



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2019

Ms. Terri Kotch
Executive Director
Inspirit Palmerton Operator LLC
71 Princeton Avenue
Palmerton, Pennsylvania 18071

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

Dear Ms. Kotch:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 19, 2018 and December 6, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

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

Enclosure
Violation Report

**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		
Certificate(s) of Occupancy		
I-2 05/23/2017 Borough of Palmerton	I-2 06/16/2010 Borough of Palmerton	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 87	Waking Staff: 65
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
10/19/2018: Harvey, Jason; Foulkes, Kimberli		
12/06/2018: Harvey, Jason; Foulkes, Kimberli		
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: 70	Number of Residents who:	
Number of Residents Served: 61	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 61	
Area: 1st Floor	Have Mental Illness: 17	
Secured Dementia Unit Capacity, if Applicable: 15	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 14	Have a Mobility Need: 26	
Number of Current Hospice Residents: 6	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 23		

Violation Report: 22680 - 10/19/2018 - Harvey, Jason
PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1's Ventolin HFA 90 mcg inhaler as needed was not on hand during the time of 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.

Medication ordered and received same day of inspection
Resident Wellness Director or assistant will do monthly
med cart audits to ensure all medications are present and
All discontinued medications are disposed of, no
medications are expired and all medications are
dated properly if dates needed.
The Administrator will oversee also for compliance.

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 *2/19/19*

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

The above plan of correction is approved as of 2-20-19
(Date)

The above plan of correction was approved by AK
(Initials)

Plan of correction implementation status as of 2-20-19
(Date)

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

Violation Report: 22680 - 10/19/2018 - Harvey, Jason
 PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #4's Resident Assessment Support Plan dated 3/9/18 indicated the resident was receiving wound care, but did not indicate the frequency of the wound care and who is responsible for ensuring visits and if the wound care is provided.

Resident #5's Resident Assessment Support Plan dated 4/18/18 indicated the resident was receiving hospice care, but does not indicate who is providing the hospice care and who is responsible for ensuring visits and if the wound care is provided.

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.

Corrected at time of inspection
 Reeducated all staff including Resident Wellness Director what is required on RASP's.
 Resident Wellness Director to oversee the RASP's and ensure timely updates are more technical with services that the resident is receiving such as name of company, frequency and who is responsible for ensuring visits.
 The Administrator will oversee also for compliance.

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>2/19/19</i>
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Violation Report: 22680 - 10/19/2018 - Harvey, Jason
 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 #2 was admitted to the SDCU on 12/8/17. The resident's preadmission, including the cognitive screening was completed on 11/30/17 more than 72 hours prior to admission to the home.

Resident #3 was admitted to the SDCU on 12/19/17. The resident's preadmission, including the cognitive screening was completed on 12/13/17 more than 72 hours prior to admission to the home.

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.

Can not correct at this time but making forward
 New resident will need director is aware of the 72 hour
 prior admission regulation for SDCU.
 All preadmission screening for the SDCU will be done
 within the required 72 hours.

The Administrator will oversee also for compliance

The Administrator will oversee an audit of all resident records of current SDCU residents. Any Pre-Admission Screenings that were late or omitted will have the record updated to reflect the audit findings. This will ensure current compliance. 2-20-19

AG

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/22/2018

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

2/19/19

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