

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

April 8, 2025

[REDACTED], EXECUTIVE DIRECTOR  
SPIRITRUST LUTHERAN  
2735 LUTHER DRIVE  
CHAMBERSBURG, PA, 17202

RE: SPIRITRUST LUTHERAN THE  
VILLAGE AT LUTHER RIDGE  
2735 LUTHER DRIVE  
CHAMBERSBURG, PA, 17202  
LICENSE/COC#: 35298

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

Name: SPIRITRUST LUTHERAN THE VILLAGE AT LUTHER RIDGE License #: 35298 License Expiration: 09/18/2025  
 Address: 2735 LUTHER DRIVE, CHAMBERSBURG, PA 17202  
 County: FRANKLIN Region: CENTRAL

## Administrator

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

## Legal Entity

Name: SPIRITRUST LUTHERAN  
 Address: 2735 LUTHER DRIVE, CHAMBERSBURG, PA, 17202  
 Phone: 7172645700 Email: MFROWN FELTER@SPIRITRUSTLUTHERAN.ORG

## Certificate(s) of Occupancy

Type: C-2 LP Date: 09/07/1993 Issued By: Department of Labor and Industry

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 32 Waking Staff: 24

## Inspection Information

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 10/22/2024

## Inspection Dates and Department Representative

10/22/2024 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 36 Residents Served: 30

## 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: 30  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 2 Have Physical Disability: 0

## Inspections / Reviews

## 10/22/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/07/2024

Inspections / Reviews (*continued*)

## 11/06/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/05/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/13/2024

## 04/08/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/07/2024  
Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

## 04/08/2025 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 04/08/2025  
Reviewer: [REDACTED] Follow-Up Type: Not Required

## 65f - Training Topics

### 1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
5. Personal care service needs of the resident.
6. Safe management techniques.

### Description of Violation

*Direct Care Staff Member A did not receive training in the following topics during training year 2023:*

- 1. Instruction on Meeting the Needs (DME & RASP)
- 5. Personal care service needs of the resident
- 6. Safe management technique.

### Plan of Correction

Accept (█) - 11/08/2024)

*These topics are on our annual training plan every year. We will put a quarterly audit into place to make sure all team members have documented training on all topics on the educational plan. The audit will be completed by the PCHA and human resources. The audits will begin on 12/16/24*

**Licensee's Proposed Overall Completion Date: 12/16/2024**

Implemented (█) - 04/08/2025)

## 65g - Annual Training Content

### 2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

### Description of Violation

*Staff Member A did not receive training in the following topics during training year 2022 to 2023.*

- 3. Resident Rights
- 4. Older Adult Protective Services Act (OAPSA)

### Plan of Correction

Accept (█) - 11/08/2024)

*These topics are on our annual training plan every year. We will put a quarterly audit into place to make sure all team members have documented training on all topics on the educational plan. The audit will be completed by the PCHA and human resources. The audits will begin on 12/16/24*

**Licensee's Proposed Overall Completion Date: 12/16/2024**

Implemented (█) - 04/08/2025)

## 89b - Hot Water Temperature

**3. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation***On 10/22/24 hot water temperatures exceeded 120 degrees Fahrenheit as follows:*

- *A Wing Common Bathroom 122.6° Fahrenheit*
- *Resident Bedroom #3 Pam Anspach 123.0° Fahrenheit*
- *B Wing Common Bathroom across from the chapel 125.7° Fahrenheit*

**Plan of Correction****Accept (█ - 11/08/2024)**

*The boiler temperature was adjusted, turned down, on 10/22/24. Water temperatures are currently monitored weekly. We will move to checking them daily. The Buildings and Grounds supervisor will be responsible for checking 3 different rooms and logging water temperatures daily. The daily audits began on 11/1/24*

**Licensee's Proposed Overall Completion Date: 11/07/2024****Implemented (█ - 04/08/2025)**

## 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 #1's Glucometer was cross-referenced with the MAR resulting in the following*

- *On 10/04/24 the glucometer shows a reading of 128 at 4:23pm. However, the MAR shows a reading of 193.*

**Plan of Correction****Accept (█ - 11/08/2024)**

*At the end of each shift, the charge nurse will be responsible for cross referencing the glucometer readings with the MAR documentation and will sign off that this cross reference has been completed. This signing off process will start on 11/11/24*

**Licensee's Proposed Overall Completion Date: 11/11/2024****Implemented (█ - 04/08/2025)**

## 187d - Follow Prescriber's Orders

**5. Requirements**

2600.

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

**Description of Violation**

*Resident #1 is prescribed Accuchecks before meals for diabetes. The resident is also prescribed Humalog 100 Units/ML Kwikpen Inject 6 Units Sub-Q 3 Times a Day W/Meals. \*\*Use 8 Units for Pre-Meal Sugar >200.\*\**

187d - Follow Prescriber's Orders (continued)

On 10/15/24, the glucometer and MAR were cross-referenced and there was no reading in the glucometer found for this date, the MAR shows "NA" for the 07:30am blood sugar reading. The Humalog 100 Units/ML Kwikpen was not otherwise administered.

Plan of Correction

Accept ( ) - 11/08/2024

The resident had their libre fall off that morning, therefore the reading was not taken at that time. Staff have been will be re-educated on 11/7/24. All residents that have a Libre will have a backup regular glucometer to test sugar levels if the libre device is not working. The PCHA will monitor this monthly starting 11/11/24

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

Implemented ( ) - 04/08/2025

224a - Preadmission Screen Form

6. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated ( ) does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ( ) - 11/08/2024

All pre-adminision screening forms will be reviewed by the PCHA beginning 11/11/24 and then The Executive Director within 48 hours to insure accuracy. If form is not complete it will be returned to the person completing immediatley for correction.

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

Implemented ( ) - 04/08/2025

227d - Support Plan Medical/Dental

7. Requirements

2600.

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

Resident #1's Medical Assessment dated ( ) states the resident's mobility needs are Moderate and requires moderate physical or oral assistance to evacuate in an emergency. The resident's assessment and support plan dated ( ) states the resident's Mobility needs are Minimal requiring limited physical or oral assistance to evacuate in an emergency.

**227d - Support Plan Medical/Dental (continued)**

On 10/22/24, Resident #2's bed was observed with a mobility device securely installed and covered. The assessment for resident #2 dated [REDACTED], does not indicate the resident has a need for the mobility device. The resident's support plan dated [REDACTED] does not document how this need will be met.

On 10/22/24, Resident #3's bed was observed with a mobility device securely installed and covered. The assessment and support plan for resident #3 dated [REDACTED] does not indicate the resident has a need for the mobility device, nor document how this need will be met.

**Plan of Correction****Accept ( [REDACTED] - 11/08/2024)**

We have a policy standard for bedrails/enabler. The PCHA will be responsible for training staff on this standard bi-annually starting 11/18/24. Starting 11/19/24 If the resident or family requests a bed enabler, the charge nurse on duty will request the prescription for the use of a bed enabler from the resident's PCP. Once received, charge nurse or Physical Therapy will do an evaluation for safe use of the device. The charge nurse will get a signed informed consent from the resident or their representative. The PCHA will be responsible to update the support plan. The PCHA will also responsible for reviewing the support plan quarterly starting starting 12/1/24. The Buildings and Grounds supervisor will be responsible for weekly verification and documentation of bar placement and covering -currently already happening and to be continued.

Licensee's Proposed Overall Completion Date: 11/18/2024

**Implemented ( [REDACTED] - 04/08/2025)**