

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 07/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk

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: *0* Total Daily Staff: *60* Waking Staff: *45*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *07/22/2021*

**Inspection Dates and Department Representative**

*07/22/2021 - 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: *N/A* Capacity: *15* Residents Served: *9*

**Hospice**

Current Residents: *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: *17* Have Physical Disability: *0*

**Inspections / Reviews**

*07/22/2021 - Partial*

Lead Inspector: *Corey Pica* Follow-Up Type: *POC Submission* Follow-Up Date: *11/13/2021*

**Inspection Dates and Department Representative (*continued*)**

07/22/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/19/2021*

07/22/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 227d - Support Plan Medical/Dental

## Services

**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 Assessment and Support Plan dated [REDACTED] for resident 1 does not state that a bed alarm is being utilized or that the resident can be physically combative with staff.

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

It was discovered that Resident#1 's Assessment and Support Plan was not updated to reflect the needs or services of the resident. The Executive Director completed a new support plan immediately upon discovery. [REDACTED]. 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:** 08/01/2021

**Update:** 11/15/2021

Please send/Attach updated RASP for resident #1. 11-15-2021 MM

**Correction****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