

Department of Human Services  
Bureau of Human Service Licensing

May 4, 2021

██████████ ADMINISTRATOR  
INSPIRIT PALMERTON OPERATOR LLC  
71 PRINCETON AVENUE  
PALMERTON, PA 18071

RE: THE PALMERTON, AN INSPIRIT  
SENIOR LIVING COMMUNITY  
71 PRINCETON AVENUE  
PALMERTON, PA, 18071  
LICENSE/COC#: 22680

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/15/2021 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 PALMERTON, AN INSPIRIT SENIOR LIVING COMMUNITY      **Licen e #:** 22680      **Licen e Expiration Date:** 01/05/2022  
**Addr e :** 71 PRINCETON AVENUE, PALMERTON, PA 18071  
**County:** CARBON      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 6108247406      **Email:** [REDACTED]

**Legal Entity**

**Name:** INSPIRIT PALMERTON OPERATOR LLC  
**Address:** 71 PRINCETON AVENUE, PALMERTON, PA, 18071  
**Phone:** 6108247406      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 70      **Waking Staff:** 53

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Complaint      **Exit Conference Date:** 03/15/2021

**Inspection Dates and Department Representative**

03/15/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 71      **Residents Served:** 49

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** n/a      **Capacity:** 15      **Residents Served:** 10

**Hospice**

**Current Resident :** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 49  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 21      **Have Physical Disability:** 1

Inspections / Reviews

03/15/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *04/21/2021*

5/3/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/10/2021*

5/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 121a - Unobstructed Egress

### 1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

### Description of Violation

*The sliding doors at the entrance to the home were turned off to prevent visitors entering the home and did not open without being pried open and/or pushed forcefully as per emergency use instructions on the door. The doors did not allow for egress from the home unless pried open.*

### Plan of Correction

**Accept**

*The Administrator turned on the door immediately upon notification on 3/15/2021.*

*An additional free standing stop sign was purchased and placed in the doorway to defer outside people from entering through the door into the building when the automatic opens. An additional was sign was also added to the free standing sign that there was no admittance and to ring bell for service. 3/19/2021*

*Administrator or Front Office Manager will make sure both sets of sliding doors are always turned on.*

**Completion Date:** 03/19/2021

### Update - 05/03/2021

*Immediately and Ongoing:*

*The identified area will be unobstructed, as will all stairways, hallways, doorways, passageways and egress routes from rooms and from the building.*

*The administrator will monitor (WEEKLY X's 4 months) all stairways, hallways, doorways, passageways and egress routes from rooms and from the building and shall be unlocked and unobstructed. 5-3-2021 - MM*

### Document Submission

**Implemented**

*The Administrator turned on the door immediately upon notification on 3/15/2021.*

*An additional free standing stop sign was purchased and placed in the doorway to defer outside people from entering through the door into the building when the automatic opens. An additional was sign was also added to the free standing sign that there was no admittance and to ring bell for service. 3/19/2021*

*Administrator or Front Office Manager will make sure both sets of sliding doors are always turned on.*

*Completion Date: 03/19/2021 he administrator will do weekly checks that there is no obstructed egresses routes through out the building*

## 141a 1-10 Medical Evaluation Information

### 1. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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**

*The documentation of medical evaluation form (DME) dated 12/22/20 for resident #1 did not include the resident’s weight and pulse rate.*

**Plan of Correction**

**Accept**

*Following the inspection on 3/15/2012 the Resident Wellness Director was made aware of the missing item's on Resident 1's DME.*

*RWD realizes the importance of the DME being completely filled out.*

*A monthly check list was made and started for making sure all DME's for the month are done and completely filled out. (See attached)*

*The Administrator will monitor for ongoing compliance.*

**Completion Date: 04/01/2021**

**Document Submission**

**Implemented**

*Following the inspection on 3/15/2012 the Resident Wellness Director was made aware of the missing item's on Resident 1's DME.*

*RWD realizes the importance of the DME being completely filled out.*

*A monthly check list was made and started for making sure all DME's for the month are done and completely filled out. (See attached)*

*The Administrator will monitor for ongoing compliance.*

**Completion Date: 04/01/2021**

**Update - 05/04/2021**

187d - Follow Prescriber's Orders

**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #2 has an order for Lorazepam to be taken every six hours as needed for anxiety.*

*On 3/7/21 the medication was administered at 2:35pm and again at 7:19pm, less than 6 hours later.*

*On 3/9/21 the medication was administered at 2:51am and again at 8:28am, less than 6 hours later.*

187d - Follow Prescriber's Orders (*continued*)

**Plan of Correction**

**Accept**

*Following the inspection on 3/15/2021 the Administrator will provide re-education regarding giving PRN Medication and the frequency of giving them as per Dr. Orders. This will happen on 4/28/2021 at our staff meeting.*

*In effort to prevent incidents of this nature, the Resident Wellness Director will audit each residents PRN medications monthly.*

*All Med Techs will continue to be trained yearly and have 1:1 observation and Mar reviews twice yearly with the Resident Wellness Director to maintain their Med Tech status.*

*Administrator will monitor for ongoing compliance.*

**Completion Date:** 04/28/2021

**Update - 05/03/2021**

*Please send/Attach proof of staff education. 5-3-2021-MM*

**Document Submission**

**Implemented**

*have attached the staff education document for 04/28/2021.*

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 #3's support plan dated 1/5/2021 was not updated to reflect the resident's behavioral issues including frequent incontinence episodes while in bed, removing his own brief in bed during incontinence issues, and needing prompting and cuing for toileting. The resident has also engaged in inappropriate behaviors and comments towards staff during showering and other care. The information was documented in care notes and also determined through staff interviews, but was not documented in the resident's support plan with a plan to address these behaviors.*

**Plan of Correction**

**Accept**

*The Resident Wellness Director updated the Support Plan immediately upon notification 3/15/2021 on Resident #3 to reflect ■ behaviors.*

*RWD realizes the importance of current information on the support plan at all times.*

*A monthly check list was made and started for making sure all DME's for the month are done and completely filled out. (See attached)*

*The Administrator will monitor for ongoing compliance.*

**Completion Date:** 03/15/2021

227d - Support Plan Medical/Dental (continued)

**Document Submission**

**Implemented**

*The Resident Wellness Director updated the Support Plan immediately upon notification 3/15/2021 on Resident #3 to reflect ■■■ behaviors.*

*RWD realizes the importance of current information on the support plan at all times.*

*A monthly check list was made and started for making sure all DME's for the month are done and completely filled out. (See attached)*

*The Administrator will monitor for ongoing compliance.*

*Completion Date: 03/15/2021*

231c - Preadmission Screening

**1. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

*The prescreen form for resident #4 dated 3/23/20 did not include the resident's date of birth and did not indicate if the resident could safely use and avoid poisonous materials.*

**Plan of Correction**

**Accept**

*Following the inspection on 3/15/2012 the Resident Wellness Director was made aware of the missing item's on Resident #4's Preadmission Screening.*

*RWD realizes the importance of the Pre Admission Screening being completely filled out.*

*A monthly check list was made and started for making sure all Pre Admission Screenings for the month are done and completely filled out. (See attached)*

*The Administrator will monitor for ongoing compliance.*

*Completion Date 04/01/2021*

**Document Submission**

**Implemented**

*Following the inspection on 3/15/2012 the Resident Wellness Director was made aware of the missing item's on Resident #4's Preadmission Screening.*

*RWD realizes the importance of the Pre Admission Screening being completely filled out.*

*A monthly check list was made and started for making sure all Pre Admission Screenings for the month are done and completely filled out. (See attached)*

*The Administrator will monitor for ongoing compliance.*

*Completion Date: 04/01/2021*