



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAILING DATE: August 10, 2018**

Ms. Arlene Henry  
Executive Director  
Inspirit Palmerton Operator LLC  
71 Princeton Avenue  
Palmerton, Pennsylvania 18071

RE: The Palmerton, an Inspirit Senior Living Community  
License #226800

Dear Ms. Henry:

As a result of the Department's Bureau of Human Services Licensing inspection on January 23, 2018 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.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY		License Number: 22680
Address: 71 PRINCETON AVENUE, PALMERTON, PA 18071		County: Carbon
Administrator: TERRI KOTCH		Region: NORTHEAST
Legal Entity Name: INSPIRIT PALMERTON OPERATOR LLC		
Legal Entity Address: 71 PRINCETON AVENUE, PALMERTON, PA 18071		
<b>Certificate(s) of Occupancy</b>		
I-2 05/23/2017 BOROUGH OF PALMERTON	I-2 06/16/2010 BOROUGH OF PALMERTON	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 76	Waking Staff: 57
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
01/23/2018: Dumas, Gerald		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
01/22/0018: Dumas, Gerald 03/09/2018: Dumas, Gerald 05/17/2018: Dumas, Gerald 07/01/2018: Dumas, Gerald 06/18/2018: Dumas, Gerald		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity: 70</b>  <b>Number of Residents Served: 60</b>  <b>Secured Dementia Care Unit in Home: Yes</b>  <b>Area: FIRST FLOOR</b>  <b>Secured Dementia Unit Capacity, if Applicable: 15</b>  <b>Number of Residents Served in Secured Dementia Care Unit, if applicable: 12</b>  <b>Number of Current Hospice Residents: 5</b>  <b>Number of Hospice Residents in past year: 9</b>		<b>Number of Residents who:</b>  <b>Receive Supplemental Security Income: 0</b>  <b>Are 60 Years of Age or Older: 60</b>  <b>Have Mental Illness: 0</b>  <b>Have an Intellectual Disability: 0</b>  <b>Have a Mobility Need: 16</b>  <b>Have a Physical Disability: 1</b>

Violation Report: 22680 - 01/22/0018 - Dumas, Gerald  
 PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 The home failed to inform this Department regarding the local Aging office's investigation of an allegation of neglect regarding resident # 1 and their on-site investigation to the home on 1/10/18.

**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.

1/8/2018 Resident was sent to the emergency room for a fall.  
 1/8/2018 Resident returned to the community. Resident was placed on 30 minute checks per community protocol. Vital signs remained stable and within normal limits.  
 1/9/2018 Resident was sent to emergency room for a change in condition due to low oxygen saturation level. Resident was admitted to the hospital.  
 1/10/18 AAA arrived in the community on a complaint asking for records. Agent from AAA would not disclose any information on the reason for their visit. *\*The home may ask if this is a*  
 1/15/18 Community received a letter from resident's PCP that resident's condition will require a higher *PS* level of care and she will not be returning to the community. *Investigation*  
 1/23/18 Licensing inspector Gerald Dumas was in the community on a complaint and requested information. Prior to 1/23/18 Executive Director and Director of Wellness were unaware of any allegations of neglect until this time. *Q*

We appeal this violation. The community had no knowledge of any "allegations of neglect" prior to complaint investigation on 1/23/18. As of 7/13/18 the community has received no written or verbal notification related to either the 1/10/18 investigation by AAA or the 1/23/18 complaint investigation by DHS.

Correction: Anytime conditions fall under 2600.15 DOW or ED will report to DHS the incident and make call to AAA within 24 hours as per regulation. *The Administrator will oversee to ensure ongoing compliance Q*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *TERRI KOTCH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TERRI KOTCH - Executive Director</i>	Date <i>7/12/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8-7-18</u> (Date)  <i>Q</i> The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>8-7-18</u> (Date) <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
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Violation Report: 22680 - 01/22/0018 - Dumas, Gerald  
 PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was admitted to the Personal Care Home on 11/06/17 and transferred to their Secured Dementia Care Unit on 12/28/17. A medical evaluation was not completed 60 days prior to admission of the secured unit as required by regulation.

**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.*

The medical evaluation was sent to the DR prior to the move of the resident and the Dr's office said they would fill it out & send it back. The membership group on vacation & did not sign it before he left.

The Palmerton will always have the signed DME in their possession before moving a resident or admitting a resident to the SOC unit. The Director of Wellness and Executive Director will make sure it is in the building before an admission or transfer is done.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *TERRI KOTCH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TERRI KOTCH - Executive Director</i>	Date <i>7/12/18</i>
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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 22680 - 01/22/0018 - Dumas, Gerald  
 PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**  
 Resident # 1 was admitted to the Secured Dementia Unit on 12/26/17. A preadmission screening was not completed for resident # 1 within 72 hours prior to admission to the Secured Dementia Unit.

**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.

The Director of Wellness did do the pre admission screening but did not have a geriatric assessment team in place or have the PCP sign it.

Moving forward the Palmserton will have the Pre Admission screening signed by the geriatric team or a PCP within 72 hours prior to admission or transfer to a SDC unit.

The Director of Wellness and Executive Director will make sure the pre admission screening is signed by the correct person and within possession before moving or admitting a resident to the SDC unit.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *TERRI KOTCH*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *TERRI KOTCH - Executive Director*      Date *7/12/18*

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Violation Report: 22680 - 01/22/0018 - Dumas, Gerald  
 PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**2a. DESCRIPTION OF VIOLATION**

Resident # 1 was admitted to the Secure Dementia Unit on 12/26/17. A support plan was not completed within 72 hours of the resident's admission to the unit.

**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 support plan will be developed, implemented and documented within 72 hours prior to the resident's admission or transfer to the SAC unit.

The Director of Wellness and Executive Director will make sure that the support plan is completed before any admission or transfer.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Tere Kobb*

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

*Tere Kobb - Executive Director*

Date

*7/12/18*

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*8-7-18*  
 (Date)

Plan of correction implementation status as of

*8-7-18*  
 (Date)

The above plan of correction was approved by

*Gf*  
 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented