



**Sent via e-mail: [tkotch@inspiritseniorliving.com](mailto:tkotch@inspiritseniorliving.com)**  
**MAILING DATE: May 5, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 30, 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 with a large initial "A".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: THE PALMERTON, AN INSPIRIT SENIOR LIVING COMMUNITY  
Address: 71 PRINCETON AVENUE,, PALMERTON, PA 18071  
County: CARBON Region: NORTHEAST

License Number: 22680

## Administrator

Name: Terri Kotch Phone: 6108247406 Email: TKOTCH@INSPIRITSENIORLIVING.COM

## Legal Entity

Name: INSPIRIT PALMERTON OPERATOR LLC  
Address: 71 PRINCETON AVENUE, PALMERTON, PA, 18071

## Certificate(s) of Occupancy

Type: I-2 Date: 05/23/2017 Issued By: Palmerton Borough

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 77 Waking Staff: 58

## Inspection

Type: Full BHA Docket #: Notice: Unannounced  
Reason: Renewal, Complaint

## Inspection Dates and Department Representative

12/30/2019 - On-Site: Ryan Yankowy, Ann O'Haire

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 71 Residents Served: 67

### Secured Dementia Care Unit

In Home: Yes Area: n/a Capacity: 15 Residents Served: 11

### Hospice

Current Residents: 1

### Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67  
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 16 Have Physical Disability: 0

17 - Record Confidentiality

Regulations

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The resident privacy coding document was attached to the Licensing inspection summaries dated 7/31/19, 4/11/19 & 10/19/18 posted in the lobby area of the home. The resident privacy coding document exposes confidential information of the residents.

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.)

Violation was corrected immediately.  
 Resident's confidential information was removed from Licensing Inspection Report that was posted in lobby area.  
 Administrator will ensure that there is no confidential information on any document that is posted in a public area.  
 Administrator will check this quarterly.

Legal Entity Representative

TERRI KOTCH  
 Signature

TERRI KOTCH  
 Printed Name and Title

2/20/2020  
 Date

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The above plan of correction is approved as of 3-4-2020  
 (Date)

Plan of correction implementation status as of 3-4-2020  
 (Date)

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

- Implemented
- Not Implemented

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Description of Violation

Direct care staff member A hired 10/18/16 and B hired 6/17/16 did not receive training in infection control for 2018.

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.)

Both staff members were educated on the importance of staff training.

Regulation reviewed with staff that certain topics are mandatory trainings and must be obtained within the calendar year.

Administrators will ensure and monitor quarterly that all staff members receive these mandatory trainings within the calendar year and that they have the required hours of training per the regulation.

Legal Entity Representative

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Signature

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*ag*

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105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

A handful of lint was located in the lint trap of the dryer located in the 2nd floor laundry area, posing a possible fire hazard.

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.)

Staff were reeducated on the importance of emptying the dryer lint trap after each use. A sign was put on the dryers to remind staff and residents to empty the lint trap after each use. A column was added to our laundry form that staff will have to initial that the lint trap was cleaned.

Maintenance Director will make rounds daily to make sure that lint traps are being emptied.

Administrators will also ensure that lint traps are being emptied by randomly checking them.

See attachment A+B

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132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

All of the residents did not evacuate to a fire safe area or to the outside of the building during the fire drill conducted on 12/24/19 at 3:14 pm.

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.)

Maintenance Director was re-educated by Administrator on the regulation and the importance of complete evacuation to the outside or to the fire safe area during all drills.

At Staff Meeting 1/08/2020 staff was re-educated on the procedure and importance of full evacuation.

Maintenance Director will make sure that with every monthly fire drill it is done properly with complete evacuation to the outside or fire safe area.

Administrator will ensure that all residents evacuate to the fire safe area or to the outside of the building during each monthly fire drill.

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182b - Prescription Medication

Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff member C's most recent annual practicum was completed on 10/18/19, the previous was completed on 8/8/18.

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.)

Medication Trainer made aware of violation  
 Medication Trainer re-educated on the regulation and importance  
 of annual practicum being in compliance within the year.

Medication Trainer will make a chart when observations and  
 var reviews are to be done for each med tech for the year.  
 Medication Trainer will check chart monthly and complete  
 task that is needed.

Administrator will ensure that observations and var  
 reviews are in compliance and up to date quarterly.  
 Affiliated Home's med trainer on site for POC verif 3-4-2020

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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

Resident #1's glucometer was not calibrated to the correct 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.)

The Violation was corrected immediately  
The Glucometer was calibrated to the correct time.  
Resident Wellness Director or Assistant Resident Wellness Director  
will make sure that the time and date is correct on each  
glucometer when they are auditing the blood glucose  
readings weekly.

The Administration will also monitor to ensure everything  
is correct on the glucometer.

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187c - Refusal of Medication

Regulations

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #2 refused morning medications on 12/13-12/15/19 and 12/22/19. The resident refused night medications on 12/22/19, the doctor was not notified regarding the refusals.

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.)

All Med Tech staff made aware of violation  
Med Tech staff re-educated on the regulation on 1/08/2020 regarding refusal of medication and protocol of med refusals.

Resident Wellness Director or Assistant Resident Wellness Director will monitor all refusals weekly and make sure the staff are following the regulation in reporting to doctor.

Administrator will also ensure that used refusals are being reported to doctor as per regulation.

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251b - Record Entries Legible

Regulations

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The home used correction fluid on two incident reports sent to the Department. One incident report dated 07/17/19 regarding Resident #1 had correction fluid use on the resident's name. An incident report dated 07/16/19 regarding resident #2 had correction fluid used on the date and time the incident occurred.

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.)

All staff that chart on resident records were made aware of violation.

All staff that chart on resident records were made aware that a resident's record is permanent and cannot have correction tape on it for any reason at staff meeting 1/08/2020.

Staff was educated that if an error occurs to put a line through the error and write error and then continue to write the correct information.

Resident Wellness Director or Assistant Resident Wellness Director will monitor charts monthly and check that the resident record is legible and no correction tape was used.

Administration will ensure that resident record is in compliance with regulation.

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