

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

September 6, 2024

[REDACTED], ADMINISTRATOR  
SPIRITRUST LUTHERAN  
1802 FOLKEMER CIRCLE  
YORK, PA, 17404

RE: SPIRITRUST LUTHERAN - THE  
VILLAGE AT SPRENKLE DRIVE  
1802 FOLKEMER CIRCLE  
YORK, PA, 17404  
LICENSE/COC#: 33236

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/07/2024 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 SPRENKLE DRIVE License #: 33236 License Expiration: 11/01/2024  
 Address: 1802 FOLKEMER CIRCLE, YORK, PA 17404  
 County: YORK Region: CENTRAL

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: SPIRITRUST LUTHERAN  
 Address: 1802 FOLKEMER CIRCLE, YORK, PA, 17404  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 09/12/2014 Issued By: Department of Labor & industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 59 Waking Staff: 44

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 08/07/2024

**Inspection Dates and Department Representative**

08/07/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 56 Residents Served: 39  
 Special Care Unit  
 In Home: Yes Area: Pin Oak Capacity: 24 Residents Served: 12  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39  
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 20 Have Physical Disability: 0

**Inspections / Reviews**

08/07/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/26/2024

Inspections / Reviews (*continued*)

## 08/26/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/06/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/06/2024

## 08/27/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/06/2024  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/06/2024

## 09/06/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/06/2024  
Reviewer: [REDACTED] Follow-Up Type: Not Required

81b Resident equip – good repair

1. Requirements

2800.

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

On 08/07/24 at 4:25pm, Resident #1's bed was observed with a mobility device which had an uncovered opening measuring 4 1/2 Inches in length and 8 1/2 inches posing an entrapment hazard.

Plan of Correction

Accept (████) - 08/27/2024)

The maintenance department audited all enabler bars on 8/19/24. Enabler bars that do not meet the standard are being replaced. Replacement for Resident #1 was completed 8/26/24. The maintenance team will audit enabler bars when a resident is admitted to the facility or when a doctor writes an order for the enabler bar. Timeframe will be upon admission or when the order is received. ALA or designee will audit enabler bars monthly starting in September.

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented (████) - 09/06/2024)

82c Locked poisons

2. Requirements

2800.

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

Description of Violation

On 08/07/24 at 10:24am, there was a spray bottle filled with a yellow liquid substance, with a handwritten label which states "Peroxide Multi-Surface Cleaner/Disinfectant." The spray bottle was unlocked, unattended, and accessible to residents in the Pin Oak SDCU. Not all the residents of the residence, including Resident #2 have been assessed capable of recognizing and using poisons safely.

On 08/07/24 at 10:35am, there were two tubes of Colgate Cavity Protection toothpaste located on Resident #2's sink, who resides in the Pin Oak SDCU. The manufacturer's label states "Keep Out the reach of children under 6 years age. If more than use for brushing is accidently swallowed, get medical help, or contact a Poison Control Center Right away."

Plan of Correction

Accept (████) - 08/26/2024)

The spray bottle was removed immediately during the inspection, and a proper label was put on it. It was then appropriately stored in the locked kitchenette. The Household Daily Task Guide that team members use for routine tasks was edited, and checking the storage of chemicals was added. All household staff will be educated on the proper storage of chemicals and the regulations regarding poisonous materials. Education to all household team members will be documented and completed by 9/1/24. The agenda of the staff education is attached and entitled "Household Education Agenda," and the daily task guide is attached and entitled "Household Daily Task Guide."

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented (████) - 09/06/2024)

82c Locked poisons (continued)

103f Fridge/Freezer Temps

3. Requirements

2800.

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 08/07/24, at approximately 10:20am, the freezer in the kitchenette located near the Elm 2nd Dining Room did not have a thermometer.

Plan of Correction

Accept (█) - 08/26/2024)

During the inspection, a thermometer was immediately placed in the freezer. This thermometer has been added to the thermometer check spreadsheet, a tool for documenting temperatures twice daily. The attached Household Education Agenda outlines the education, which includes the regulation for thermometers in all refrigerators and freezers. All staff members must sign off, and this education will be completed by 9/1/24.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented (█) - 09/06/2024)

107c Food/water – 3 day supply

4. Requirements

2800.

107.c. The residence shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 8/07/24, the residence served 39 residents, requiring 117 gallons of emergency drinking water. Staff Member A stated emergency drinking water is kept in the resident's individual rooms. However, there was no emergency drinking water observed in Resident's #3, #4, and #5 rooms, nor does the residence have a contract with a local bottled water supplier.

Plan of Correction

Accept (█) - 08/26/2024)

ALA coordinated an emergency water audit of all of the rooms on 8/8/24. Emergency water was ordered on 8/9/24. Emergency water was dispersed to the needed rooms on 8/16/24. An audit will be completed twice a month for August, September, and October to ensure there are 4 gallons of water per person in each room. Then, five random resident rooms from each neighborhood will be audited in November, December, and January 2025 to ensure there are 4 gallons per person per room. All audits will be documented on the Emergency Water Audit spreadsheet which is attached.

Licensee's Proposed Overall Completion Date: 08/22/2024

Implemented (█) - 09/06/2024)

171b4 Transportation-staff training

5. Requirements

2800.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

171b4 Transportation-staff training (continued)

- 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2800.65 (relating to direct care staff training and orientation).

**Description of Violation**

Staff Member B is responsible for providing transportation for residents, and has transported residents without other staff members present. However, Staff Member B has not successfully completed the initial new hire direct care staff person training as specified in §2800.65 relating to the Successful Completion and passing of the Department-Approved direct care training course and passing of the competency Test.

**Plan of Correction**

Accept ( ) - 08/26/2024

ALA will coordinate with the driver to have ( ) complete the DHS competency course by 9/1/24. ALA will add the completion of this course to the first-day, first-40 checklist that non-direct care staff must complete prior to starting.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented ( ) - 09/06/2024

185a Storage procedures

**6. Requirements**

2800.

- 185.a. The residence 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**

Resident #4 is prescribed the Dexcom G7 Sensor for the Continuous Glucose Monitoring and the resident's blood sugar is ordered to be checked via the Dexcom in the AM and HS. However, the residence did not have access to the real-time blood glucose readings or any historical data.

**Plan of Correction**

Accept ( ) - 08/26/2024

Per the resident, their POA, and PCP, the resident will stop using the Dexcom and start using a Libre device. Staff are familiar with the Libre device and can easily access current and historical data. Obtained resident, POA, and PCP consent/order on 8/21/24 and received device from the pharmacy on 8/21/24. Device in use starting 8/22/24. Weekly audits on blood sugar will be done once a week starting 8/29/24.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented ( ) - 09/06/2024

227d Support plan – med/dental

**7. Requirements**

2800.

- 227.d. Each residence shall document in the resident's final support plan the dietary, 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 residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

227d Support plan – med/dental (continued)

**Description of Violation**

Resident #4's ADME dated 4/23/24 states the resident's mobility needs are "Total Immobile" resident requires total oral or physical assistance. However, the resident's assessment and support plan, dated [REDACTED] states the Resident's mobility needs are "Minimal" further stating the resident requires minimal assistance.

**Plan of Correction**

Accept ([REDACTED] - 08/26/2024)

ALA and HSM audited ASPs and ADMEs on 8/8/24 to ensure mobility matches. ALA or HSM will complete a monthly audit to check for matching mobility on the ASPs and ADMEs starting August 2024 and ending January 2025. This will be documented on the Chart Audit-ADME ASP spreadsheet. Upon completion, ALA will initial all ASPs and ADMEs and check for matching mobility.

Licensee's Proposed Overall Completion Date: 08/22/2024

Implemented ([REDACTED] - 09/06/2024)