



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **SPIRITRUST LUTHERAN**  
LEGAL ENTITY

To operate **SPIRITRUST LUTHERAN THE VILLAGE AT SHREWSBURY**  
NAME OF FACILITY OR AGENCY

Located at **PERSONAL CARE RESIDENCE, 800 BOLLINGER DRIVE, SHREWSBURY, PA 17361**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **68**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 21,** **2025** until **November 21,** **2025**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **310271**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: MAY 21, 2025

SpiriTrust Lutheran  
800 Bollinger Drive  
Shrewsbury, Pennsylvania 17361

RE: SpiriTrust Lutheran The Village at  
Shrewsbury  
800 Bollinger Drive  
Shrewsbury, Pennsylvania 17361  
License/COC #: 310270

Dear SpiriTrust Lutheran

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on 1/22/2025, 1/23/2025, and 4/3/2025, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 20 (relating to Licensure or Approval of Facilities and Agencies), the Department hereby REFUSES TO RENEW your certificate of compliance (license number 310270) dated June 17, 2024 to June 17, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to <62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 21, 2025 to November 21, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Forum Place, 6<sup>th</sup> Floor  
PO Box 2675  
Harrisburg, Pennsylvania 17105-2675  
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

*Juliet Marsala*

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc: [REDACTED]  
[REDACTED]

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

**Facility Information**

Name: SPIRITRUST LUTHERAN THE VILLAGE AT SHREWSBURY License #: 31027 License Expiration: 06/17/2025  
Address: 800 BOLLINGER DRIVE, PERSONAL CARE RESIDENCE, SHREWSBURY, PA 17361  
County: YORK Region: CENTRAL

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: SPIRITRUST LUTHERAN  
Address: 800 BOLLINGER DRIVE, SHREWSBURY, PA, 17361  
Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 03/28/2001 Issued By: Labor & Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 49 Waking Staff: 37

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 01/23/2025

**Inspection Dates and Department Representative**

01/22/2025 - On-Site: [REDACTED]  
01/23/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 68 Residents Served: 42

**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: 42  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 7 Have Physical Disability: 0

**Inspections / Reviews**

**01/22/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/14/2025

02/12/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/18/2025

02/18/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 03/07/2025

04/24/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2025

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 1/22/25, at 9:38 AM, an agent of the Department, requested access to Resident #1's, Resident #2's, Resident #3's, and Resident #4's records to include: the two most recent resident assessment and support plans, documented medical evaluations, preadmission screenings, medication administration records, demographic information, and resident-home contract. These resident records were requested again at 10:30 AM, 11:24 AM and 11:55 AM. Resident #1's, Resident #2's and Resident #3's requested records were not produced until 11:57 AM, and Resident #4's record was not produced until 12:20 PM by Staff Member A.

Plan of Correction

Accept [REDACTED] (02/18/2025)

The Personal Care Home Administrator was re-educated on regulation 2600.5a on 2/13/2025 by the Executive Director. An audit of all resident files will be completed by February 17th by the Personal Care Home Administrator to ensure all files are complete and available for immediate access to Agents of the Department. Starting March 1st, a monthly audit of resident files will be completed by the Personal Care Home Administrator.

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented [REDACTED] - 04/22/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #4 was prescribed anoro ellipta inhalation aerosol, inhale 1 puff orally one time a day for emphysema related unilateral pulmonary emphysema. The medication was not administered on 1/4/25 or 1/5/25 as the medication wasn't available in the home. The medication error was not reported to the Department.

Plan of Correction

Accept [REDACTED] - 02/18/2025)

The LPN working 1/4/2025 and 1/5/2025 was re-educated by the Personal Care Home Administrator on regulation 2600.16.c on 1/28/2025. In the education it was reviewed that if a medication is not administered to a resident as ordered it is a medication error and needs to be reported to the Personal Care Home Administrator so it can be reported to the department and that organizational policy protocol should also be followed regarding notification of the error to the resident, [REDACTED] and primary care provider. All med techs and LPNs will be re-educated on 2600.16c by the Personal Care Home Administrator on 2/18/2025. A reportable incident document for this error was submitted

16c - Written Incident Report (continued)

to the Department by the Personal Care Home Administrator on 2/12/2025. Starting 3/1/2025 a monthly MAR review will be completed by the Personal Care Home Administrator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/01/2025

Not Implemented [redacted] - 04/22/2025)

17 - Record Confidentiality

3. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 1/22/25, at 10:08 AM, resident-specific narcotic medication/medical information for current residents was unlocked, accessible, and unattended in the orchard view narcotic logbook, sitting on top of the orchard view medication cart.

Plan of Correction

Accept [redacted] - 02/18/2025)

Upon discovery of the narcotic medication log book being unlocked and unattended on the Orchard View medication cart on 1/22/2025 it was locked in the cart by The LPN working on that cart. [redacted] was re-educated on regulation 2600.17 by the Personal Care Home Administrator on 1/22/2025. All med techs and LPNs will be re-educated by the Personal Care Home Administrator on 2600.17 on 2/18/2025. To ensure ongoing compliance, the Personal Care Home Administrator or Executive Director will complete rounds Monday through Friday by noon of both carts to verify the narcotic log book is locked. These rounds will start 2/17/2025.

Licensee's Proposed Overall Completion Date: 02/18/2025

Not Implemented [redacted] - 04/22/2025)

100b - Removal Snow/Obstructions

4. Requirements

2600.

- 100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1/22/25 at 10:04 AM, there was approximately a 1/2 inch of snow and ice accumulated on the deck adjacent to the dining room. The deck was located directly off an egress door, marked as an exit for evacuation.

Plan of Correction

Accept [redacted] - 02/18/2025)

The snow accumulated on the deck was removed on 1/22/2025. Maintenance staff were re-educated by the Director of Maintenance on regulation 100b and organizational protocol to ensure all egress doors are free from

100b - Removal Snow/Obstructions (continued)

obstruction on 2-5-2025. Starting 2/19/2025, the exit door will be checked during weekly Environmental Rounds on Wednesdays and after any snowfall by the Director of Maintenance.

Licensee's Proposed Overall Completion Date: 02/19/2025

Implemented [redacted] - 04/22/2025)

181c - Self-administration Assessment

6. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

On 1/23/25 at 10:24 AM, Absorbine, Jr. and Therawork for muscle cramps was observed sitting on Resident #1's nightstand. Resident stated they self-administer the medications for muscle aches. The resident has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

On 1/23/25, Resident #2 reports self-administering medications as needed to include halls lozenges and pepto bismol; however, Resident #2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept [redacted] 02/12/2025)

On 1/24/2025 the Therawork for muscle cramps and Absorbine Jr. were removed from Resident #1's room by the [redacted]. An order for the resident to be able to self administer the Therawork was obtained on 1/29/2025. On 1/24/2025 the Halls lozenges and Pepto Bismol were removed from Resident #2's room by the Health Services Manager. A letter was sent to residents and family members from the Personal Care Home Administrator on 2/7/2025 requesting that if over the counter items are needed, to inform nursing staff so orders can be obtained prior to purchasing those items. An audit of all resident rooms will be completed by the Personal Care Home Administrator monthly starting 2/5/2025.

Licensee's Proposed Overall Completion Date: 02/10/2025

Not Implemented [redacted] - 04/22/2025)

182b - Prescription Medication

7. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

182b - Prescription Medication (continued)

Description of Violation

On 1/5/25, at 7:59 AM, Staff Member C, an unlicensed direct care staff member, administered Trulicity to Resident #1 and on 1/12/25, at 7:36 AM, Staff Member C administered Ozempic to Resident #6.

On 1/12/25 at 11:35 AM, and on 1/19/25 at 11:36 AM, Staff Member D, an unlicensed direct care staff member, administered Trulicity to Resident #1.

The home does not have a waiver for an unlicensed direct care staff member to administer the GLP agonist medications subcutaneously. .

Plan of Correction

Accept [redacted] - 02/18/2025)

Staff member C and Staff member D were re-educated by the Personal Care Home Administrator on regulation 2600.182b and on what medications could and could not be administered by unlicensed direct care staff on 1/24/2025. All med techs and LPNs will be re-educated on 2/18/2025. The Trulicity for Resident #1 and Ozempic for Resident #6 were labeled with instructions for only LPNs to administer on 2/6/2025 by the Personal Care Home Administrator. To ensure ongoing compliance, any LPN or med tech receiving Ozempic, Trulicity or any other GLP1 medication will need to label the box "LPN only to administer" starting 2/19/2025. They will be educated by the Personal Care Home Administrator of this new process on 2/18/2025. A weekly audit of these medications will be completed by the Personal Care Home Administrator to verify labeling occurred starting 2/24/2025.

Licensee's Proposed Overall Completion Date: 02/24/2025

Implemented [redacted] - 04/22/2025)

183b - Meds and Syringes Locked

8. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #2 is not assessed to self-administer medications per [redacted] DME, dated 2/8/24. However, on 1/23/25 at 9:48 AM and again at 11:30 AM, the following medications were unlocked and accessible to Resident #2 in their bedroom and bathroom:

- 9:48 AM in resident's bathroom- Triamcinolone cream and clotrimazole cream.
- 11:30 AM in resident's dresser drawer- 2 bottles of Pepto Bismol, Triamcinolone cream, and a bag of Halls lozenges.

Resident #4 is not assessed to self-administer medications per [redacted] DME, dated 11/14/24. However, on 1/23/25 at 9:52 AM, Acetaminophen Pain Reliever and Thera tears were observed unlocked and accessible on the resident's bathroom sink.

Plan of Correction

Accept [redacted] - 02/18/2025)

On 1/24/2025 the Triamcinolone cream, Clotrimazole cream Pepto Bismol and Halls lozenges were removed from Resident #2's room by the [redacted] Manager. On 1/24/2025 the Acetaminophen and Thera Tears were removed from Resident #4's room by the [redacted] Manager. Self-administration orders from [redacted] PCP for the Thera Tears are pending. A letter was sent to residents and family members on 2/7/2025 requesting that if over the

**183b - Meds and Syringes Locked (continued)**

counter items are needed, to inform nursing staff so orders can be obtained prior to purchasing those items. An audit of all resident rooms will be completed by the Personal Care Home Administrator monthly starting 2/5/2025. All staff will be educated by the Personal Care Home Administrator on 2600.183b and the self administration requirements by 2/28/2025.

Licensee's Proposed Overall Completion Date: 02/28/2025

Not Implemented [REDACTED] - 04/22/2025)

**183d - Prescription Current****9. 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 1/23/25, nystatin powder prescribed to Resident #2 was in the home's orchard way medication cart; however, the medication was discontinued on 1/9/25.

On 1/23/25, at 11:30 AM, triamcinolone cream prescribed to Resident #2 was observed in a dresser drawer in their bedroom; however, per resident and staff report, the medication is not currently prescribed to the resident. The resident's current, January 2025 medication administration record does not include current physician's orders for triamcinolone cream.

**Plan of Correction**

Accept [REDACTED] 02/18/2025)

On 1/24/2025 the Nystatin powder was removed from the Orchard View medication cart by the [REDACTED] Manager. Starting 2/24/2025, LPNs and med techs will complete a daily audit of the medication carts for 2 assigned residents per cart per shift. On 1/24/2025 the Triamcinolone cream was removed from Resident #2's room by the [REDACTED] Manager. An audit of all resident rooms will be completed by the Personal Care Home Administrator starting 2/5/2025. All LPNs and med techs will be educated on 2600.183d by the Personal Care Home Administrator on 2/18/2025.

Licensee's Proposed Overall Completion Date: 02/18/2025

Implemented [REDACTED] - 04/22/2025)

**183e - Storing Medications****10. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

On 1/23/25, at 12:47 PM, a bottle of rosuvastatin 20mg, tablets for Resident #1 was observed in the freedom way medication cart. However, the medication label indicated to use by 1/1/25.

**183e - Storing Medications (continued)**

On 1/23/25, at 9:46 AM, Resident #6's Ozempic medication pen was not labeled with the date it was opened. According to manufacturer's instructions, once opened keep at room temperature for 56 days.

On 1/23/25, at 10:22 AM, Resident #4's manufacturer's instructions for their anoro ellipta inhaler reads, discard 6 weeks after opening the tray or when the counter reads "0." The medication was opened and in use but not dated for the date it was opened.

**Plan of Correction**

Accept [REDACTED] - 02/18/2025)

The bottle of Rosuvastatin 20mg tablets for Resident #1 was disposed of by the [REDACTED] Manager on 1/23/2025. On 1/24/2025 the Ozempic pen for Resident #6 was labeled with the date opened by the LPN who opened it. On 1/24/2025 the Anoro Ellipta Inhaler for Resident #4 was disposed of by the [REDACTED] Manager because the date it was opened could not be determined. A new inhaler was opened and dated for 1/24/2025 by the Health Services Manager but was then discarded on 1/29/2025 because it was discontinued by her PCP. Starting 2/24/2025, LPNs and med techs will complete a daily audit of the medication carts for 2 assigned residents per cart per shift. All med techs and LPNs will be educated on proper storage of medications per manufacturer's instructions by the Personal Care Home Administrator on 2/18/2025.

Licensee's Proposed Overall Completion Date: 02/24/2025

Not Implemented [REDACTED] - 04/22/2025)

**184a - Resident's Meds Labeled****11. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

On 1/23/25 at 9:46 AM, Resident #6's Ozempic medication injectable pen located in the orchard way medication cart, was not labeled with the resident's name.

On 1/23/25 at 9:51 AM, Resident #7's Lantus Solostar insulin pen located in the orchard way medication cart, was not labeled with the resident's name.

On 1/23/25, at 9:51 AM, a single-dose lidocaine pain relief patch was in the bottom drawer of the orchard way medication cart and was not labeled with the following: the resident's name, the prescribed dosage and instructions for administration, and the name and title of the prescriber.

On 1/23/25, Resident #4's polyethylene glycol medication label read, take 17gm by mouth as needed. However, as of 11/12/24, Resident #4 was prescribed polyethylene glycol daily.

184a - Resident's Meds Labeled (continued)

On 1/23/25, Resident #4's albuterol sulfate inhalation aerosol solution medication label reads, administer 2 puffs every 4 hours as needed for wheezing or shortness of breath. However, as of 11/12/24, Resident #4 is prescribed albuterol sulfate inhalation aerosol solution, 2 puffs orally every 6 hours as needed for shortness of breath.

Resident #1 is prescribed omeprazole dr 20mg, take 1 capsule by mouth every morning. However, on 1/23/25, the medication label read, take 1 capsule by mouth twice a day before meals.

On 1/23/25 at approximately 1:50 PM, the home had three different medication labels on warfarin 5mg medication containers/pill packets for Resident #1, in the freedom way medication cart. In January 2025, Resident #1 was prescribed warfarin 2.5mg on Sundays, and 5mg Monday through Saturday. However, the following orders were observed on medication labels:

- warfarin 5mg, take 5mg daily 12/21/24, 12/23/24, 12/24/24, 12/25/24, 12/26/24, 12/27/24.
- warfarin 5mg, take 1 tablet by mouth in the evening on Monday, Tuesday, Thursday, Friday, Saturday.
- warfarin 5mg, take 1 tablet daily as directed.

Plan of Correction

Accept [REDACTED] - 02/18/2025)

On 1/24/2025 Resident #6's Ozempic medication was labeled with his name by the Personal Care Home Administrator. On 1/24/2025 Resident #7's Lantus Solostar insulin pen was labeled with [REDACTED] name by the med tech working dayshift that day. On 1/23/2025 the single dose Lidocaine pain relief patch was disposed of by the [REDACTED] h [REDACTED] Manager. On 1/24/2025 a change of directions sticker was placed on Resident #4's Polyethylne Glycol medication by the [REDACTED] Manager. On 1/24/2025 a change of directions sticker was placed on Resident #4's Albuterol Sulfate Inhalation Aerosol Solution by the [REDACTED] Manager. However, on 1/29/2025 a new order was obtained for 2 puffs orally every 4 hours as needed and may self administer. On 1/24/2025 a change of direction sticker was placed on Resident #1's Omprazole Dr 20mg by the [REDACTED] Manager. On 1/24/2025 the bottles of Warfarin for Resident #1 were disposed of and a change of direction sticker placed on all blister cards. Starting 2/24/2025, LPNs and med techs will complete a daily audit of the medication carts for 2 assigned residents per cart per shift. All LPNs and med techs will be educated on 2600.184a by the Personal Care Home Administrator on 2/18/2025.

Licensee's Proposed Overall Completion Date: 02/24/2025

Implemented ([REDACTED] - 04/22/2025)

184b - Labeling OTC/CAM

12. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 1/23/25 at 10:25 AM, Resident #4's OTC bottle of aspirin 81mg, located in the orchard way medication cart, was not labeled with the resident's name.

On 1/23/25, at 10:45 AM, Resident #4's memantine hydrochloride OTC bottle, located in the orchard way medication cart, was not labeled with the resident's name.

184b - Labeling OTC/CAM (continued)

On 1/23/25, a bottle of OTC Zyrtec belonging to Resident #1 was in the freedom way medication cart and was not labeled with the resident's name.

Plan of Correction

Accept ( ) - 02/18/2025

On 1/24/2025 Resident #4's OTC Aspirin 81mg and Memantin Hydrochloride OTC were labeled with name by the Manager. On 1/24/2025 Resident #1's OTC bottle of Zyrtec was labeled with name by the Manager but that medication was used up and now the pharmacy label matches the order. Starting 2/24/2025, LPNs and med techs will complete a daily audit of the medication carts for 2 assigned residents per cart per shift. All med techs and LPNs will be educated on 2600.184b by the Personal Care Home Administrator on 2/18/2025.

Licensee's Proposed Overall Completion Date: 02/24/2025

Implemented ( ) - 04/22/2025

185a - Implement Storage Procedures

13. 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

On 1/23/25, Resident #1's glucometer was not calibrated to the correct time. Per staff interview, the time was calibrated on the resident's glucometer right before the audit, to now indicate the current time of day. Resident #1's blood glucose levels obtained was inconsistent with their glucometer and Medication Administration Record (MAR) for all of January 2025. For example, the following discrepancies were observed:

| BS on MAR | time    | date    | BS in Glucometer | time    | date    |
|-----------|---------|---------|------------------|---------|---------|
| 219       | 11:47am | 1/23/25 | 219              | 12:38PM | 1/23/25 |
| 314       | 7:48am  | 1/23/25 | 314              | 8:40am  | 1/23/25 |
| 140       | 9:05pm  | 1/22/25 | 140              | 9:39pm  | 1/22/25 |
| 158       | 4:35pm  | 1/22/25 | 158              | 5:26pm  | 1/22/25 |

Additionally, readings were observed in the Resident #1's glucometer for 1/20/25 and 1/18/25 that were not documented on the resident's January 2025 MAR. The following was in the glucometer, and not documented on the MAR:

| BS  | time    | date    |
|-----|---------|---------|
| 188 | 5:26pm  | 1/20/25 |
| 270 | 12:26pm | 1/20/25 |
| 156 | 9:40pm  | 1/18/25 |

Plan of Correction

Accept ( ) - 02/12/2025

On 1/23/2024 Resident #1's glucometer was calibrated to the correct time by the dayshift med tech. An audit of the other glucometer for the Freedom Way cart was completed and that glucometer was also calibrated by the dayshift

185a - Implement Storage Procedures (continued)

med tech. Daily glucometer checks will be completed by the LPN and/or med tech on duty starting 2/24/2025. On 2/6/2025 the readings for 1/20/2025 and 1/18/2025 that were not documented in the MAR were added by the Personal Care Home Administrator. On 2/18/2025 LPNs and Med Techs will be educated on regulation 2600.185a and the necessity to enter all readings obtained into the MAR by the Personal Care Home Administrator.

Licensee's Proposed Overall Completion Date: 02/24/2025

Implemented ( ) - 04/22/2025

187a - Medication Record

14. Requirements

2600.

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

- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #4's caltrate+D 600mg-800iu soft chews pharmacy label included special instructions: take with food or meals, separate from iron by 2 hours. The special instructions were not included on the resident's January 2025 medication administration record.

Resident #2's January 2025 medication administration record did not include the reason or diagnosis for prescribing and administering refresh tears twice daily.

Plan of Correction

Accept ( ) - 02/18/2025

After a conversation with Pharmscript Pharmacy, it was determined that the special directions for Resident #4's Caltrate +D soft chews to take with food or meals were in the MAR but the Personal Care Home Administrator assisting with the cart inspection did not know how to access them. They are in a box in the MAR that needs to be clicked on to view. On 2/18/2025 all LPNs and Med Techs will be educated on where the special instructions entered by pharmacy are located and how they can also enter directions in when confirming an order to have them show up in a more easily visible place by the Personal Care Home Administrator. On 2/4/2025 a reason for prescribing and administering Refresh Tears was entered into Resident #2's MAR by the Personal Care Home Administrator. An audit for all resident MARs will be completed by the Personal Care Home Administrator and Executive Director to ensure they contain the information required in 2600.187a by 3/3/2025. All LPNs and med techs will be educated on 2600.187a by the Personal Care Home Administrator on 2/18/2025. Monthly audits of all resident MARs will be completed by the Personal Care Home Administrator starting 4/1/2025.

Licensee's Proposed Overall Completion Date: 03/03/2025

Implemented ( ) 04/22/2025

187d - Follow Prescriber's Orders

15. Requirements

2600.

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

Description of Violation

Resident #2 was prescribed furosemide 20mg, give 1 tablet by mouth 2 times a day (8am/2pm) for congestive heart

**187d - Follow Prescriber's Orders (continued)**

failure. On the following occasions, the home failed to administer furosemide to Resident #2 within one hour before, or after, 8AM and 2PM:

- 1/23/25 administered at 11:44 AM.
- 1/22/25 administered at 11:54 AM.
- 1/21/25 administered at 12:02 PM.
- 1/20/25 administered at 12:18 PM and 9:36 AM.
- 1/19/25 administered at 11:40 AM.
- 1/18/25 administered at 11:35 AM.
- 1/17/25 administered at 12:17 PM and 9:17 AM.
- 1/16/25 administered at 12:23 PM.
- 1/15/25 administered at 12:07 PM.
- 1/14/25 administered at 12:50 PM.
- 1/13/25 administered at 11:36 AM.
- 1/12/25 administered at 11:31 AM.

Resident #4 was prescribed melatonin, take 1 tablet by mouth at bedtime as needed. However, the home assigned the medication to be administered daily, in the home's electronic medication administration system. Thus, resulting in the resident being administered the medication daily and not as needed.

Resident #4 was prescribed anoror ellipta inhalation aerosol, inhale 1 puff orally one time a day for emphysema related unilateral pulmonary emphysema. The medication was not administered on 1/4/25 or 1/5/25 as the medication was not available in the home.

**Plan of Correction**

Accept ( [REDACTED] - 02/18/2025)

On 1/24/2025 it was clarified by Resident #2's primary care doctor that the administration times for [REDACTED] Furosemide 20mg were not due to clinical necessity but for packaging purposes when the building used a different pharmacy that pillow packed medications instead of using blister cards. It was the understanding of the Personal Care Home Administrator that the order had been changed at that time. However, upon review on 2/6/2025 it was discovered a new order was never received so a new order was requested on 2/6/2025 for Furosemide BID. On 2/18/2025 LPNs and Med Techs will be educated by the Personal Care Home Administrator that if a PCP requests a specific time for a medication to be administered, to follow up for clarification and assign those times in the MAR if applicable. The Melatonin prescribed for Resident #4 was discontinued by her primary care provider on 1/28/2025. All LPNs and Med Techs will be re-educated on 2/18/2025 by the Personal Care Home Administrator on the new order checklist to ensure errors in order entry are caught immediately. On 2/6/2025 a new order was obtained for Resident #4 for Acetaminophen 325mg PRN for mild pain or fever greater than 101. Staff Member E was re-educated by the Personal Care Home Administrator on administering medications as ordered with parameters on 1/27/2025. All LPNs and Med Techs will be re-educated on 2/18/2025 by the Personal Care Home Administrator on the new order checklist and be instructed to ask for clarification from doctor's if an error in order parameters is suspected. The Ellpta Inhalation Aerosol not administered to Resident #4 on 1/4/2025 and 1/5/2025 because it was not available in the building arrived and was administered on 1/6/2025. All LPNs and Med Techs will be re-educated on 2/18/2025 by the Personal Care Home Administrator on the medication ordering process to ensure medications are delivered from pharmacy prior to running out. Ongoing compliance will be maintained by a new medication ordering

187d - Follow Prescriber's Orders (continued)

process to be followed by all med techs and LPNs. They will be educated on the new process by the Personal Care Home Administrator on 2/18/2025. Weekly audits of medication orders to pharmacy will be completed by the Personal Care Home Administrator starting 2/24/2025. A monthly audit of resident MARs will be completed by the Personal Care Home Administrator starting 4/1/2025 after a full audit of all MARs is completed by 3/3/2025.

Licensee's Proposed Overall Completion Date: 03/03/2025

Not Implemented [redacted] - 04/22/2025)

190b - Insulin Injections

16. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff Member B has not completed a Department-approved diabetes patient education program within the past 12 months. However, Staff Member B administered insulin to Resident #1 on the following days:

- insulin glargine-yfqn 100u/ml at 7:30am on 1/13/25 and 1/16/25.
- Insulin lispro 100u/ml kwikpen at 7:30am and 12pm on 1/13/25, 12pm and 4pm on 1/15/25, and 7:30am, 12pm, and 4pm on 1/16/25

Plan of Correction

Accept [redacted] - 02/18/2025)

Staff Member B administered the insulin for Resident #1 on 1/13/2025, 1/15/2025 and 1/16/2025 under the supervision of Staff Member F as the Diabetic trainer. Staff Member F was re-educated that no unlicensed staff can administer insulin until completing the Department approved Diabetes patient education program even under supervision on 1/22/2025 during the exit survey for that day. Staff Member B was re-educated by the Personal Care Home Administrator on 1/22/2025 that [redacted] is unable to administer insulin injections until completing a Department approved Diabetes patient education program. An audit of all med tech records to verify completion of the Department approved diabetes patient education program within the last 12 months will be completed by the Personal Care Home Administrator by 2/17/2025. Ongoing compliance will be ensured by quarterly audit of med tech records by the med tech trainer starting 5/1/2025.

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented [redacted] - 04/22/2025)

224a - Preadmission Screen Form

17. Requirements

2600.

224a - Preadmission Screen Form (continued)

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 #4's preadmission screening, dated [REDACTED]/24, did not include a determination that the needs of the resident could be met by the services provided by the home.

Plan of Correction

Accept [REDACTED] - 02/12/2025)

The pre-admission screening for Resident #4 was fixed to reflect the determination that needs of the resident could be met by services provided in the home by the Health Services Manager on 1/24/2025. Starting 2/3/2025 all pre-admission screenings will be completed by the Personal Care Home Administrator or the Executive Director. A monthly audit of resident files will be completed by the Personal Care Home Administrator starting 3/1/2025 to ensure accuracy of existing documents.

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented [REDACTED] 04/22/2025)

225a - Assessment 15 Days

18. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's current assessment, dated [REDACTED] 4, indicated Resident #1 requires minimal supervision but did not include a description of the supervision needs or a plan to meet the resident's supervision needs.

Plan of Correction

Accept [REDACTED] - 02/12/2025)

The assessment dated for [REDACTED] 2024 for Resident #1 was corrected by the Health Services Manager on 1/24/2025. Starting 2/3/2025 all RASPs will be completed by the Personal Care Home Administrator or the Executive Director. A monthly audit of resident files will be completed by the Personal Care Home Administrator starting 3/1/2025 to ensure accuracy of existing documents.

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented [REDACTED] - 04/22/2025)

227e - Self Administer Medication

19. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident #1's medical evaluation, dated [REDACTED]/24, indicated the resident can self-administer medications with assistance. However, Resident #1's assessment and support plan, dated 5/9/24, indicated the resident cannot self-administer medications and nursing staff will administer the medications to the resident.

Plan of Correction

Accept [REDACTED] - 02/12/2025)

A new DME for Resident #1 was completed [REDACTED]/2025 to reflect that she cannot self-administer her medications.

227e - Self Administer Medication (continued)

Starting 3/1/2025, all DMEs will be reviewed by the Personal Care Home Administrator. Starting 2/3/2025 all RASPs will be completed by the Personal Care Home Administrator or the Executive Director. A monthly audit of resident files will be completed by the Personal Care Home Administrator starting 3/1/2025 to ensure accuracy of existing documents.

Licensee's Proposed Overall Completion Date: 03/01/2025

Not Implemented [REDACTED] - 04/22/2025)

227g -Support Plan Signatures

20. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's [REDACTED] 4 resident assessment and support plan (RASP) was not signed by the assessor.

Plan of Correction

Accept [REDACTED] - 02/12/2025)

On 1/24/2025 the RASP for Resident #4 was signed by the assessor. Starting 2/3/2025 all RASPs will be completed by the Personal Care Home Administrator or the Executive Director. A monthly audit of resident files will be completed by the Personal Care Home Administrator starting 3/1/2025 to ensure accuracy of existing documents.

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented [REDACTED] - 04/22/2025)