

Department of Human Services
Bureau of Human Service Licensing

June 9, 2021

██████████ EXECUTIVE DIRECTOR
INSPIRIT MACUNGIE OPERATOR LLC
6488 ALBURTIS ROAD
MACUNGIE, PA 18062

RE: THE WILLOW, AN INSPIRIT SENIOR
LIVING COMMUNITY
6488 ALBURTIS ROAD
MACUNGIE, PA, 18062
LICENSE/COC#: 22681

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/23/2021, 02/24/2021, 02/25/2021, 02/26/2021, 03/01/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY **License #:** 22681 **License Expiration Date:** 11/07/2021
Address: 6488 ALBURTIS ROAD, MACUNGIE, PA 18062
County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 6104218100 **Email:** [REDACTED]

Legal Entity

Name: INSPIRIT MACUNGIE OPERATOR LLC
Address: 6488 ALBURTIS ROAD, MACUNGIE, PA, 18062
Phone: 6104218100 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/08/2003 **Issued By:** PALI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 61 **Waking Staff:** 46

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 02/23/2021

Inspection Dates and Department Representative

02/23/2021 - On-Site: [REDACTED]
02/24/2021 - Off Site: [REDACTED]
02/25/2021 - Off-Site: [REDACTED]
02/26/2021 - Off-Site: [REDACTED]
03/01/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 67 **Residents Served:** 49

Secured Dementia Care Unit

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

Hospice

Current Resident: 5

Resident Demographic Data as of Inspection Dates *(continued)*

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 48

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 12

Have Physical Disability: 0

Inspections / Reviews

02/23/2021 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/08/2021

4/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 04/22/2021

6/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

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

No incident report was sent to the department after resident 1 was hospitalized on [REDACTED] after falling in the home. The home is required to send an incident report within 24 hours of the incident.

Plan of Correction

Accept

2600.16c This regulation is important because reporting incidents allows the department to respond promptly to serious situations, and offers homes the opportunity to provide information that may reduce the need for the Department to pursue additional information.

Action: Owner: Completion Date:

The ED will take over all reporting ED 5/6/2021

Of State reportables for the next 4 weeks

May 6th, 2021)

All Administrator Designees will be trained ED 4/12/2021

On how to properly complete State Reportables

And emailing them.

After training and managers know how to do reportables ED after 4/12/2021

Properly, according to regulation, then they will start and ongoing

Completing them and emailing them to ED first to be

Reviewed. After reviewing report, it will then be emailed

To DHS.

After managers have a good understanding of the DHS all managers after 5/6/21

Report, all reportables will be cc to me when they are and ongoing

Emailed to DHS

Completion Date: 05/06/2021

Update - 04/15/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

see attached

60a - Staff/Support Plan

1. Requirements

2600.

60a - Staff/Support Plan (continued)

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

The facility has a census of 49 residents which includes 12 with mobility needs. On 1/12/2021, There was only 1 DCS member scheduled from 11pm to 7am. Based upon the needs of the residents, 1 Direct Care Staff member is unable to meet the resident needs.

Plan of Correction

Accept

2600.60a This regulation is important because it ensures that there are sufficient staff persons on duty at all times to meet resident’s needs.

Action: Owner: Completion Date:

If staff calls out; Staff member must be RWD/ED 4/6/21 and ongoing

Replaced immediately, by asking staff person

To stay, mandate a staff person or have RWD or ED

Fill-in shift.

If staffing is insufficient according to schedule; ask staff RWD/ED 4/6/21 and ongoing

Member to fill-in shift(s), mandate a staff person or

Have RWD or ED fill-in shift.

2 week schedule will be sent to ED 2 weeks before RWD 4/6/21 and ongoing

Schedule starts.

ED will check scheduled hours according to regulations ED 4/6/21 and ongoing

To ensure sufficient staffing.

RWD will alert ED as soon as possible of any RWD 4/6/21 and ongoing

Schedule changes.

Completion Date: 04/06/2021

Update - 04/15/2021

Immediately and Ongoing:

Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

The administrator or designee shall monitor schedule (to meet resident needs) weekly X's 4 months to ensure ongoing compliance.

Document Submission

Implemented

see attached

141b2 - Medical Evaluation Changes

1. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

141b2 - Medical Evaluation Changes *(continued)*

Description of Violation

Resident 2 s most recent DME was dated 5/7/2020. A new DME should have been completed after Resident 2 returned to the home on 2/5/2021, with a new diagnosis of cancer and new mobility needs. Resident 2 also started Hospice Services 2/10/21.

Plan of Correction

Accept

2600.141b2 This regulation is important to make sure accurate, updated 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:

RWD will meet with nursing staff RWD 3/30/2021

To make sure nursing staff are communicating

To either RWD&/or ED when a resident is being

Sent out to the hospital and reason why resident

Was sent.

RWD will contact hospital on next day of admission RWD 4/8/2021 and ongoing

For diagnosis. This will be documented in resident's

Chart.

Before resident is discharged, if there is a change RWD/ED 4/8/2021 and ongoing

In diagnosis, new DME will be completed before

Returning to the home

If resident's health has declined, and resident RWD 4/8/2021 and ongoing

Is placed on hospice a new DME will be completed

Within 5 days of the order

All new DME's will be given to ED for review ED 4/8/2021 and ongoing

Completion Date: 04/08/2021

Document Submission

Implemented

see attched

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

Resident 3 and Resident 4 stated that their medications have been placed in cups and left in their rooms. Staff does not always watch them to ensure that the pills are taken.

182c - Medication Administration (continued)

Plan of Correction

Accept

2600.182c This regulation is important to ensure that medications are administered properly.

Action; Owner; Completion Date:

MT will receive reminder on not RWD/ED 3/30/2021

Leaving ANY medications in a Resident's room, that this is not Proper procedure

MT will receive proper procedure on ED 4/13/2021

Administering meds and how they are

To watch resident actually to medications.

Will reinforce to MT the importance of why ED 4/13/2021

It is so important to follow ALL the steps of the Medication procedure.

Completion Date: 04/13/2021

Update - 04/15/2021

Please send/Attach proof of staff training regarding compliance with this regulation.

Document Submission

Implemented

see attached

185a - Implement Storage Procedures

1. Requirements

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 2 is prescribed a PRN medication of Hyoscyamine .125mg tablet as needed, Nitroglycerin .4mg as needed, and Tylenol 500mg tablet as needed. None of the three medications were available for the resident.

185a - Implement Storage Procedures *(continued)*

Plan of Correction

Accept

2600.185a This regulation is important because it reduces the risk that medications and medical equipment will be misplaced, lost, or misused.

Action; Owner: Completion Date:

A medication cart audit will RWD or ED 4/8/21 and ongoing

Be done weekly

ALL issues with medications RWD 4/8/21 and ongoing

During audit will be corrected

Immediately

New medication orders will be checked RWD 4/8/21 and ongoing

By the RWD and make sure med is here,

Labeled correctly, and started.

ALL audits will be given to ED as soon as RWD 4/8/21 and ongoing

They are completed for review

Completion Date: 04/08/2021

Update - 04/15/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

see attached

227d - Support Plan Medical/Dental

1. Requirements

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 2's RASP dated 5/18/2020 was not updated to reflect Hospice services being received by Resident 2 or their current mobility needs.

227d - Support Plan Medical/Dental *(continued)***Plan of Correction****Accept**

2600.227d This regulation is important because it ensures that each resident's needs are being met as those needs change, and that accountability for meeting those needs are firmly established.

Action: Owner: Completion Date:

RWD will be responsible for RWD 4/8/21 and ongoing

Updating ALL RASPS on the update sheet

RASPs will be updated accordingly to show RWD 4/8/21 and ongoing

All of the current needs of the resident.

After RASP is updated it is to be brought RWD 4/8/21 and ongoing

To ED for review

ED spoke to RWD of the importance as to why ED 4/8/21

RASPs have to be continually updated

Completion Date: 04/08/2021

Update - 04/15/2021

Please send/Attach proof of staff training.

Document Submission**Implemented**

See attachment. Training done