



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to INSPIRIT MACUNGIE OPERATOR LLC
LEGAL ENTITY

To operate THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY
NAME OF FACILITY OR AGENCY

Located at 6488 ALBERTIS ROAD, MACUNGIE, PA 18062
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 67
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 December 21, 2017 until December 21, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226810**

Robert E. Robinson
ISSUING OFFICER

Jay Bank
DIRECTOR

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 21 2017

Ms. Brandi Williard
Executive Director
Inspirit Macungie Operator LLC
6488 Albertis Road
Macungie, Pennsylvania 18062

RE: The Willow, An Inspirit Senior Living Community
License #: 226810

Dear Ms. Williard:

As a result of the Department of Human Services' (Department) annual licensing inspection on October 6, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY		License Number: 22681
Address: 6488 ALBURTIS ROAD, MACUNGIE, PA 18062		County: Lehigh
Administrator: Brandi Williard		Region: NORTHEAST
Legal Entity Name: Inspirit Macungie Operator, LLC		
Legal Entity Address: 6488 ALBURTIS ROAD, MACUNGIE, PA 18062		
Certificate(s) of Occupancy		
C-2 LP 03/08/2003 L&I	Other 09/03/2013 Lower Macungie	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 58	Waking Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
10/06/2017: Harvey, Jason; Deluca, Amy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 67 Number of Residents Served: 53 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 51 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 5 Have a Physical Disability: 0	

Violation Report: 22881 - 10/06/2017 - Harvey, Jason
PCH Name: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION
Resident #1 passed away in the home on [redacted] 2017. The home did not issue a refund until 10/4/2017.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 passed away the end of [redacted] 2017 the check was processed beyond the thirty day allotted time for deposit return.

Our Finance team will continue to monitor move out and discontinuation of service dates. Our team is committed to improve upon our timeliness of deposit returns.

The Business Office manager and Chief Financial Officer will track move outs and ensure checks are returned to designated party timely.

The Administrator will oversee to ensure attaining & maintaining compliance. C. 12-5-17

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Brandi Williard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Brandi Williard* Date *11-15-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-5-17
(Date)

Plan of correction implementation status as of 12-5-17
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22681 - 10/08/2017 - Harvey, Jason
PCH Name: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2800

2600.65(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

The personnel files of staff members A, B and C did not contain documentation that the staff members had completed the initial direct care staff person training in section 3.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached

See Form A See Attached

copy sent 12-14-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Brandi Willard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brandi Willard Date 11/15/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12-14-17</u> (Date)	Plan of correction implementation status as of <u>12-14-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Req 2600.65

Team members A, B, C all completed the Personal Care Training competency course prior to working on the floor unsupervised. The personal care training competency covers said topics in violation 2600.65 #3. Regulation 2600.65 #3 was incorrectly interpreted. Our team was under the Impression that the personal care home competency test covered said Items in 2600.65 #3 and the test was sufficient education due to the fact all other orientation documentation was fine prior to this inspection.

P3Agg

However, moving forward the Administrator will ensure all hired direct care staff have completed the competency test plus, one on one education relating to item #3 in 2600.65 and all of its roman numerals. See attached form that will be complete at time of hire and/or during the weeks of orientation on the floor while supervised. (See attached form)

During orientation we have revised the orientation forms to comply with all orientation regulation per the outline given. The administrator will ensure forms are completed timely and prior to first day of unsupervised care.

Brandi Willard 11/15/17
Anne Hagan 12-14-17

Violation Report: 22681 - 10/06/2017 - Harvey, Jason
PCH Name: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home did not have a record of training that included the date that staff person E (hired 8/18/17) completed the first day orientation and the orientation that needs to be completed within the first 40 working hours of being employed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A date has been applied to the orientation record. In addition we updated her file to include a more detailed thorough listing of supervised orientation and care.

We have improved upon the orientation documentation by creating new forms to ensure compliance with all employee orientation documentation.

The Administrator will continue to monitor documents are complete with new hires proceeding days of orientation. *to ensure ongoing compliance. P. 12-5-17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Brandi Willard

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)


Brandi Willard

Date 11/15/17

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(Initials)

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Violation Report: 22681 - 10/06/2017 - Harvey, Jason
PCH Name: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident #2 In room [redacted] has a bed enabler bar approximately six inches wide attached to the bed that did not have a cover on it at the time of the inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #2 did purchase an enabler cover. It has been applied.

Our direct care staff continues to monitor family delivery of equipment to ensure freedom from hazards, and equipment is clean and in good repair.

Administrator and direct care team will continue to monitor for enablers on a daily basis to ensure covers are in place for all enablers and free from hazard. Our team provides monthly newsletters with announcements according to regulation 2600.81b.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/18/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Brandi Willard

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Brandi Willard

Date

11/16/17

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12-5-17
(Date)

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(Date)

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Violation Report: 22681 - 10/06/2017 - Harvey, Jason
PCH Name: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The written fire drill record for the fire drill held on 8/22/17 did not include am or pm for the time the alarm sounded and the number of residents in the home at the time the alarm sounded was 47 but the home documented 56.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Transcription error occurred during recording of the fire drill on the BHS log, in addition the AM and PM was missed and the wrong data was entered of residents evacuated .

Our team tries to be accurate with data entry continuously, though errors do occur. The signature page had the correct information on it with all the participating staff members who participated in the drill and the times.

The Administrator will try to ensure accuracy at every possible entry. In addition, we will continue to have two witnesses confirm accuracy in the # of residents evacuated and the date and time of drill listing AM/PM.

The Administrator will review the home's monthly fire drills as logged to ensure future compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 05/18/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Brandi Williard

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Brandi Williard

Date 11/15/17

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[Signature]
(Initials)

Violation Report: 22681 - 10/06/2017 - Harvey, Jason
PCH Name: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2's current medical evaluation dated 7/19/2017 was completed more than 12 months and 15 days after the previous medical evaluation, which is dated 08/22/2016.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Medical eval was completed July 17, 2017 per insurance guidelines and primary care physician's schedule.

As per the nursing note that was provided the day of inspection the pcp's office refused to schedule an annual medical eval appointment until after July 10, 2017; this was due to the fact resident #2 insurance dictates when her annual medical evals can be complete.

As PCH providers we always continue to ensure annual medical evals are done timely.

The Administrator and Nurse will continue to work diligently in ensuring med evals are complete within the allotted time per regulation 2600.141. Our tickler file remains up to date. Unfortunately, in this insurance driven industry, an isolated incident like this may occur.

Repeat Violation: No Date(s) of Previous Violation(s):


Signature of Legal Entity Representative (Required on EVERY Page) Brandi Willard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brandi Willard Date 11/15/17

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Violation Report: 22681 - 10/06/2017 - Harvey, Jason
PCH Name: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Advair 500/50 inhaler. The manufacturer directions indicate the Advair is to be used within 30 days of the package being opened. The home did not have documentation when the Advair Diskus was opened.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A date has been placed on the package. Medication only has 60 doses of med in entire container in which it is ordered twice a day. Said medication is on auto refill. However, the Administrator has listed in the EMAR a reminder to all nurses and med techs to ensure a date is on medication when opened which would be every 30 days.

Med Tech and Nurses are also prompted to complete cart audits weekly this too is listed as a weekly EMAR assigned duty.

The Administrator and Nurses will audit the med carts monthly reviewing to ensure all opened medication bottles, inhalers, etc are dated.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/18/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Brandi Williard

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Brandi Williard

Date

11/15/17

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