

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

August 8, 2025

[REDACTED], ADMINISTRATOR
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 07/15/2025 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 KELLY DRIVE License #: 35064 License Expiration: 06/16/2026
 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: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 42 Waking Staff: 32

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal Exit Conference Date: 07/15/2025

Inspection Dates and Department Representative

07/15/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 Residents Served: 42

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

Inspections / Reviews

07/15/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/08/2025

08/07/2025 - POC Submission

Submitted By: [REDACTED] Submitted: 08/07/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/11/2025

Inspections / Reviews *(continued)*

08/08/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103c - Food Protected

1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 7/15/25, there were 8 (3-gallon) containers of ice cream that were uncovered in the walk-in freezer.

Plan of Correction

Accept (█ - 08/07/2025)

~ 7/15/2025 Dining Services Manager placed a cover over the ice cream containers, located in the stand-alone ice cream freezer, at the time of DHS inspection. This is in addition to the sliding glass doors that are present on this freezer, which are kept closed at all times.

~7/18/2025 Executive Director notified Vice-President of food service company, via email, about the need for lids for the eight ice cream containers. Hershey's ice cream representative was then notified of this need and delivered eight lids that afternoon, to our community. The lids were immediately placed on the ice cream containers. (see attached email correspondence and photos)

~7/18/2025 Executive Director reviewed DHS regulation 2600.103c with Dining Services Director and provided a copy of this regulation. Dining Services Director provided education and reviewed this with dining team. This was completed by 7/22/2025. (see attached) Education/re-education will recur as needed.

~7/18/2025 Dining Services Manager revised the morning and evening duties checklist form, to include dining team member observing the ice cream containers for proper placement of lids. (see attached). Dining Manager reviewed revised form with team members.

~7/20/2025 Revised form implemented. (see attached)

~Dining Manager or cook on duty, will spot-check for placement of ice cream container lids and assure checklist is being completed, three times weekly for a six-month period, beginning the week of July 20, 2025. Monthly Dining Services audit will continue. Audit has been revised, by Executive Director, to include checking for placement of lids on ice cream containers. (see attached)

~Dining Manager will bring checklists/audits to our monthly Quality Management Meeting for review and discussion. Revisions will be made, as needed, to assure compliance is being maintained.

~8/5/2025 Audit was reviewed during our Quality Management meeting. No concerns were noted.

Licensee's Proposed Overall Completion Date: 08/08/2025

Implemented (█ - 08/08/2025)

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 7/15/25, Atenolol 50mg prescribed for resident #3, was in the home's medication cart; however, the medication was discontinued on 7/11/25.

On 7/15/25, Naproxen Sodium 220mg prescribed for resident #4, was in the home's medication cart; however, the medication was discontinued on 1/24/25.

On 7/15/25, Bacitracin Zinc cream prescribed for resident #4, was in the home's medication cart; however, the medication was discontinued on 4/24/25.

183d - Prescription Current (continued)

Repeated Violation - 7/17/24, et al

Plan of Correction

Accept (█) - 08/07/2025

~7/15/2025 Health Services Manager and nurses on duty, at time of inspection/finding, immediately removed the medications listed above, from the cart.

~LPNs and Med-Techs were made aware of the DHS inspection findings and re-education was provided by our Health Services Manager. This included regulation review and standard review. Training was completed July 21 through August 1, 2025. (see attached) Education/re-education will recur as needed.

~Medication cart audit continues to be completed monthly by nightshift LPN/Med-Tech. The completed audit is given to our Health Services Manager for review. Health Services Manager will bring checklists to our monthly Quality Management Meeting for review and discussion. Revisions will be made, as needed, to assure compliance is being maintained.

~7/17/2025 Medication cart audit was completed by Health Services Manager. (see attached)

~8/5/2025 Audit was reviewed during our Quality Management meeting. No concerns were noted.

~7/17/2025 Health Services Manager revised the D/C Order Checklist, to include documenting removal of medication from medication cart, upon receipt of order from physician. Health Services Manager reviewed this revision with LPNs/Med-Techs. (see attached, which also includes a sample of a completed checklist) Training was completed July 21 through August 1, 2025. (see attached)

~Health Services Manager will run report from Point Click Care which will identify discontinued medications, and spot check for completion of checklists weekly, beginning week of 8/4/2025, for a period of six months. Findings will be discussed during our monthly Quality Management meeting.

Licensee's Proposed Overall Completion Date: 08/08/2025

Implemented (█) - 08/08/2025

184a - Resident's Meds Labeled

3. Requirements

2600.

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

Description of Violation

The pharmacy label for resident #1's Lantus Solostar pen does not include the change of order from 35 units daily and 32 units nightly to 35 units twice a day. This change was effective as of 7/9/25.

The pharmacy label for resident #5's Acetaminophen 325mg states to give 1 tablet every 4 to 6 hours as needed. However, the resident's medication administration record states to give 1 tablet orally as needed.

Plan of Correction

Accept (█) - 08/07/2025

~7/15/2025 LPNs and Med-Techs were made aware of the DHS inspection findings.

~Re-education of this regulation was provided by our Health Services Manager. Training was completed July 21 through August 1, 2025. (see attached) Education/re-education will recur as needed.

~7/17/2025 Health Services Manager revised the New Order Checklist, which includes placement of Direction Change Label, on current medication, if needed and applicable. (see attached) Health Services Manager reviewed

184a - Resident's Meds Labeled (continued)

this revision with LPNs/Med-Techs.

~Health Services Manager will spot check for completion of checklists weekly, beginning the week of 8/4/2025, for a period of six months. Findings will be discussed during our monthly Quality Management meeting. Revisions will be made, as needed, to assure compliance is being maintained.

~Labels for the medications listed above have been corrected. (see attached photo)

Licensee's Proposed Overall Completion Date: 08/08/2025

Implemented (█) - 08/08/2025)

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

On 7/9/25, at 7:30 AM, resident #1's glucometer had a blood sugar reading of 107. However, the documented blood sugar reading on the resident's medication administration record (MAR) was 217.

On 7/13/25, at 7:30 AM, resident #1's MAR had a documented blood sugar reading of 379. However, this reading was not in the resident's glucometer.

Resident #4 is prescribed Acetaminophen 325mg as needed. However, on 7/15/25, this medication was not available in the home.

Repeated Violation - 7/17/24, et al

Plan of Correction

Accept (█) - 08/07/2025)

~LPNs and Med-Techs were made aware of the DHS inspection findings and re-education of this regulation was provided by our Health Services Manager. Training was completed July 21 through August 1, 2025. (see attached) Education/re-education will occur as needed.

~LPN/Med-Tech working on night shift will continue to check all blood sugar readings, from the previous day, and assure the reading on the resident's individual glucometer is the same reading as what was documented on the eMAR, in PCC. If there is a discrepancy, there will be communication with the appropriate team member, to determine the reason. This glucometer/reading check is entered in PCC as a task for the nightshift team. (see attached entry from PCC) Health Services Manager will spot check documentation weekly for a six-month period, beginning the week of 8/4/2025. Findings will be discussed during our monthly Quality Management meeting. Revisions will be made, as needed, to assure compliance is being maintained.

~Medication for resident #4, as mentioned above, was delivered from pharmacy on 7/17/2025, and is now present in the medication cart. (see attached photo)

~Medication cart audit continues to be completed monthly by nightshift LPN/Med-Tech. The completed audit is given to our Health Services Manager for review. Health Services Manager will bring audits to our monthly Quality Management Meeting for review and discussion. Revisions will be made, as needed, to assure compliance is being maintained.

~7/17/2025 Medication cart audit was completed by Health Services Manager. (see attached)

185a - Implement Storage Procedures (continued)

~8/5/2025 Audit was reviewed during our Quality Management meeting. No concerns were noted.

Licensee's Proposed Overall Completion Date: 08/08/2025

Implemented (█) - 08/08/2025)

187a - Medication Record

5. Requirements

2600.

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

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed Preservision Ared and Hydralazine 25mg. These medications were administered on 7/2/25 at 4:00 PM; however, the initials of the staff person who administered these medications is not included on resident #1's medication administration record.

Resident #1 is prescribed Lispro insulin. This medication was administered on 7/2/25 at 7:00 PM; however, the initials of the staff person who administered these medications is not included on resident #1's medication administration record.

Resident #2 is prescribed Famotidine 40mg, Metoprolol Tartrate 25mg, Preservision Ared, Senna 8.6mg. These medications were administered on 7/2/25 at 4:00 PM; however, the initials of the staff person who administered these medications is not included on resident #2's medication administration record.

Resident #2 is prescribed 8 units of Lantus Solostar and Calcium carb 500mg. These medications were administered on 7/2/25 at 7:00 PM; however, the initials of the staff person who administered these medications is not included on resident #2's medication administration record.

Resident #2 is prescribed Asperflex Max 4%-1% patch. This medication was administered on 7/2/25 at 10:30 PM; however, the initials of the staff person who administered these medications is not included on resident #2's medication administration record.

Resident #5 is prescribed Magnesium Oxide 400mg and Presevision Ared daily. These medications were administered on 7/3/25 at 7:30 AM; however, the initials of the staff person who administered these medications is not included on resident #5's medication administration record.

Plan of Correction

Accept (█) - 08/07/2025)

~LPNs and Med-Techs were made aware of the DHS inspection findings and re-education of this regulation was provided by our Health Services Manager. Training was completed July 21 through August 1, 2025. (see attached) Education/re-education will recur as needed.

~Beginning 7/17/2025, our nightshift LPN/Med-Tech will run a Missed Medication report daily, from PCC, to detect if any documentation of medication administration is missing. (see attached) If any missing documentation is detected, communication will occur with the appropriate team member. Health Services Manager will spot check PCC for missing medication administration documentation weekly for a six-month period, beginning the week of

187a - Medication Record (continued)

8/4/2025. Findings will be discussed during our monthly Quality Management meeting. Revisions will be made, as needed, to assure compliance is being maintained.

Licensee's Proposed Overall Completion Date: 08/05/2025

Implemented (█) - 08/08/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Acetaminophen 500mg with orders to 2 tablets three times a day for knee pain. However, on 7/3/25 at 12:00 PM and 7:00 PM, this medication was not administered to the resident.

Resident #3's Oxycodone 5mg order was changed on 7/11/25 from as needed to take 1 tablet twice a day for pain. However, from 7/12-7/14/25, this medication was administered once daily to the resident.

Resident #4 is prescribed Metoprolol 25mg with orders to take 1 tablet daily. However, from 7/14-7/15/25 at 7:00 PM, this medication was not administered to the resident because the medication was not available in the home.

Plan of Correction

Accept (█) - 08/07/2025)

- ~LPNs and Med-Techs were made aware of the DHS inspection findings and re-education of this regulation was provided by our Health Services Manager. Training was completed July 21 through August 1, 2025. (see attached) Education/re-education will recur as needed.
- ~Beginning 7/17/2025, our nightshift LPN/Med-Tech will run a Missed Medication report daily, from PCC, to detect if any documentation of medication administration is missing. (see attached) If any missing documentation is detected, communication will occur with the appropriate team member. Health Services Manager will spot check PCC for missing medication administration documentation weekly for a six-month period, beginning the week of 8/4/2025. Findings will be discussed during our monthly Quality Management meeting.
- ~Medication for resident #4, as mentioned above, was delivered from pharmacy on 7/16/2025. Medication is now present in the medication cart. (see attached photo)
- ~Medication cart audit continues to be completed monthly by nightshift LPN/Med-Tech. The completed audit is given to our Health Services Manager for review. Health Services Manager will bring audits to our monthly Quality Management Meeting for review and discussion. Revisions will be made, as needed, to assure compliance is being maintained.
- ~7/17/2025 Medication cart audit was completed by Health Services Manager. (see attached)
- ~8/5/2025 Audit was reviewed during our Quality Management meeting. No concerns were noted.

Licensee's Proposed Overall Completion Date: 08/08/2025

Implemented (█) - 08/08/2025)