STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395612	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spiritrust Lutheran the Village at Sprenkle Drive	1801 Folkemer Circle York, PA 17404

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on review of facility policy, record review, and staff interview, it was determined that the facility failed to ensure that residents who use psychotropic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs for one of five residents reviewed (Resident 8).Findings include: Review of facility provided policy, Drug Regimen Review, revised February 2023, revealed that recommendations to the physician should be responded to prior to the following medication regimen review. Further review of the policy failed to reveal a timeframe for the physician's orders to be acted upon by the facility staff. Review of Resident 8's medical record revealed diagnoses that included major depressive disorder (a serious mental health condition marked by persistent sadness, hopelessness, and a loss of interest in activities that significantly impairs daily functioning) and anxiety disorder (excessive and persistent fear and distress that interferes with daily life). Review of Resident 8's consultant pharmacist recommendation to the physician, dated July 14, 2025, revealed a recommendation to decrease Resident 8's dose of haloperidol (antipsychotic medication) from 1 mg at bedtime to 0.5 mg at bedtime. Further review revealed that the physician responded to the recommendation on July 21, 2025, and agreed to decrease the dose of haloperidol from 1 mg at bedtime to 0.5 mg at bedtime and also ordered monitoring for a change in behavior for 14 days following the change in medication. Review of Resident 8's consultant pharmacist recommendation to nursing staff, dated August 25, 2025, revealed that the physician's order to decrease Resident 8's dose of haloperidol from 1 mg at bedtime to 0.5 mg at bedtime was not reflected in the current physician's orders and a request to update the orders. Review of Resident 8's physician orders revealed an order for haloperidol 0.5 mg at bedtime, with a start date of August 28, 2025. Review of Resident 8's medication administration record revealed that Resident 8 was receiving haloperidol 1 mg at bedtime until August 26, 2025 (35 days after the physician wrote an order to decrease the dose). Interview with the Nursing Home Administrator on October 1, 2025, at 1:35 PM, revealed that she would expect the physician's order for a decrease in the dose of Resident 8's haloperidol be acted upon in a timely manner. 211.12(d)(1)(3)(5) Nursing services

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE