



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

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 November 7, 2019 until November 7, 2020,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226810**

Robert E. Robinson
ISSUING OFFICER

[Signature]
DEPUTY SECRETARY

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

November 7, 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 annual inspection on September 16, 2019 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.

A regular license is being issued based on the enclosed violation report. 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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY
Address: 6488 ALBERTIS ROAD,, MACUNGIE, PA 18062
County: LEHIGH **Region:** NORTHEAST

License Number: 22681

Administrator

Name: Connie Bills **Phone:** 6104218100 **Email:** Cbills@INSPIRITSENIORLIVING.COM C

Legal Entity

Name: INSPIRIT MACUNGIE OPERATOR LLC
Address: 6488 ALBERTIS ROAD, MACUNGIE, PA, 18062

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/08/2003 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 49 **Waking Staff:** 37

Inspection

Type: Full **BHA Docket #:** **Notice:** Unannounced
Reason: Provisional

Inspection Dates and Department Representative

09/16/2019 - On-Site: Jason Harvey, Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 67 **Residents Served:** 44

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 43
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 5 **Have Physical Disability:** 0

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

There was no documentation that staff member A hired 7/5/19 received the required training that is to take place the first 40 working hours.

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.)

Legal Entity Representative

Connie L. Bills
Signature

Connie L. Bills Executive Dir. 10/2/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 10-4-19
(Date)

Plan of correction implementation status as of 10-4-19
(Date)

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

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

This regulation is important because it ensures that all staff persons working in the home are familiar with resident’s rights, mandated reporting, and the procedures for responding to a medical emergency.

Action:	Owner:	Completion Date:
1. Required training was provided to staff member “A” *	BOM	9/27/2019
2. All employee files were checked to ensure completeness	BOM/ED	9/30/2019
3. Training was provided to BOM regarding regulatory compliance and completeness of employee files	ED	9/30/2019
4. Sign-off sheet developed to continue monitoring ** for completeness of employee files.	ED/BOM	Begin 9/27/2019
5. Conduct double checking of employee file immediately after training is completed	ED/BOM	Begin 9/27/2019

*See attachment #1

**See attachment #2

10-4-19

*BOM = Business Office Manager

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

Direct care staff person A, hired on 7/5/19, began providing unsupervised ADL services. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

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.)

Legal Entity Representative

Connie L. Bills
Signature

Connie L. Bills Executive Director
Printed Name and Title

10/2/19
Date

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This regulation is important because it ensures that each individual who provides assistance with ADL's is trained to do so properly.

Action:	Owner:	Completion Date:
1. Staff member "A" was given complete training of nursing duties ***	RWD	10/3/2019
2. Staff member "A" was able to demonstrate duties back to supervisor	RWD	10/3/2019
3. Training will be completed by all new DCS before giving any unsupervised care	RWD	Begin 9/30/2019
4. DCS will demonstrate proper ability to do ADL's before being unsupervised	RWD	Begin 9/30/2019
5. Training given to RWD and Asst. Supervisor regarding need for compliance and completeness of training duties	ED	9/30/2019
6. Will check on documentation of completeness of all nursing duties to ensure proper was done	ED/RWD	Begin 9/30/2019

***See attachment #3

10-4-19 *ag*

* RWD = Resident Wellness Director

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The letter from the fire safety expert dated 3/26/19 granted the facility an evacuation time of 13 minutes based upon the safety features and construction of the home. On 10/31/18 at 11:05 pm the home ran an overnight fire drill that residents were evacuated in 16 minutes. The drill exceeded the 13-minute evacuation time.

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.)

Legal Entity Representative

Connie L. Billson
Signature

Connie L. Billson Executive Director
Printed Name and Title

10/2/19
Date

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This regulation is important because it prevents fire-related deaths and injury by evacuating within the maximum evacuation time.

FYI: The previous Maintenance Director was the person who conducted the fire drill on 10/31/2018.

Action:	Owner:	Completion Date:
1. Current Maint. Dir. will be made aware of time allotted by the Fire Safety Expert	ED	9/17/2019
2. Will make sure that Maint. Dir. is aware of allotted time after each annual inspection by the Fire Safety Expert	ED	Begin 9/17/2019
3. Will review all documented fire drills for compliancy and timeliness	ED	Begin 9/17/2019
4. If any fire drill is non-compliant, staff will be retrained on fire drill safety.	Maint. Dir	Begin 9/17/2019
5. If any fire drills are found to be non-compliant, a second fire drill will be conducted to ensure safety and compliancy	Maint. Dir.	Begin 9/17/2019

10-4-19 *ag*

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home's fire drill record indicates the home did not complete a fire drill during sleeping hours within the past 6 six months. The most recently completed sleeping-hours fire drill was conducted on 2/23/18.

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.)

Legal Entity Representative

Connie L. Bills

Signature

Connie L. Bills *Executive Director*

Printed Name and Title

10/2/19

Date

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(Date)

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ag

(Initials)

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Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

This regulation is important because it is critical to practice response and evacuation while residents are asleep, since an individual's response time and actions when waking from sleep are reduced, and because most fire deaths occur during sleeping hours.

Action:	Owner:	Completion Date:
1. Maint. Dir. instructed on regulation and importance of compliance	ED	9/17/2019
2. Nighttime fire drill was conducted on 9/28/2019. ****	Maint. Dir.	9/28/2019
3. Will review all documented fire drills for competency and timeliness monthly	ED	Begin 9/17/2019
4. If any fire drill is non-compliant, staff will be retrained on fire safety and fire drills	Maint. Dir.	Begin 9/17/2019
5. If any fire drills are found to be non-compliant, a second fire drill will be conducted to ensure safety and compliancy.	Maint. Dir.	Begin 9/17/2019

****See attachment #4

10-4-19

ag

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation dated 6/19/19 did not contain the resident's temp.

Repeated Violation 10-17-18

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.)

Legal Entity Representative

Connie Z Bell
Signature

Connie L Bilsby Executive Director 10/2/19
Printed Name and Title Date

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This regulation is important because accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that resident's medical needs will be met.

Action:	Owner:	Completion Date:
1. RWD has been instructed to review all new DME's for completeness and compliancy.	ED	10/2/2019
2. Audit sheet will be implemented to ensure completeness and compliancy *****	ED	9/30/2019
3. All new DME's will audited for completeness and accuracy	RWD	Begin 9/30/2019
4. All new DME's will be double checked before being placed on resident's chart	ED	Begin 9/30/2019

*****See attachment #5

10-4-19 *ag*

184b - Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #2's Fiber Well Gummies was not labeled with resident's name on the OTC medication.

Repeated Violation 10-17-18

Plan of Correction (POC)

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Legal Entity Representative

Connie L. Billsby
Signature

Connie L. Billsby Executive Director 10/2/19
Printed Name and Title Date

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This regulation is important so that it will be clear to the home's staff persons as to whom the OTC medication or CAM belongs.

Action:	Owner:	Completion Date:
1. Name was placed on the bottle at time of inspection	RWD	9/16/2019
2. Weekly med cart audits will be performed —	RWD/ Asst. Sup.	Begin 10/1/2019
3. Med-techs will receive training on marking all OTC medications with resident's name +	RWD	Begin 10/1/2019

+See attachment #6

- see attachment #6/b

10-4-19

ag

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

The home did not properly maintain the Medication Administrator Record (MAR) of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:

Resident #3- On 9/14/19 the reading was 136 but was incorrectly transcribed as 143

Repeated Violation 10-17-18

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.)

Legal Entity Representative

Corina Zbelle
Signature

Connie L. Bilson Executive Director 10/2/19
Printed Name and Title Date

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- Partially Implemented - Inadequate Progress
- Not Implemented

This regulation is important because it reduces the risk that medications and medical equipment will be misplaced, lost, or misused.

Action:	Owner:	Completion Date:
1. Training given to med-techs regarding double checking the reading on the meter before entering it in the EMAR +++	RWD	10/2/2019
2. Implementation of audit sheet, to have glucometers checked twice weekly ++	RWD/ED	Begin 10/2/2019
3. RWD will check glucometers every Tuesday and document checking	RWD	Begin 10/2/2019
4. ED will check glucometers every Friday and document checking	ED	Begin 10/2/2019
5. Checking of glucometers will continue bi-weekly for 90 days and if no issues are noted, will than be changed to monthly.	ED	Begin 1/6/2020

++See attachment #7

+++See attachment #8

ag

10-9-19