and re-educate as needed.

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented () - 09/11/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident#3 is prescribed Insulin Lispro 100 Unit/ML Inject 0-10 Units Sub-Q Before Meals and at bedtime. Per SSI (Call MD if BS>400).

On 02/10/24, Resident #3's blood sugar measured at 183 and 2 Units of Lispro Insulin was required, to be administered however the resident was administered 10 Units.

On 08/05/24 at 12:00p, Resident #3's blood sugar measured at 226 and was required to be administered 4 Units of Lispro Insulin, however the medication was not administered.

Resident #3's blood sugar is required to be measured before meals and at bedtime daily, however the resident's blood sugar was not measured on 08/06/24 at 8:00am and 12:00pm.

Resident #4 is prescribed Mirtazapine 30mg, 1 tablet by Mouth Every Evening. The resident was not administered the medication on 6/17/2024.

Plan of Correction

Accept (█) - 09/09/2024)

-The events on 2/10/24 and 6/17/2024 were medication administration errors that occurred and were reported per DHS criteria and per STLs standard (see attached). With each medication error, a formal investigation is conducted by PCHA to determine why the error occurred and what measures can be put into place to prevent the error from reoccurring. Each LPN/Med tech that has a medication error is re-educated to proper medication administration procedures by the PCHA. Medication administration standards are reviewed annually at staff meetings. The event that occurred on 8/5/24 was a documentation error. PCHA will re-educate all staff on proper administration and documentation procedures by 9/11/24.

-PCHA conducts eMAR audits weekly on Thursdays to ensure all medications on the eMAR are completed (administered and signed off on the eMAR). Audits will be ongoing.

-All LPN and med techs check the medication carts following each shift to ensure all appropriate meds have to administered.

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented (█) - 09/11/2024)