



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

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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**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 **November 20, 2025** until **November 20, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **310270**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
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.



Pennsylvania Department of Human Services

EMAILING DATE: NOVEMBER 20, 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) review on September 16, 2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-Term Living

Enclosure
<Licensing Inspection Summaries>

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

November 17, 2025

[REDACTED]
SPIRITRUST LUTHERAN
800 BOLLINGER DRIVE
SHREWSBURY, PA, 17361

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/16/2025 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: 11/21/2025
 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: 40 Waking Staff: 30

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal, Provisional Exit Conference Date: 09/16/2025

Inspection Dates and Department Representative

09/16/2025 - 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: 3

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: 1 Have Physical Disability: 0

Inspections / Reviews

09/16/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/05/2025

10/06/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/03/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/13/2025

Inspections / Reviews *(continued)*

10/06/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 10/29/2025

11/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [redacted]/23. As of 9/16/25, there was no criminal history background check completed for staff person A.

Plan of Correction

Accept [redacted] - 10/06/2025)

Immediate Correction:

A criminal history background check for Staff person A was completed on 9/16/25. The results were reviewed and sent to Inspector once received. Results were filed in the employee's personnel file. An immediate audit of all personnel files for background check was requested by Administrator and completed.

Preventative Measures:

Effective immediately, all new hires must have all required background checks (PA State Police, FBI fingerprinting if applicable) completed and verified prior to their start date. No employee will begin work until all clearances are received and reviewed by the Administrator or designee.

Systemic Changes:

- Administrator and HR Coordinator will implement a Pre-Employment Clearance Checklist for all new hires.
- HR coordinator will perform monthly audits for 6 months to ensure ongoing compliance.

Ongoing Compliance:

Procedures will be incorporated into standard hiring policy to ensure consistent future compliance.

Responsible party: Administrator and HR Coordinator

EDUCATION: INSERVICE WAS COMPLETED 9/18/2025 WITH ALL STAFF IN REGARD TO OUR VIOLATIONS AND CORRECTION STEPS, POC WAS CREATED POST MEETING.

Licensee's Proposed Overall Completion Date: 10/06/2025

Implemented [redacted] - 11/14/2025)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 utilizes an enabler bar to aid in transferring and positioning in bed. On 9/16/25, this device was not securely fastened to the bed, posing an injury risk.

Plan of Correction

Accept [redacted] - 10/06/2025)

Plan of Correction

Immediate Correction:

81b - Resident Personal Equipment (continued)

The enabler bar for Resident #1 was immediately secured to the bed on 9/16/25 by maintenance staff to eliminate the hazard. The resident was assessed for any injury and none were noted.

Preventative Measures:

All resident assistive devices, including enabler bars, bed rails, wheelchairs, and walkers, were inspected on 9/16/25 to ensure they are properly secured, clean, and in good repair. No additional issues were identified.

Systemic Changes:

- The Maintenance Supervisor will perform monthly safety inspections of all resident assistive devices and document findings on a Resident Equipment Safety Checklist.

Ongoing Compliance:

The Administrator will review the completed monthly safety inspection logs to ensure continued compliance and address any deficiencies promptly.

Responsible party: Administrator & Maintenance

EDUCATION: INSERVICE WAS COMPLETED 9/18/2025 WITH ALL STAFF IN REGARD TO OUR VIOLATIONS AND CORRECTION STEPS, POC WAS CREATED POST MEETING.

Licensee's Proposed Overall Completion Date: 10/06/2025

Implemented [redacted] - 11/14/2025)

183b - Meds and Syringes Locked

3. 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 9/16/25, a medication cart was unlocked, unattended, and accessible in the 100-wing hall, across from resident rooms #113a and #113b.

Repeated Violation - 4/3/25 and 1/22/25, et al

Plan of Correction

Accept [redacted] - 10/06/2025)

Immediate Correction:

The medication cart was immediately secured and locked on 9/16/25. The staff member responsible was promptly counseled and re-educated on the facility's medication storage policy to prevent recurrence.

Preventative Measures:

All medication administration staff were re-trained on 9/16/25 regarding DHS regulations and facility policies requiring that all medication carts remain locked when not in direct use or unattended.

Systemic Changes:

- The Medication Storage and Handling Policy was reviewed and updated to clarify expectations and disciplinary measures for noncompliance.

- The Administrator or designee will conduct daily random checks for 30 days to ensure medication carts are locked when unattended.

183b - Meds and Syringes Locked (continued)

- Findings will be logged and reviewed weekly by the Administrator for compliance trends.

Ongoing Compliance:

Quarterly audits of medication storage practices will be incorporated into the facility's quality assurance program. Staff who violate this regulation will receive immediate retraining and corrective action as necessary.

Responsible party: Administrator

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented [redacted] - 11/17/2025)

227d - Support Plan Medical/Dental

4. 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

The current medical evaluation for resident #1, dated [redacted]/25, indicates the resident has a diagnosis of a cyst on [redacted] pancreas. The resident's current support plan, dated [redacted]/25, does not document how this need will be met.

The medical evaluation for resident #2, dated [redacted]/25, indicates the resident has a diagnosis of rash and other non-specified skin eruptions. The resident's current support plan, dated [redacted]/25, does not document how this need will be met.

Plan of Correction

Accept [redacted] - 10/06/2025)

Immediate Correction:

While DHS was still on site, the Administrator completed a RASP addendum for Residents #1 and #2 to ensure the medical needs identified in their evaluations were documented in their respective support plans. These updates reflect follow-up care coordination and any physician recommendations regarding ongoing management.

Preventative Measures:

The Administrator and Resident Care Coordinator reviewed all active resident medical evaluations to confirm that all current diagnoses and medical needs are reflected in each resident's support plan. Any missing documentation was updated accordingly.

Systemic Changes:

- Going forward, each new or updated medical evaluation will be reviewed by the Administrator or designee within 5 business days of receipt.
- Any new diagnoses or medical needs identified will be added to the resident's RASP immediately.
- A Support Plan Review Checklist will be implemented to ensure consistency between medical evaluations and support plans.

Ongoing Compliance:

The Administrator will conduct quarterly audits of resident files to ensure all medical conditions and services are

227d - Support Plan Medical/Dental (continued)

accurately reflected in the RASP.

Responsible party: administrator

EDUCATION: INSERVICE WAS COMPLETED 9/18/2025 WITH ALL STAFF IN REGARD TO OUR VIOLATIONS AND CORRECTION STEPS, POC WAS CREATED POST MEETING.

Licensee's Proposed Overall Completion Date: 10/29/2025

Implemented (11/14/2025)