

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

July 1, 2026

[REDACTED]
Concordia of Central Pennsylvania/DBA Concordia at Sprengle Drive
[REDACTED]

RE: CONCORDIA AT SPIRITRUST
SPREngle DRIVE
1802 FOLKEMER CIRCLE
YORK, PA, 17404
LICENSE/COC#: 34105

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/19/2026 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: CONCORDIA AT SPIRITRUST SPRENKLE DRIVE

License #: 34105

License Expiration:

Address: 1802 FOLKEMER CIRCLE, YORK, PA 17404

County: YORK

Region: CENTRAL

Administrator

Name:

Phone:

Email:

Legal Entity

Name: Concordia of Central Pennsylvania/DBA Concordia at Sprenkle Drive

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 09/12/2014

Issued By: Labor & Industry

Type: C-2 LP

Date: 02/05/2016

Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 67

Waking Staff: 50

Inspection Information

Type: Partial

Notice: Announced

BHA Docket #: 0

Reason: Complaint, Incident, Change Legal Entity

Exit Conference Date: 05/19/2026

Inspection Dates and Department Representative

05/19/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity:

Residents Served: 50

Secured Dementia Care Unit

In Home: Yes

Area: SDU

Capacity: 12

Residents Served: 12

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 50

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 17

Have Physical Disability: 0

Inspections / Reviews

05/19/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 06/15/2026

Inspections / Reviews (*continued*)

06/12/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/01/2026

07/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], at approximately 6:30 AM, Staff Member A was exhibiting rude and disrespectful behavior towards Resident [REDACTED] while providing care. Resident [REDACTED] stated, "I don't want that lady in my room again. [REDACTED] was rude and yelling at me." As a result of the incident, Staff Member A was terminated. However, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction

Accept [REDACTED] - 06/12/2026)

Inspection summary correction: date of incident was 10/3/25 A review of the reportable incident does reveal reporting to department was completed but not to the office of aging. Unable to correct past area of non-compliance.

Education regarding regulation 2600.15a provided to direct care staff on 6/9 (7a, 2p) and 6/11/2026 (5p).

Education and pictogram from RCG (pg 176) on abuse reporting posted in care bases and in Resident Care Coordinator office on 6/9 and 6/11/2026.

An audit of the homes reportable incidents for 2026 completed on 6/9/2026 did not result in any deficient practice/non-compliance.

Administrator/designee will be responsible for all abuse investigations and reporting to the dept and office of aging.

All reportable incidents and investigations relating to abuse or resident rights will be reviewed by the administrator/designee and signed off on for compliance purposes. An ongoing audit of these reports will be completed as incidents arise for a period of 12 months, or as determined by the Quality Management Plan.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented [REDACTED] 07/01/2026)

42c Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], at approximately 6:30 AM, Staff Member A was exhibiting rude and disrespectful behavior towards Resident [REDACTED] while providing care. Resident [REDACTED] stated, "I don't want that [REDACTED] in my room again. [REDACTED] was rude and yelling at me." As a result of the incident, Staff Member A was terminated.

Plan of Correction

Accept [REDACTED] 06/12/2026)

Inspection summary correction: date of incident was 10/3/25

At date of incident, staff member referenced in the violation report was suspended and terminated.

42c - Treatment of Residents (continued)

Education regarding regulation 2600.42c provided to direct care staff on 6/9 (7a, 2p) and 6/11/2026 (5p). Education included reporting and following up to Administrator/designee.

An audit of the homes reportable incidents and grievances was completed for 2026 on 6/9/2026 and did not result in any deficient practice/non-compliance findings.

Administrator/designee will be responsible for all grievance and resident right/abuse complaint investigations, including necessary reporting requirements. All grievances and incident investigations relating to resident rights/abuse will be reviewed by the administrator/designee and signed off on for compliance purposes. An ongoing audit of these reports will be completed as incidents arise for a period of 12 months, or as determined by the Quality Management Plan.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented [REDACTED] - 07/01/2026)

103f - Refrigerator/Freezer Temps**3. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On [REDACTED], at approximately 1:00 PM, the temperature in the refrigerator located in the New Elm kitchenette was 50 degrees Fahrenheit.

Plan of Correction

Accepted [REDACTED] - 06/12/2026)

At time of department exit, on 5/19/26, Administrator was made aware of low range temperature in refrigerator. Out of order/do not use signage was placed on refrigerator door. Any contents of the refrigerator were discarded.

Secondary refrigerator approximately 10ft away to be used to store food and drinks. On 6/11/26 administrator met with dining service area manager to review area of non-compliance, dining manager to educate and ensure team members are completing temperature checks by. Vendor out to service refrigerator on 6/10/26, and needing to return 6/11 for continued service and repair. Beginning 6/15/26, Administrator/designee to complete audit of all personal care refrigerator temperature sheets 2x/week x1/month then 1x/week thereafter for 6 months to ensure daily checks are being recorded by dining staff. Results of audit will be added and reviewed at Quality Management.

Licensee's Proposed Overall Completion Date: 07/01/2026

Implemented [REDACTED] - 07/01/2026)

187b - Date/Time of Medication Admin.**4. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] four times daily. Resident [REDACTED] s May 2026 medication administration record does not include the initials of the staff person who administered [REDACTED] on [REDACTED] at 7:00 PM.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept () - 06/12/2026

Unable to correct past area of non-compliance.

Investigation completed during inspection revealed, the medication was administered, but not signed off on.

Education was completed on regulation 187b during staff meeting on 6/9 and 6/11/26.

Preliminary home audit completed 6/8 and 6/9 completed by Resident Care Coordinator. Administrator and designee received instruction by corporate IT/EMR team to easily check for missing signature on 6/11.

Beginning 6/15, Resident Care Coordinator/designee will complete eMAR audit 5x/week x1/month, then 2x/week x1/month, then weekly for 3 months to ensure continued compliance. Audit findings will be reviewed during quality management meetings and may be adjusted based on findings.

Proposed Overall Completion Date: 07/31/2026

Licensee's Proposed Overall Completion Date: 07/01/2026

Implemented () 07/01/2026

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident () is prescribed () with orders to take once a day at 4:00 PM. However, this medication was not administered to the resident on () because the medication was not available in the home.

Resident () is prescribed () with orders to take 1/2 tablet once a day at 4:00 PM. However, this medication was not administered to the resident on () at 4:00 PM, () at 4:00 PM, () at 4:00 PM, () at 4:00 PM and () at 4:00 PM because the medication was not available in the home.

Plan of Correction

Accept () - 06/12/2026

Unable to correct past area of non-compliance.

Investigation completed during inspection revealed med was re-order and to be delivered. Resident () Amlodipine 5mg administered 5/13. Resident () Calcium 600 MG administered 6/12.

Education was completed on regulation 187d during staff meeting on 6/9 and 6/11/26.

Beginning 6/15, Resident Care Coordinator/designee will complete cart audit 2x/week x1/month, then 1x/week x6/months to ensure continued compliance. Audit findings will be reviewed during quality management meetings and may be adjusted based on findings.

Meeting scheduled with pharmacy on 6/11 to explore cycle fill of meds (every 30 days) vs. on demand requests to medications as needed.

Licensee's Proposed Overall Completion Date: 07/01/2026

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

Implemented [REDACTED] - 07/01/2026)