

Department of Human Services  
Bureau of Human Service Licensing

September 1, 2021

██████████ EXECUTIVE DIRECTOR  
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 06/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

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:** Borough of Palmerton  
**Type:** I-2      **Date:** 06/10/2010      **Issued By:** Borough of Palmerton

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 59      **Waking Staff:** 44

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 06/29/2021

**Inspection Dates and Department Representative**

06/29/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 71      **Residents Served:** 43

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** 1st Floor      **Capacity:** 15      **Residents Served:** 9

**Hospice**

**Current Resident :** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 43  
**Diagnosed with Mental Illness:** 2      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 16      **Have Physical Disability:** 1

## Inspections / Reviews

06/29/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *08/19/2021*

8/13/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/20/2021*

8/17/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/20/2021*

8/19/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow Up Date *08/26/2021*

9/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 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**

*The assessment for resident #1, dated 4/19/21, indicates the resident has a need for right hip fracture. The resident's support plan, does not document how this need will be met.*

**Plan of Correction****Accept**

*A new RASP was done immediately representing a significant change. The support plan does reflect how the need will be met.*

*Director of Wellness was educated on differences of a significant change and just an update.*

*Director of Wellness and Administrator will ensure that all support plans need to be redone if there is a significant change.*

*Director of Wellness and Administrator will check all support plans for updates and changes monthly.*

*(See attached new support plan and new form to follow for checking supports plans monthly)*

**Completion Date:** 06/29/2021

**Update - 08/13/2021**

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a copy of the RASP Audit sheet that is actually IN USE showing outcomes, with actions taken, if warranted.*

*Documentation should be sent in the Portal.*

AG, 8 13 21

**Document Submission****Not Implemented**

*A new RASP was done immediately representing a significant change and it reflects how the needs will be met. (See attached)*

*Director of Wellness was re-educated on the differences of a significant change and just an update.*

*Director of Wellness and Administrator will ensure that all support plans need to be redone if there is a significant change.*

*Director of Wellness and Administrator will check all support plans for updates or changes monthly. (See attached)*

**Update - 08/17/2021**

*The Home needs to send in a copy of the Audit Sheet that is actually IN USE showing work that is being done with actual findings and corrective actions taken, if any. What was submitted is a blank template.*

AG, 8-17-21

227d - Support Plan Medical/Dental (*continued*)**Document Submission****Not Implemented**

*A new RASP was done immediately representing a significant change and it reflects how the needs will be met. (See attached)*

*Director of Wellness was re-educated on the differences of a significant change and just an update.*

*Director of Wellness and Administrator will ensure that all support plans need to be redone if there is a significant change.*

*Director of Wellness and Administrator will check all support plans for updates or changes monthly. (See attached)*

**Update - 08/19/2021**

*The Adm will submit evidence of Monthly Audits for Support Plans as described in the POC. What was submitted was a blank form.*

*Please submit a copy of an audit for that is completed showing the work, findings, and action taken, if warranted.*

*AG, 8-19-21*

**Document Submission****Implemented**

*A new RASP was done immediately representing a significant change and it reflects how the needs will be met. (See attached)*

*Director of Wellness was re-educated on the differences of a significant change and just an update.*

*Director of Wellness and Administrator will ensure that all support plans need to be redone if there is a significant change.*

*Director of Wellness and Administrator will check all support plans for updates or changes monthly. (See attached)*