

Department of Human Services  
Bureau of Human Service Licensing

December 13, 2021

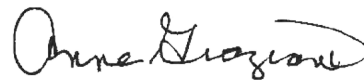
[REDACTED]  
INSPIRIT PALMERTON OPERATOR LLC  
71 PRINCETON AVENUE  
PALMERTON, PA, 18071

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2021, 06/16/2021, 06/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,



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* License #: 22680 License Expiration:  
Address: *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: *18* Total Daily Staff: *80* Waking Staff: *60*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *06/16/2021*

**Inspection Dates and Department Representative**

*06/02/2021 - On-Site:* [REDACTED]  
*06/16/2021 - On-Site:* [REDACTED]  
*06/03/2021 - Off-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *71* Residents Served: *44*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *18* Have Physical Disability: *1*

Inspection Dates and Department Representative (*continued*)

## Inspections / Reviews

06/02/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/14/2021*

11/29/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/06/2021*

06/02/2021 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 16c - Written Incident Report

## General Requirements

## 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

*The home did not report Resident # 1's "unresponsiveness" via an incident report to this Department on 6/14/21. The resident was transported via Ambulance to the emergency room and admitted with a diagnosis of Pneumonia .*

## Plan of Correction

**Accept**

*It was discovered that resident#1 was not reported to DHS on 6/14/21 for being transported to hospital via ambulance and being admitted. Upon discovery of this issue all in house reports were checked to make sure there were no others that should have been reported.*

*To prevent further occurrences a track system (see attached exhibit A) was created for all incidents on a daily basis to make sure the ones that need to be reported to DHS are reported within 24 hours.*

*Compliance with this regulation is the responsibility of The Director of Wellness.*

**Completion Date:** 07/01/2021

## Document Submission

**Implemented**

*To prevent a repeat violation the Director of Wellness will utilize a monthly support plan check form on all residents to make sure that all support plans are checked for any needed updates or significant changes. (See attached exhibit C)*

*Compliance with this regulation is the responsibility of the Director of Wellness.*

**Completion Date:** 12/07/2021

## 231b - Medical Evaluation

## Secured Dementia Care Units

## 1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

## Description of Violation

*Resident # 1's most recent medical evaluation (D.M.E.) is dated [REDACTED]. The resident's "temperature" was not included in the evaluation.*

**Secured Dementia Care Units (continued)****Plan of Correction****Accept**

*It was discovered that Resident #1's Documentation of Medical Evaluation, the temperature was not completed. Upon discovery of this issue. the temperature was completed [REDACTED] (see exhibit B). Additionally, an audit of all DME's was completed with no new findings. To prevent further occurrences a track system (see attached exhibit B) was created for all resident's incoming, annual or significant change to be utilized. Compliance with this regulation is the responsibility of the Director of Wellness.*

**Completion Date:** 07/01/2021

**Document Submission****Implemented**

*To prevent a repeat violation the Director of Wellness will utilize a monthly support plan check form on all residents to make sure that all support plans are checked for any needed updates or significant changes. (See attached exhibit C) Compliance with this regulation is the responsibility of the Director of Wellness.*

**Completion Date:** 12/07/2021