

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

June 4, 2025

[REDACTED]
SPIRITRUST LUTHERAN
[REDACTED]
[REDACTED]

RE: SPIRITRUST LUTHERAN THE
VILLAGE AT SHREWSBURY
800 BOLLINGER DRIVE
PERSONAL CARE RESIDENCE
SHREWSBURY, PA, 17361
LICENSE/COC#: 31027

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/03/2025 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: 06/17/2025

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]

Phone: [REDACTED]

Email: [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: 45

Waking Staff: 34

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Interim

Exit Conference Date: 04/03/2025

Inspection Dates and Department Representative

04/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 68

Residents Served: 39

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: 39

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 6

Have Physical Disability: 0

Inspections / Reviews

04/03/2025 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/02/2025

05/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/08/2025

Inspections / Reviews *(continued)*

05/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/26/2025

06/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. 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

On [redacted] at 6:30 PM, staff member A was displaying concerning behavior in the home such as, putting hand sanitizer in [redacted] hair, and making comments to residents that were reported as making them uncomfortable. Nursing staff contacted campus security to have [redacted] escorted out of the building. The front doors to the personal care building were locked to ensure resident safety after [redacted] exited to the vestibule and the PA State Police responded to the incident. This incident was not reported to the Department until [redacted]

Plan of Correction

Accept [redacted] 05/07/2025)

The Personal Care Home Administrator was re-educated on regulation 2600.16c by the Executive director on 4/22/2025. All Security staff will be re-educated on regulation 2600.16c by the Personal Care Home Administrator by 5/10/2025. To ensure ongoing compliance, starting 5/12/2025 the Director of Maintenance, Executive Director and Personal Care Home Administrator will connect Monday mornings to review if any reportable incidents occurred over the weekend (Directed) Documentation of the Monday morning reviews will be kept by the home and available for review by the Department-CR. Any team member not reporting an incident at the time it occurs to the PCHA will receive disciplinary action.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented [redacted] - 06/04/2025)

17 - Record Confidentiality

2. 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 [redacted] at 9:59 AM, resident [redacted]s acetaminophen medication label from their 30-day medication supply packet was lying on the freedom way medication cart, unattended, unlocked, and accessible.

Plan of Correction

Accept [redacted] - 05/07/2025)

The acetaminophen medication label was removed from the top of the medication cart and secured inside the medication cart upon discovery on 4/3/2025 by the LPN on duty for the Freedom Way medication cart. The LPN responsible for the cart that day was re-educated on regulation 2600.17 on 4/24/2025 by the Personal Care Home Administrator. Rounds are currently being completed by the Executive Director and Personal Care Administrator as part of the plan of correction submitted on 2/10/2025 Monday-Friday. Looking for medication labels has been added to these rounds starting 4/22/2025. All team members will be educated on regulation 2600.17 by the

17 - Record Confidentiality (continued)

Personal Care Home Administrator by 5/23/2025.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented (████ - 06/04/2025)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

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

Description of Violation

Resident █████ most recent medical evaluation was completed on █████. The resident's previous medical evaluation was completed on █████

Plan of Correction

Accept (████ - 05/08/2025)

Starting 2/3/2025 all RASPs and DMEs are being tracked by the Executive Director or Personal Care Home Administrator. An audit of all current resident DMEs will be completed by the Personal Care Home Administrator or Executive Director by 5/23/2025. If any DMEs are found to be late, the Executive Director or Personal Care Home Administrator will ensure a new DME is completed and note the date it will be completed in the audit. Education will be provided to the Personal Care Home Administrator by the Executive Director by 5/10/2025. Monthly chart audits will be completed by the Personal Care Home Administrator starting 6/1/2025.

Licensee's Proposed Overall Completion Date: 05/25/2025

Implemented (████ 06/04/2025)

181c - Self-administration Assessment

4. 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

Resident █████ self-administers medications to include █████ to their neck; however, 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.

Plan of Correction

Accept (████ - 05/08/2025)

On █████ the █████ was removed from Resident █████ room by the Personal Care Home Administrator and placed in the nursing med cart for nursing staff to administer. All residents will be educated on regulation 2600.181c by a letter written by the Personal Care Home Administrator by 5/10/2025. A basic overview of regulation 2600.181c was provided to residents by the Personal Care Home Administrator during

181c - Self-administration Assessment (continued)

the Resident Council Meeting held on 5/1/2025 and the regulation will be reviewed again in detail at the June Resident Council Meeting scheduled 6/5/2025. All team members will be educated on regulation 2600.181c by 5/23/2025. Monthly room audits will be completed by the Executive Director or Personal Care Home Administrator starting 5/5/2025. The rooms of all current residents will be audited monthly. Current census is 42.

Licensee's Proposed Overall Completion Date: 05/25/2025

Implemented [redacted] - 06/04/2025)

182c - Medication Administration

5. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

Per staff member B, the home's Administrator, staff dispense medications into a medication cup and leave at bedside for resident [redacted] to take when [redacted] wakes up. Resident # [redacted] assessment and support plan, dated [redacted], indicates resident [redacted] needs assistance with taking medication and that direct care staff administer most medications. The resident's support plan, dated [redacted] indicates the resident is able to have medications left in room to take when [redacted] wakes up and is able to self administer some medications. Resident [redacted] does not have a physician's order to self-administer all of the prescribed morning medications and staff do not observe the resident ingest the medications.

Plan of Correction

Accept [redacted] - 05/08/2025)

LPNs and med techs were re-educated by the Personal Care Home Administrator on 4/7/2025 that medications for Resident [redacted] or any resident who does not have a physician's order to self-administer medications cannot be dispensed and left at bedside and that medications administered by nursing must be ingested at the time of administration. Resident [redacted]'s assessment and support plan was updated by the Executive Director on 4/29/2025. To ensure ongoing compliance, a med pass will be observed for all LPNs and med techs by the Personal Care Home Administrator by 5/25/2025. After that date med pass observations will be made quarterly by the Personal Care Home Administrator.

Licensee's Proposed Overall Completion Date: 05/25/2025

Implemented [redacted] - 06/04/2025)

183b - Meds and Syringes Locked

6. 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

On [redacted] at 1:50 PM, a tube of [redacted] was unlocked, unattended and accessible sitting on the sink in resident [redacted] bathroom. Resident [redacted] assessment, dated [redacted], indicates the resident cannot self-administer medications and the support plan dated [redacted] indicates LPN's or med techs will administer medications per orders.

183b - Meds and Syringes Locked (continued)

On [REDACTED] at 2:06 PM, multiple medications were observed unlocked, unattended and accessible in resident [REDACTED] bedroom. Resident [REDACTED] is not assessed to self-administer all medications to include the following:
 An unlabeled pill bottle containing an oval, orange-colored pill which itself did not include any identifiable marks.
 1 bottle of [REDACTED] solution for the nose.
 1 bottle of Rite aid brand saline mist for the nose.
 1 box of over-the-counter [REDACTED] approximately two pills in the box.

On [REDACTED] at 2:03 PM, two 3.25 oz tubes of [REDACTED] were unlocked and accessible sitting on the sink of resident [REDACTED] bathroom. Resident [REDACTED] medical evaluation, dated [REDACTED], and assessment and support plan, dated [REDACTED] indicates the resident cannot self-administer medications.

Plan of Correction

Accepted [REDACTED] - 05/08/2025)

On 4/23/2025 the tube of [REDACTED] was removed from Resident [REDACTED] room by the Personal Care Home Administrator and placed in the medication cart for nursing staff to administer.

On 4/3/2025 the pill in the unlabeled pill bottle was disposed of by the LPN on duty for the Orchard View med cart.
 On 4/23/2025 the [REDACTED], Rite Aid saline mist and box of Allegra were disposed of by the Personal Care Home Administrator with Resident [REDACTED] permission. [REDACTED] stated [REDACTED] hasn't used those items in a long time and no longer needs them.

The [REDACTED] found in resident [REDACTED]s bathroom is considered a toiletry item by building staff because it is stocked and can be issued to residents without a physician's order, like stock body wash and toothpaste. Resident did have an order for the cream but also has a current order for Desitin cream which is kept in the med cart and administered by nursing staff. A request to discontinue the order for the barrier cream was sent to Resident [REDACTED] primary care physician on 4/30/2025 since it is a duplicate order. Response is pending.

A full audit of all current resident bedrooms and bathrooms will be completed by 5/13/2025 by the Executive Director. Residents will be informed that if they wish to keep medications in their rooms, they must lock them in the locked nightstands provided by the facility or in a lock box that they can purchase independently. They will be informed by letter written by the Personal Care Home Administrator by 5/10/2025. All residents will be educated on regulation 2600.183b by letter written by the Personal Care Home Administrator by 5/10/2025. A basic overview of regulation 2600.183b was provided to residents by the Personal Care Home Administrator during the Resident Council Meeting held on 5/1/2025 and the regulation will be reviewed again in detail at the June Resident Council Meeting scheduled 6/5/2025. All staff will be educated on regulation 2600.183b by 5/23/2025 by the Personal Care Home Administrator. Starting 6/2/2025, room audits for all resident bedrooms and bathrooms will be completed by the Executive Director or the Personal Care Home Administrator monthly. **(Directed) Monthly room audits will begin no later than 5/25/25-** [REDACTED] Also starting 6/2/2025, weekly audits will be completed by the dayshift LPN or med tech on duty of just the bedrooms and bathrooms of the residents who have been cleared by a physician to self administer medications. **(Directed) Weekly room audits will begin no later 5/25/25-** [REDACTED]

Licensee's Proposed Overall Completion Date: 05/25/2025

Implemented [REDACTED] - 06/04/2025)

183e - Storing Medications

7. 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 [redacted] the foil holding resident [redacted] [redacted] tablets in the pill pocket was broken, exposing the pill.

On [redacted] at 1:55 PM, a foil pocket of resident [redacted] [redacted] blister pack was observed broken, exposing the capsule.

On [redacted] at 1:55 PM, resident [redacted] s [redacted], last administered on [redacted] was not labeled with the date it was opened.

On [redacted] at 2:36 PM, a round, white pill was observed loose in the bottom of the second drawer of the freedom way medication cart.

Plan of Correction

Accept [redacted] - 05/07/2025)

On [redacted] the exposed [redacted] tablet for Resident [redacted] was disposed of by the Personal Care Home Administrator.

On [redacted] the exposed [redacted] capsule for Resident [redacted] was disposed of by the Personal Care Home Administrator.

On [redacted] the [redacted] medication pen for Resident [redacted] was labeled with the date it was opened by the LPN who opened it.

On [redacted] the loose white pill found in the Freedom Way medication cart was disposed of by the Personal Care Home Administrator.

Checking the blister card foil backs was added to the daily medication cart audits currently being completed by LPNs and med techs on 4/30/2025 by the Personal Care Home Administrator. Education will be provided to all LPNs and med techs on checking blister cards, looking for loose pills and labeling medication pens with the date opened by 5/23/2025 by the Personal Care Home Administrator. To ensure ongoing compliance, starting the week of 5/5/2025, checks of both medication carts will be completed by the Personal Care Home Administrator or Executive Director weekly.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [redacted] - 06/04/2025)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], inject 20 units subcutaneously every morning, hold if blood sugar is less than [REDACTED]. On [REDACTED] and [REDACTED], resident # [REDACTED] measured [REDACTED] however, the medication was administered.

Plan of Correction

Accept ([REDACTED] 05/08/2025)

On 4/22/2025 a reportable incident form was submitted to the department by the Personal Care Home Administrator reporting the prescription medication errors. The med tech working on 3/8/2025 was re-educated by the Personal Care Home Administrator on 4/28/2025. The med tech working on 3/14/2025 was re-educated by the Personal Care Home Administrator on 4/24/2025. All LPNs and med techs will be re-educated on regulation 2600.187d by the Personal Care Home Administrator by 5/23/2025. To ensure ongoing compliance, an insulin administration observation will be completed for all med techs by the Personal Care Home Administrator by 5/25/2025. After that date med pass observations will be made quarterly by the Personal Care Home Administrator.

Licensee's Proposed Overall Completion Date: 05/25/2025

Implemented ([REDACTED] - 06/04/2025)

225c - Additional Assessment

9. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED]'s assessment dated [REDACTED] indicates the resident is independent with transferring in/out of bed/chair and turning and positioning in bed/chair. However, resident [REDACTED] has used an enabler bar for bedside mobility since [REDACTED]. Resident [REDACTED] assessment has not been updated to reflect [REDACTED] current need of assistance in these areas.

Plan of Correction

Accept ([REDACTED] - 05/07/2025)

Resident [REDACTED] assessment and support plan was updated by the Executive Director on 4/23/2025. An audit of the assessment and support plans for all residents using enabler bars will be completed by the Executive Director or Personal Care Home Administrator by 5/10/2025. After that date audits will be completed by the Executive Director quarterly. The Executive Director and Personal Care Home Administrator are responsible for resident assessments. The Executive Director and Personal Care Home Administrator met with the Clinical Excellence Team (including the Clinical Excellence RN and the Vice President of Clinical Excellence) on 5/5/2025 to review regulation 2600.225c and the other regulations cited during the 4/3/2025 visit.

225c Additional Assessment (continued)

Licensee's Proposed Overall Completion Date: 05/06/2025

Implemented [REDACTED] - 06/04/2025)

227e - Self Administer Medication

10. 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 [REDACTED] assessment, dated [REDACTED] indicates the resident cannot self administer medications. However, the resident's support plan, dated [REDACTED] indicates the resident requires physical assistance with the management of medications and that the resident can self administer some medications as ordered.

Resident [REDACTED]'s assessment, dated [REDACTED], indicates the resident cannot self administer medications. The support plan, dated [REDACTED] indicates the LPN's or med techs will administer medications per orders. However, on [REDACTED], Resident [REDACTED] was assessed by a physician to self administer acetaminophen. Resident [REDACTED] assessment and support plan does not document the resident's ability to self administer the medication.

Resident [REDACTED] assessment, dated [REDACTED], indicates the resident can self administer medications with assistance in offering medications at prescribed times. The support plan, dated [REDACTED] indicates the resident needs assistance with taking medication and for direct care staff to administer most medications. The resident's plan to meet medication needs indicates the LPN/RA charge will provide medication at ordered times and that the resident is able to have medications left in room to take when [REDACTED] wakes up. However, Resident [REDACTED] does not have physician's orders to self administer all of the medications that are left in the room for the resident to take when [REDACTED] wakes up.

Resident [REDACTED] assessment dated, [REDACTED] indicates the resident cannot self administer medications. However, the resident's support plan, dated [REDACTED], does not include a description of medication needs or a plan to meet medication needs as these areas are blank.

Plan of Correction

Accept [REDACTED] - 05/07/2025)

On [REDACTED] the assessment and support plan for Resident [REDACTED] was updated by the Personal Care Home Administrator.

On [REDACTED] the assessment and support plan for Resident [REDACTED] was updated by the Personal Care Home Administrator.

On [REDACTED] the assessment and support plan for Resident [REDACTED] was updated by the Executive Director.

227e - Self Administer Medication (continued)

On [REDACTED] the assessment and support plan for Resident [REDACTED] was updated by the Personal Care Home Administrator.

A full audit of all resident assessments and support plans will be completed by the Personal Care Home Administrator or Executive Director by 5/23/2025. After that initial audit, audits will be completed monthly by the Personal Care Home Administrator or Executive Director. The Executive Director and Personal Care Home Administrator are responsible for resident assessments. The Executive Director and Personal Care Home Administrator met with the Clinical Excellence Team (including the Clinical Excellence RN and the Vice President of Clinical Excellence) on 5/5/2025 to review regulation 2600.227e and the other regulations cited during the 4/3/2025 visit. Education was provided on completing all sections of the resident assessment accurately and thoroughly.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] 06/04/2025)