



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail: tkotch@inspiritseniorliving.com**  
**MAILING DATE: April 23, 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 February 14, 2020, February 18, 2020 and March 4, 2020 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".

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-1 Date: Issued By:

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 79 Waking Staff: 59

## Inspection

Type: Partial BHA Docket #: Notice: Unannounced  
Reason: Complaint, Interim

## Inspection Dates and Department Representative

02/14/2020 - On-Site: Ryan Yankowy, Pam Harris  
02/18/2020 - On-Site: Ryan Yankowy, Pam Harris  
03/04/2020 - On-Site: Ryan Yankowy

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 71 Residents Served: 63

### Secured Dementia Care Unit

In Home: Yes Area: n/a Capacity: 15 Residents Served: 12

### Hospice

Current Residents: 3

### Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63  
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 16 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

Resident #1 reported to Direct care staff member A that direct care staff member B allegedly sexually assaulted Resident #2 in Resident #1 & #2's bathroom. Resident #1 reported this allegation prior to 10/21/19. On approximately 11/6/19 Direct care staff member A made ancillary staff member C, staff member D the homes director of wellness and staff member E the Administrator aware of the alleged allegation of sexual assault. The home never reported the allegation of abuse 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.)

All staff including managerial staff will be re-educated on the importance of immediate reporting of any abuse or suspected abuse so the appropriate agencies and persons can be notified. (DHS, Local area on aging, police, family or per.)  
 Local area on aging was scheduled to do training on Act 13+28 and Resident Rights but training had to be cancelled. Staff education was then conducted in March 2020.  
 See Attachment A.  
 Administrator or Dow will ensure current compliance as soon as it is reported. ag

The Carbon County AAA training will be rescheduled upon resumption of normal business. 4-3-2020

Legal Entity Representative

Terri Ketch  
Signature

Terri Ketch Executive Director  
Printed Name and Title

4/1/2020  
Date

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

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

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

Implemented  
 Not Implemented

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

Resident #1 reported to Direct care staff member A that direct care staff member B allegedly sexually assaulted Resident #2 in Resident #1 & #2's bathroom. Resident #1 reported this allegation prior to 10/21/19. On approximately 11/6/19 Direct care staff member A made ancillary staff member C, staff member D the homes director of wellness and staff member E the Administrator aware of the alleged allegation of sexual assault. The home never reported the allegation of abuse to Resident #2 or Resident #2'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.)

All staff including managerial staff will be re-educated on the importance of immediate reporting of any type of abuse or suspected abuse so the appropriate agencies and persons can be notified.

(DHS, local area of aging, police, family or POA.)

Local area of aging was scheduled to do training on Act 13 + 28 and Resident Rights but training had to be ~~cancelled~~.

Staff education was then conducted in March 2020

See attachment A

Administrator or DOW will ensure current compliance was soon as it is reported.

The Carbon County AAA training will be rescheduled upon resumption of normal business. 4-3-2020

Legal Entity Representative

  
Signature

Terri Kotech Executive Director 4/1/2020  
Printed Name and Title Date

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 Not Implemented

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 reported to Direct care staff member A that direct care staff member B allegedly sexually assaulted Resident #2 in Resident #1 & #2's bathroom. Resident #1 reported this allegation prior to 10/21/19. On approximately 11/6/19 Direct care staff member A made ancillary staff member C, staff member D the homes director of wellness and staff member E the Administrator aware of the alleged allegation of sexual assault. The home never reported the allegation of abuse to the Department.

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 including managerial staff will be reeducated on the importance of immediate reporting of any abuse or suspected abuse so the appropriate agencies + persons can be notified. (DHS, Local area aging, police, family pr.)  
 Local area on aging was scheduled to do training on Oct 13 + 28 and Resident Rights but training was ~~cancelled~~  
 Staff education was then conducted in March 2020  
 See Attachment A.

Administrators on Down will ensure current compliance as soon as it is reported. <sup>ag</sup>  
 The Carbon County AAA training will be rescheduled upon resumption of normal business. 4-3-2020

Legal Entity Representative

Terri Hatch  
 Signature

Terri Hatch Executive Director  
 Printed Name and Title

4/1/2020  
 Date

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 Not Implemented

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

At approximately 9:31 am on 3/4/20 and 10:50 am the electronic EMARS were left unlocked and unattended in the home. The EMARS contain 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.)

All Med Tech staff will be re-educated on the importance of confidential information and that they must log totally out of program if they are away from the Med. cart.  
 When we went to EMARS system staff was taught to use the blenders to block out all information while they were not at the cart not realizing that if someone came & moved the mouse, you could obtain confidential information.  
 Staff education was conducted in March 2020  
 See Attachment B.  
 Dow or LPN will monitor and check this weekly See Flawsheet B.  
 Administrator will also ensure current compliance with spot checks intermittently.

Legal Entity Representative

TERRI KOTCH  
Signature

TERRI KOTCH Executive Director  
Printed Name and Title

4/1/2020  
Date

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The above plan of correction is approved as of 4-3-2020 (Date) Plan of correction implementation status as of 4-3-2020 (Date)  
 The above plan of correction was approved by ag (Initials)  Implemented  Not Implemented

42c - Treatment of Residents

Regulations

2600.  
42.c. A resident shall be treated with dignity and respect.

Description of Violation

According to a disciplinary report in Direct care staff member B's employee file the following was noted: Direct care staff member B was witnessed yelling at a resident on 10/5/18 stating "I told you it was in your Room!" Direct care staff member B did not treat the resident with dignity and respect.

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.)

Employee B was disciplined at the time of incident.  
Employee B is no longer employed at this community.  
All staff will be reeducated on Resident Rights and treating the resident with dignity + respect.  
Local Area on Aging was scheduled to do training on Resident Rights + Act 13+28 but ~~cancelled~~  
Staff reeducation was then conducted 3/2020  
See attachment A.

Administrator or DOW will ensure current compliance.

ag

The Carbon County AAA training will be rescheduled upon resumption of normal business. 4-3-2020

Legal Entity Representative

Terri Kotch  
Signature

Terri Kotch Executive Director 4/1/2020  
Printed Name and Title Date

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 Not Implemented

85a - Sanitary Conditions

Regulations

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

Upon entering Room #213 A an extreme smell of urine is noted throughout the room.

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.)

Room 213 was immediately cleaned by housekeeping.  
Carpet was shampooed also to make sure that no urine  
was in the carpet causing the smell.

Staff will be re-educated on the importance of  
cleaning the catheter bag with vinegar to alleviate odors  
when changing bags. Day bag to night bag.

Staff re-education was done March 2020

See attachment C

Down or Administrator will ensure compliance by  
randomly checking all rooms.

Legal Entity Representative

TERRI KOTCH  
Signature

TERRI KOTCH Executive Director  
Printed Name and Title

4/11/2020  
Date

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