



**Sent via email to: [cbills@inspiritseniorliving.com](mailto:cbills@inspiritseniorliving.com)**  
**MAILING DATE: August 27, 2020**

Ms. Connie Bills  
Administrator  
Inspirit Macungie Operator LLC  
6488 Albertis Road  
Macungie, Pennsylvania 18062

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

Dear Ms. Bills:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 21, 2019, November 22, 2019 and November 27, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is written in a cursive style.

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# 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

## Legal Entity

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

## Certificate(s) of Occupancy

**Type:** C-2 LP **Date:** **Issued By:**

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 62 **Waking Staff:** 47

## Inspection

**Type:** Partial **BHA Docket #:** **Notice:** Unannounced  
**Reason:** Complaint, Incident

## Inspection Dates and Department Representative

11/21/2019 - On-Site: Ryan Yankowy  
11/22/2019 - Off-Site: Ryan Yankowy  
11/27/2019 - Off-Site: Ryan Yankowy

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 67 **Residents Served:** 58

### Secured Dementia Care Unit

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

### Hospice

**Current Residents:** 5

### Number of Residents Who:

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 57  
**Diagnosed with Mental Illness:** 5 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 4 **Have Physical Disability:** 0

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

An allegation of abuse was made to the Director of Wellness A from Direct care staff member B on 10/11/19 regarding Resident #1 being abused by Direct care staff member C on 10/9/19. The allegation of abuse was not reported to the local area agency on aging.

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

12/24/19  
Date

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The above plan of correction is approved as of 8-25-2020  
(Date)

Plan of correction implementation status as of 8-25-2020  
(Date)

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

Implemented  
 Not Implemented

Revised POC 8/14/20

15a This regulation is important because it ensures that abuse or suspected abuse is appropriately reported and investigated.

Action:	Owner:	Completion Date:
1. <del>#</del> Training done on new revised policy And procedure written by ED regarding What abuse is, reporting, plan of supervision And how to investigate reports.	ED	7/29/2020
2. Training regarding this same information will be Done on an annual basis <del>#</del> <del>#</del>	ED	Began 7/29/2020 ongoing
3. This same training will be a part of all new employee's Orientation <del>#</del> <del>#</del> <del>#</del>	BOM	Began 7/29/2020 ongoing

8-25-2020 *ag*

*# 15a - 1*  
*## 15a - 2*  
*### 15a - 3*

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

An allegation of abuse was made to the Director of Wellness A from Direct care staff member B on 10/11/19 regarding Resident #1 being abused by Direct care staff member C on 10/9/19. The Director of Wellness A did not immediately implement a plan of supervision or suspend Direct care staff member C. Direct care staff member continued to work from from 10/9/19-10/14/19. Direct care staff member C was terminated on 10/14/19 after another incident of abuse occurred on 10/14/19 with Resident #1.

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 C. Bills*  
Signature

*Connie C Bills Executive Director* 12/24/19  
Printed Name and Title Date

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(Date)

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

Implemented  
 Not Implemented

15b This regulation is important to ensure the safety and well-being of all residents.

Action:	Owner:	Completion Date:
1. Training was completed on new revised Policy and procedure written by ED Regarding what abuse is, reporting, plan of Supervision and how to investigate report.	ED	7/29/20
2. Training was given to all managers on 7/29/20 Regarding new revised policy and procedure and New investigation form	ED	7/29/20
3. Training on this information will be done on an Annual basis.	ED	Began 7/29/20 Ongoing
4. Training on this information will be done as part Of all new employee's orientation	BOM	Began 7/29/20 ongoing
See attachments 15a-1, 15a-2 and 15a-3	8-25-2020	<i>ag</i>

15d - Resident Abuse-Notification

Regulations

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

An allegation of abuse was made to the Director of Wellness A from Direct care staff member B on 10/11/19 regarding Resident #1 being abused by Direct care staff member C on 10/9/19. The allegation of abuse was not reported immediately to Resident #1's POA.

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

	<i>Connie L. Bills Executive Director</i>	<i>12/24/19</i>
Signature	Printed Name and Title	Date

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The above plan of correction was approved by	<u>ag</u> (Initials)	<input checked="" type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented	

15d This regulation is important because it ensures the resident and their designated person the right to know what has happened and how the community is proceeding.

Action:	Owner:	Completion Date:
1. Training was completed on the new And revised policy and procedure written By the ED.	ED	7/29/20
2. Training the new and revised policy and Procedure will be done annually.	ED	Began 7/29/20 Ongoing
3. Training on this new and revised policy And procedure will be part of all new Employee's orientation	BOM	Began 7/29/20 ongoing
4. Resident's designated person was Notified of incident	RWD	11/22/19
See attachments 15a-1, 15a-2 and 15a-3	8-25-2020	<i>ag</i>

## 42b - Abuse

## Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

Resident #1 has a diagnosis of late onset Alzheimer's disease and Parkinson's disease as well as a recent right femur fracture. The resident requires full assistance with everything. The resident requires extensive supervision and cannot function independently. On 10/9/19 from approximately 6 pm-11 pm the following events happened to Resident #1: Direct care staff member C opened Resident #1's window while the resident was in bed on two occasions. The resident only had a thin sheet covering the resident and the resident is unable to get out of bed to shut the window. Direct care staff member C left rubber gloves on Resident #1's face and the resident was unable to remove the gloves independently. Direct care staff member C also sprayed lotion on Resident #1's face and eyes which burned Resident #1's eyes. Resident #1 was unable to remove the lotion from the residents face independently. Direct care staff member C deliberately caused pain and mental anguish to Resident #1.

On 10/14/19 at approximately 9:05 pm Resident #1 was heard screaming over the Assistant Director of Wellness D's walkie talkie. The resident was screaming "oh my God, oh my God, no no no!" Direct care staff member C was heard saying "don't yell, don't yell." Assistant Director of Wellness D ran to Resident #1's room and observed Direct care staff member C running out of Resident #1's room. The Assistant Director of Wellness D pulled Resident #1's sheet down and observed the Residents left forearm had 6 skin tears and bruising all the way up the residents forearm. Resident #1 reported someone scratched the resident. Direct care staff member C inflicted injury to Resident #1.

## 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

  
Signature

Connie L. Bills Executive Director  
Printed Name and Title

12/24/19  
Date

42b - Abuse (*continued*)

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(Initials)

Implemented  
 Not Implemented

42b This regulation is important because it protects our residents from abuse and neglect

Action:	Owner:	Completion Date:
1. Staff member "C" was terminated *	RWD	Completed 10/14/19
2. Training was done on new revised policy ** And procedure written by ED regarding What is abuse, reporting, plan of supervision And how to investigate abuse report.	ED	Completed 7/29/20 ongoing
3. Training on this new revised policy and Procedure will be done annually ***	ED	Completed on 7/29/20 Ongoing
4. Training on this policy and procedure Will be part of all new employee's Orientation ****	BOM	Completed on 8/12/20 ongoing

\* - #5

\*\* - #15a-1

\*\*\* - 15a-2

\*\*\*\* - 15a-3

8-25-2020 ag

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 10/9/19 Direct care staff C member was observed by Direct care staff member E face timing with Direct care staff member F in Resident #1's bedroom. Direct care staff member C was observed in Resident #1's room panning the phone around the room and at Resident #1 while the resident was lying in bed. Direct care staff member C violated Resident #1's right to privacy.

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 Bell*  
Signature

*Connie Bell Executive Director*  
Printed Name and Title

*12/24/19*  
Date

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42s This regulation is important because it protects a resident's right to privacy while protecting other residents from dangerous and harmful items.

Action:	Owner:	Completion Date:
1. Staff member "C" was terminated	RWD	10/14/19
2. Staff member "F" was reprimanded	RWD	10/15/19
3. New policy was implemented Regarding Resident's Rights and use Of social media	ED	12/20/19
4. All current employees will have to Read and sign new policy	BOM	1/13/20
5. New policy will be part of all New employee's orientation	BOM	Start 12/20/19 ongoing

1. - See #5

2. - See #6

3. - See #7

4. - See #7a

8-25-2020 *ag*

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Direct care staff member F hired 4/6/19 and Director of Wellness A hired 9/30/19 did not receive training in the general fire safety orientation that needs to be completed on the first day of work.

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 Bell  
Signature

Connie L Bitts Executive Director  
Printed Name and Title

12/26/19  
Date

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This regulation ensures that all staff persons are immediately trained to respond to an emergency situation.

Action:	Owner:	Completion Date:
1. DCS person F received proper training #	Maint. Dir.	12/22/2019
2. Staff person A received proper training ##	Maint. Dir.	12/22/2019
3. New policy and procedure was implemented regarding Staff Orientation and Development ### 10	ED	12/26/2019
4. New employee check list was implemented. #### 11 to ensure completeness of employee records ####	ED/BOM/Dept. Head	Began 12/26/2019

# See attachment 8

## See attachment 9

### See attachment 10

#### See attachment 11

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:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff member F hired 4/6/19 and Director of Wellness A hired 9/30/19 did not receive training in resident rights, The Older Adult Protective Services Act, the emergency medical plan and reporting of reportable incidents and conditions within the first 40 hours worked.

Repeat Violation: 9/16/19

Plan of Correction (POC)

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Legal Entity Representative


*Connie L Bilt Executive Director*
*12/26/19*  
 Signature Printed Name and Title Date

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 (Date)  Implemented (Date)  
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 (Initials)

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This regulation ensures that ancillary staff persons have the training needed to perform their job duties.

Action:	Owner:	Completion Date:
1. DCS person F received proper training	RWD	Completed: 12/12/2019,12/17/2019,12/20/2019
2. Staff person A received proper training	ED	Completed 12/22/2019
3. New policy and procedure was implemented regarding Staff Orientation and Development	ED	Completed 12/26/2019
4. New employee check list was implemented to ensure completeness of employee records	ED/BOM/Dept. Head	Began 12/26/2019
5. Training done with managers regarding all new employee policies + checklist =	ED	Completed: 12/26/19

= See attachment 12

8-25-2020 ag