

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395647	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 06/25/2025
NAME OF PROVIDER OR SUPPLIER: SPIRITRUST LUTHERAN THE VILLAGE AT GETTYSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 1075 OLD HARRISBURG ROAD GETTYSBURG, PA 17325		
STATE LICENSE NUMBER: 124402				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
E 0000	INITIAL COMMENT Based on an Emergency Preparedness Survey completed on June 26, 2025, at Spiritrust Lutheran the Village at Gettysburg, it was determined there were no deficiencies identified with the requirements of 42 CFR 483.73.	E 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.



Certified End Page

SPIRITRUST LUTHERAN THE VILLAGE AT GETTYSBURG

STATE LICENSE NUMBER: 124402

SURVEY EXIT DATE: 06/25/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

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K 0000	INITIAL COMMENT Facility ID #124402 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey completed on June 26, 2025, it was determined that Spiritrust Lutheran the Village at Gettysburg was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a). This is a two-story, Type III (211), protected ordinary structure, without a basement, which is fully sprinklered.	K 0000		
K 0321 SS=E		K 0321		

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TITLE:

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K 0321 SS=E	Continued from page 2 This REQUIREMENT is not met as evidenced by:	K 0321		

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K 0321 SS=E	Continued from page 3 Based on observation and interview, it was determined the facility failed to maintain hazardous area doors to be within the allowed gap margins, and failed to positively latch, in two of ten smoke zones within the component. Findings include: 1. Observation on June 26, 2025, at 1:45 PM, revealed the Sprinkler Tank Room door (1A29D) had gaps, greater than 3/16 inch. Interview with the Director of Facilities on June 26, 2025, at 1:45 PM, confirmed the hazardous door exceeded the allowed gap margins. 2. Observation on June 26, 2025, at 2:00 PM, revealed the 1st floor Dietary Storage Room rated doors (1B20) were being held open with manual hold-open drop downs. Interview with the Director of Facilities on June 26,	K 0321		

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K 0321 SS=E	Continued from page 4 2025, at 2:00 PM, confirmed the doors were being held open by unauthorized devices.	K 0321		
K 0341 SS=E		K 0341		

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K 0341 SS=E	Continued from page 5 NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by:	K 0341	Two battery-operated, ten-year smoke detectors will be installed in the Personal Care Dining Room to alert team members of a possible fire event. A procedure will be developed to explain the steps to follow in the event that detectors sound during a fire event. Current team members associated with Personal Care will be educated initially upon instillation and then annually on the procedures. New hired team members will be educated and trained during their orientation. A recurring work order will be created to test these detectors monthly for proper operation and audible levels to the end of the Personal Care corridors. Completed documentation will be presented to QAPI for evaluation.	Completion Date: 08/15/2025 Status: APPROVED Date: 07/23/2025

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K 0341 SS=E	Continued from page 6 Based on observation and interview, it was determined the facility failed to provide fire alarm protection, in one of ten smoke compartments within the component. Findings include: 1. Observation on June 26, 2025, at 2:10 PM, revealed the 1st floor Dining Room had the doors (1C10 and 1C11) removed. The room is open to the corridor, but has no smoke detector protection. Interview with the Director of Facilities on June 26, 2025, at 2:10 PM, confirmed the room had no smoke detection protection.	K 0341		
K 0363 SS=E		K 0363		

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K 0363 SS=E	Continued from page 7 NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.	K 0363	1. The fatigue mat located at the ice machine in the main kitchen will be reduced in size to prevent interference with the door. A recurring work order will be created to inspect this area for an impediment to the door quarterly for one year. Documentation will be presented to QAPI for evaluation. 2. An automatic bolt assembly and spring-loaded hinges will be installed to the Ellison linen closet right side door 2E66. A recurring work order will be created to inspect the door for automatic positive latching quarterly for one year. Completed work order documentation will be presented to QAPI for evaluation. 3. Shims will be removed from door 1C06 to prevent the door from hitting	Completion Date: 08/15/2025 Status: APPROVED Date: 07/22/2025

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K 0363 SS=E	Continued from page 8 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by:	K 0363	the frame. A recurring work order will be created to inspect the door for positive latching and gap margins quarterly for one year. Completed work order documentation will be presented to QAPI for evaluation.	

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K 0363 SS=E	Continued from page 9 Based on observation and interview, it was determined the facility failed to maintain corridor doors to positively latch, on three of ten smoke compartments within the component. Findings include: 1. Observation on June 26, 2025, between 11:15 AM and 2:00 PM, revealed corridor doors failed to positively latch, at the following locations: a. 11:15 AM, door to Kitchen, by the 2nd floor Dining Room, was impeded by a fatigue mat; b. 12:00 PM, double doors to the Linen Closet (2E66), the inactive door was not latched; c. 2:00 PM, PC Unit Office (1C06) was hitting the frame. Interview with the Director of Facilities on June 26, 2025, at 2:00 PM, confirmed the corridor doors failed to positively latch.	K 0363		

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K 0374 SS=E	<p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie</p> <p>Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING</p> <p>Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0374	<p>1. Hardware will be repaired and adjusted on smoke barrier doors between compartments AA and AE.</p> <p>A recurring work order will be created to inspect doors for proper operation and positive latching quarterly for one year.</p> <p>Completed work order documentation will be presented to QAPI for evaluation.</p>	<p>Completion Date: 08/15/2025</p> <p>Status: APPROVED</p> <p>Date: 07/22/2025</p>

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K 0374 SS=E	Continued from page 11 Based on observation and interview, it was determined the facility failed to maintain smoke barrier door hardware to function per manufacturer specifications, affecting two of ten smoke compartments within the component. Findings include: 1. Observation on June 26, 2025, at 1:30 PM, revealed the double smoke barrier door between compartments AA and AE, latching hardware failed to latch when closed. Interview with the Director of Facilities on June 26, 2025, at 1:30 PM, confirmed the smoke barrier door hardware failed to function per manufacturer specifications.	K 0374		



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