

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

November 20, 2025

[REDACTED]  
SPIRITRUST LUTHERAN  
[REDACTED]  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/07/2025 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 LUTHER RIDGE **License #:** 35298 **License Expiration:** 09/18/2026  
**Address:** 2735 LUTHER DRIVE, CHAMBERSBURG, PA 17202  
**County:** FRANKLIN **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:** 09/07/1993 **Issued By:** Labor and Industry

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 35 **Waking Staff:** 26

## Inspection Information

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 10/07/2025

## Inspection Dates and Department Representative

10/07/2025 **On Site:** [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 36 **Residents Served:** 32

## 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:** 32  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 3 **Have Physical Disability:** 0

## Inspections / Reviews

10/07/2025 - Full

**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 10/25/2025

Inspections / Reviews (*continued*)

## 10/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/31/2025

## 10/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/21/2025

## 11/20/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. 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 # [redacted]s bed had an uncovered enabler bar with an opening measuring 12 inches by 15 inches creating a potential entrapment hazard.

Plan of Correction

Accept ([redacted] - 10/27/2025)

The Maintenance Supervisor replaced Resident [redacted] bed enabler bar with a new bed enabler bar meeting regulation guidelines on 10/7/2025. On 10/27/2025, the Maintenance Supervisor will audit all resident bedside mobility devices and will continue to do audits on a weekly basis. Starting 10/26/2025 staff will notify PCHA of a resident's need for a bed enabler bar. The PCHA will notify resident/family on the type of enabler bar to be purchased to meet regulation guidelines. Upon receipt of enabler bar, the Maintenance Supervisor will install, inspect, measure and document if the measurements pass or fail regulation guidelines. This will remain ongoing. The PCHA will provide staff training on bedside mobility devices bi-annually starting 11/10/2025.

Licensee's Proposed Overall Completion Date: 11/10/2026

Implemented ([redacted] - 11/20/2025)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted] at 10:22 AM, a 7.5 lb. box of Miracle Gro All Purpose Plant Food and a 3 lb. bag of Scotts Evergreen Flowering Tree & Shrub Continuous Release Plant Food, both with manufacture's labels indicating "Keep Out of Reach of Children", were unlocked, unattended, and accessible to residents in a storage container located in the resident courtyard. Not all the residents of the home, including Resident [redacted] have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept ([redacted] - 10/27/2025)

A lock was immediately placed on the courtyard deck storage box on 10/7/2025 by the Director of Building and Grounds. The Maintenance Supervisor will ensure this remains locked on a weekly basis beginning October 27, 2025, and will remain ongoing. The Maintenance Supervisor will provide education on keeping poisonous materials safely locked to all Building and Grounds staff by 11/21/2025.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented ([redacted] - 11/20/2025)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

141b1 Annual Medical Evaluation (continued)

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

Description of Violation

The medical evaluation for Resident [redacted] dated [redacted] does not indicate if the resident's needs can be met safely at the Personal Care Home.

Plan of Correction

Accept [redacted] - 10/27/2025)

The DME was faxed to the physician by the PCHA on 10/8/2025 for correction and received back on 10/8/2025 corrected. An initial audit of all medical evaluations will be completed by 11/8/2025. All medical evaluations moving forward will be reviewed by the PCHA to ensure accuracy. If the medical evaluation is incomplete, it will be returned to the physician immediately for correction. Staff education on medical evaluation form completion will be provided to staff annually on 11/10/2025.

Licensee's Proposed Overall Completion Date: 11/08/2025

Implemented [redacted] - 11/20/2025)

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of [redacted] was posted. However, the menu for the week following was not posted.

Plan of Correction

Accept [redacted] - 10/27/2025)

The 10/12/2025 was immediately posed by the Executive Director on 10/7/2025. The PCHA will provide education to the Dietary Director and Manager on 10/28/2025. The PCHA will complete weekly audits of the home's menus to ensure they are posted for two weeks starting 10/27/25. If the menus are not posted for two weeks, the PCHA will immediately notify the Dietary department to obtain the needed menu(s). This will be ongoing.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [redacted] - 11/20/2025)

183e - Storing Medications

5. 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] at 3:04 PM, Resident [redacted] medication blister pack containing [redacted] had a hole on the back of one medication pocket, exposing the medication.

On [redacted] at approximately 3:48 PM a white, circular pill was observed to be loose in the medication cart.

On [redacted] at approximately 3:49 PM a white, circular pill was observed to be loose in the medication cart.

183e - Storing Medications (continued)

Plan of Correction

Accept (█ - 10/27/2025)

On 10/7/2025 the exposed █ was disposed of via a drug buster as well as two loose pills found in the med cart by the PCHA. Beginning 10/27/2025 the night shift LPN will perform weekly audits on Med Cart A and Med Cart B to ensure there are no loose medications within the carts and that all medications are packaged within guidelines and no medications are exposed. Any loose or exposed medications will be disposed of per regulations. The audit will remain ongoing. The PCHA will provide staff education on disposal of medications once they are removed from the original packaging. Training will be provided by 11/14/25.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented (█ - 11/20/2025)

225a - Assessment 15 Days

8. 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 █'s assessment dated █ indicated the resident is independent in ambulating. However, Resident █ utilizes a wheelchair to assist with ambulation.

Plan of Correction

Accept (█ - 10/27/2025)

On 10/8/2025 the PCHA reassessed Resident █ and updated resident's assessment. The PCHA will audit all Resident Assessment and Support Plans for accuracy and completion by 11/21/2025. Any Resident Assessment and Support Plans that are inaccurate or deemed not complete will immediately be returned to the person who completed it for correction. This audit will remain ongoing. Staff education will be provided on Resident Assessment and Support Plan completion by 11/21/2025.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented (█ 11/20/2025)

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 █'s assessment dated █ indicated the resident is independent in turning and positioning in bed. However, Resident # █ utilizes an enabler bar to aid in bed mobility and positioning as identified in the resident's support plan dated █. The resident's assessment was not updated to reflect the need for the bedside mobility device.

Plan of Correction

Accept (█ - 10/27/2025)

On 10/8/2025 the PCHA reassessed Resident █ and updated resident's assessment. The PCHA will audit all Resident Assessment and Support Plans for accuracy and completion by 11/21/2025. Any Resident Assessment and Support

225c - Additional Assessment (continued)

Plans that are inaccurate or deemed not complete will immediately be returned to the person who completed it for correction. This audit will remain ongoing. Staff education will be provided on Resident Assessment and Support Plan completion by 11/21/2025. In addition, the PCHA will be reviewing resident's needs on a weekly basis beginning 10/27/2025 to ensure assessments remain updated.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented (████ - 11/20/2025)

227d - Support Plan Medical/Dental

10. 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 support plan for Resident █████, dated █████, indicated the resident utilizes a bed enabler bar to aid in bed mobility and positioning. The resident's support plan did not document any risks associated with the use of the device, the resident's ability to use the device safely for the purpose it was intended, and whether a cover is required.

Repeated Violation - █████

Plan of Correction

Accept (████ - 10/27/2025)

On 10/8/2025 the PCHA reassessed Resident █████ and updated the resident's support plan. The PCHA will audit all Resident Assessment and Support Plans for accuracy and completion by 11/21/2025. Any Resident Assessment and Support Plans that are inaccurate or deemed not complete will immediately be returned to the person who completed it for correction. This audit will remain ongoing. Staff education will be provided on Resident Assessment and Support Plan completion by 11/21/2025.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented (████ - 11/20/2025)