



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: April 11, 2019

Ms. Carolyn Tomlinson
Executive Director
Inspirit Macungie Operator LLC
6488 Albertis Road
Macungie, Pennsylvania 18062

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

Dear Ms. Tomlinson:

As a result of the Department's Bureau of Human Services Licensing inspection on February 13, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22681 - 02/13/2019 - O'Haire, Anne
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.24 - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:
 (1) Bathing.
 (2) Oral hygiene.
 (3) Hair grooming and shampooing.
 (4) Dressing, undressing and care of clothes.
 (5) Shaving.
 (6) Nail care.
 (7) Foot care.
 (8) Skin care.

2a. DESCRIPTION OF VIOLATION
 Resident #1 requires assistance with showering. The home's shower schedule indicates the resident is scheduled for shower assistance on Wednesdays and Saturdays. On 2/7/19 the resident returned from a hospital stay. When the resident was interviewed by a Department representative on 2/13/19 the resident stated she had not had a shower since returning from the hospital. The resident was scheduled for a shower on 2/9/2019 but did not receive one.

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.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>3-29-19</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>4-9-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>4-9-19</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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This regulation is important because of the health and well-being of the residents.

On 2/7/2019 Resident #1 returned from a hospitalization where she was receiving treatment from an injury that occurred from a fall that happened while this resident was showering. This resident expressed great apprehension about getting into the shower, even with staff assistance and encouragement. This resident also expressed much concern about getting her cervical collar wet in the shower. Physician's orders indicated that the collar should not be removed. Staff requested from the physician some additional clarification about the collar at this time.

Due to the above fears and refusal from Resident #1 to get into the shower at this time, staff were able to bathe the resident at sink side with a sponge bath. This was done immediately upon her return from the hospital and again every few days.

Our staff were very conscientious about respecting this resident's rights and dignity and found a solution that was agreeable to the resident and accomplished the goal of bathing and body cleanliness.

4-9-19

MM

Violation Report: 22681 - 02/13/2019 - O'Haire, Anne
PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION

The home did not have adequate direct care staffing hours scheduled on 02-09-19. The home was required to have 55 hours of direct care staffing hours and the home had 54 hours direct care staffing hours.

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.

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

Reply to inspection Page 4 of 9

This regulation is important for the safety and well-being of the residents.

Our payroll records reflect that on the date of 02-09-19 the home had 68.5 hours of direct care staffing. Our payroll is based on time clocks.

Moving forward, our scheduling coordinator will review the paper schedules to ensure that they correctly reflect any changes or additions to the schedule.

For example: If a staff member has picked up an extra shift it has traditionally been indicated on a sign-up sheet near the schedule. These extra hours are reflected through the time clock and go through our payroll. Moving forward, our scheduling coordinator will review the paper schedules to ensure that they correctly reflect any changes or additions to the schedule.

4-9-19

MM

Violation Report: 22681 - 02/13/2019 - O'Haire, Anne
PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

The home did not have the required number of direct care waking staffing hours on 02-09-19. The home was required to have 41.25 direct care waking staff hours and the home had 40 hours of direct care waking staffing hours.

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

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This regulation is important for the safety and well-being of the residents.

Our payroll records reflect that on the date of 02-09-19 the home had 53 hours of direct care staffing during the 7-3 and 3-11 shifts. Our payroll is based on time clocks.

Moving forward, our scheduling coordinator will review the paper schedules to ensure that they correctly reflect any changes or additions to the schedule.

For example: If a staff member has picked up an extra shift it has traditionally been indicated on a sign-up sheet near the schedule. These extra hours are reflected through the time clock and go through our payroll. It is important to make sure that any names of staff members who have signed up for extra shifts be added to the original schedules.

4-9-19

MM

Violation Report: 22681 - 02/13/2019 - OHaire, Anne
PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Through interviews with staff and review of the residents' mobility needs, it was determined that the home was not adequately staffed to meet the home's residents' mobility needs. The home reported having 4 residents with mobility needs but through interviews with direct care staff the home had 4 residents who required the assistance of 2 staff to transfer but the home had an additional 11 residents who required the assist of one staff person to transfer. Through the review of the home's schedule the home had 2 staff scheduled that would not be adequate to evacuate the facility in the event of an emergency during the period on 02-09-19 during the hours of 9:00 PM to 11:00PM. The home had 2 staff scheduled on the 11:00PM to 7:00 AM shift on 01/27/19; 01/28/19; 01/29/19 and 02/09/19.

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

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This regulation is important for the safety and well-being of the residents.

The resident's mobility needs are of utmost importance to the home. Changes in mobility needs are regularly addressed with the staff, family and attending physicians.

The home's standard staffing pattern for the 11pm-7am shift is 3 staff members. In the event that a scheduled staff member is unable to fulfill their shift unexpectedly, the home has a system of notification to other staff members and to supervisors to request shift coverage.

Moving forward, our scheduling coordinator will review the paper schedules to ensure that they correctly reflect any changes or additions to the schedule, including names on sign-up sheets and supervisors' names if they are the ones to fulfill the staffing need.

4-9-19

MM

Violation Report: 22681 - 02/13/2019 - O'Haire, Anne
 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 annual DME was not completed timely. Resident #2 's previous DME evaluation date was 10/05/17 and the most recent DME evaluation was completed on 02/07/19.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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This regulation is important for the health and well-being of the residents.

Timely completion of the resident yearly medical evaluations is a priority for this home.

The Director of Nursing will be responsible for tracking and facilitating the completion of the resident's DME.

The Director of Nursing has adopted a tracking sheet in order to ensure the timely completion of both the DME and the RASP for each resident. (Attachment A).

4-9-19

MM

Violation Report: 22681 - 02/13/2019 - OHaire, Anne
PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 11/26/2018. The home did not complete an initial assessment within 15 days of admission and therefore a support plan was not developed to address the resident's needs. The most current assessment and support plan is dated 2/8/2019 and was completed after the resident suffered a fall and returned from the hospital on 2/7/2019.

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

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Reply to inspection Page 8 of 9

This regulation is important for the health and well-being of the residents.

Timely completion of the resident support plans is a priority for this home.

The Director of Nursing will be responsible for tracking and facilitating the completion of the resident's DME.

The Director of Nursing has adopted a tracking sheet in order to ensure the timely completion of both the DME and the RASP for each resident. (Attachment A).

4-9-19

MM

Violation Report: 22681 - 02/13/2019 - O'Haire, Anne
PCH Name: THE WILLOW 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 # 1's most current support plan dated 2/8/2019 does not accurately reflect the resident's needs and a plan to address those needs. The support plan does not indicate that the resident requires total assistance with showering in the personal hygiene section. As per interview with the resident care coordinator, the support plan should reflect that the resident requires a shower chair to be placed in the shower when the resident is receiving assistance with bathing. The support plan also does not indicate that the resident is required to wear a cervical collar due to a neck fracture that occurred when the resident fell while exiting the shower.

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Reply to inspection Page 9 of 9

This regulation is important so that the home can properly identify the needs of the residents and arrange for those needs to be met through available resources.

The RASP for Resident #1 has been updated to reflect both the cervical collar per physician order and the need for a shower chair.

4-9-19

MM