pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CONCORDIA OF CENTRAL PENNSYLVANIA**
LEGAL ENTITY

To operate **CONCORDIA AT SPIRITRUST SPRENKLE DRIVE**
NAME OF FACILITY OR AGENCY

Located at **1802 FOLKEMER CIRCLE, YORK, PA 17404**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **56**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **July 9, 2026** until **July 9, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **341050**

ISSUING OFFICER

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.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Mailing Date: July 9, 2026

[redacted]
Concordia of Central PA/DBA Concordia at SpiriTrust Sprenkle Drive
[redacted]

RE: Concordia at SpiriTrust Sprenkle Drive
1802 Folkemer Circle
York, PA 17404
License #: 341050

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, Office of Long-term Living, licensing inspection on May 19, 2026, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

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

July 1, 2026

[redacted]
Concordia of Central Pennsylvania/DBA Concordia at Sprenkle Drive
[redacted]

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

Dear [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: [redacted]

Legal Entity

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

Address: [redacted]

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 [redacted]

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: [redacted] **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 10/3/26, at approximately 6:30 AM, Staff Member A was exhibiting rude and disrespectful behavior towards Resident #1 while providing care. Resident #1 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. 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 [redacted]/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]/26, at approximately 6:30 AM, Staff Member A was exhibiting rude and disrespectful behavior towards Resident #1 while providing care. Resident #1 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 [redacted]/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 5/19/26, at approximately 1:00 PM, the temperature in the refrigerator located in the New Elm kitchenette was 50 degrees Fahrenheit.

Plan of Correction ***Accept [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 #1 is prescribed Dicyclomine 10mg four times daily. Resident #1's May 2026 medication administration record does not include the initials of the staff person who administered Dicyclomine on 5/5/26 at 7:00 PM.

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

Plan of Correction ***Accept[redacted] - 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[redacted] - 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 #2 is prescribed Amlodipine 5mg with orders to take once a day at 4:00 PM. However, this medication was not administered to the resident on 5/12/26 because the medication was not available in the home.

Resident #2 is prescribed Calcium 600mg with orders to take 1/2 tablet once a day at 4:00 PM. However, this medication was not administered to the resident on 5/7/26 at 4:00 PM, 5/8/26 at 4:00 PM, 5/9/26 at 4:00 PM, 5/10/26 at 4:00 PM and 5/11/26 at 4:00 PM because the medication was not available in the home.

Plan of Correction ***Accept[redacted] - 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 #2 Amlodipine 5mg administered 5/13. Resident #2 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)