

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

January 25, 2023

[REDACTED]
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2021, 11/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY **Licen e #:** 22681 **Licen e Expiration:** 11/07/2022

Address: 6488 ALBURTIS ROAD, MACUNGIE, PA 18062

County: LEHIGH **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: INSPIRIT MACUNGIE OPERATOR LLC

Address: 6488 ALBURTIS ROAD, MACUNGIE, PA, 18062

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/06/2003 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 40 **Waking Staff:** 30

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 11/03/2021

Inspection Dates and Department Representative

11/02/2021 - On-Site: [REDACTED]

11/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 67 **Re ident Served:** 37

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Re ident : 13

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 36

Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 3 **Have Physical Disability:** 0

Inspections / Reviews

11/02/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/28/2022

Inspections / Reviews (*continued*)

12/16/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/23/2022

12/29/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/05/2023

01/25/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A has an unaccredited online high school diploma.

Plan of Correction

Accept ([REDACTED] - 12/08/2022)

The Business Office manager will verify any online high school certifications through the online certification system prior to being hired.

Employee has current CNA certification.

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented [REDACTED] - 12/29/2022)

63a - First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Based on the home's census of 32 on 10/29/2021, the home was required to have two staff persons on duty. From 3:00pm on 10/29/2021 through 11:00pm on 10/29/2021, there was no staff trained in First Aid and CPR.

Plan of Correction

Accept [REDACTED] - 12/16/2022)

CPR/First Aid class was scheduled 2.28.22 at 2pm. All direct care staff will be verified. Going forward it will be mandatory for all staff members to be certified in CPR/First Aid.

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented [REDACTED] 12/29/2022)

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, B and C did not receive the training required to be completed on or before the first day of work.

REPEATED VIOLATION 11 21 2019

Plan of Correction

Accept [REDACTED] - 12/08/2022)

See attached records for Employees A, B, C.

Going forward all direct care staff, ancillary persons, substitutes personal and volunteers will be oriented in general fire safety and emergency preparedness by the Maintenance Director/orDesignee. A new Staff orientation Checklist was created to prevent further violations. The administrator/ or designee will be responsible for completion of checklist.

65a - FS Orientation 1st Day (continued)

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented (█) - 12/29/2022)

65b Rights/Abuse 40 Hours

4. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A, B and C did not receive the training required to be completed within the first 40 working hours.

REPEATED VIOLATION 9-16-2019, 11-21-2019

Plan of Correction

Accept (█) 12/16/2022)

See attached.

Going forward all direct care staff, ancillary persons, substitutes personal and volunteers will be oriented in Resident Rights and Abuse

A new staff orientation checklist was created tp prevent further violations. The administrator and/or designers will be responsible for completion of checklist.

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented (█) - 12/29/2022)

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Rooms (█) and (█) did not have a light source from the bedside for those residents.

Plan of Correction

Accept (█) - 12/16/2022)

The maintenance Director replaced the light bulb at the time of inspection. The Maintenance Director and/or designers will do routine checks for missing or burnt our light bulbs.

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented (█) - 01/25/2023)

141a 1 10 Medical Evaluation Information

6. 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 medical evaluation for resident #1 dated [REDACTED]/2020 did not indicate height or weight.
REPEATED VIOLATION 9-16-2019*

Plan of Correction

Accept [REDACTED] - 12/16/2022)

*See attached for Resident #1 (current DME has completed information)
See attached tickler to be used by Director of Nursing to ensure ongoing compliance.*

Going forward the Director of Nursing and/or designee will be responsible to ensure the medical evaluation is completed in it's entirety prior to going into the resident record,

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented [REDACTED] - 12/29/2022)

185a - Implement Storage Procedures

7. 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

*Residents #3, 4 and 5 did not have their [REDACTED] glucometers calibrated with the correct date and time.
REPEATED VIOLATION 9-16-2019, 2-23-2021*

Plan of Correction

Accept [REDACTED] - 12/16/2022)

See attached checklist.

All glucometers were calibrated at the time of the inspection with the right date and time. Going forward the resident care coordinator and/or medication technician will be responsible for the correct time and date on all glucometers monthly.

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented [REDACTED] - 01/25/2023)

224c - Preadmission Screening

8. Requirements

224c - Preadmission Screening (continued)

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

The preadmission screening in the record of resident #2 (dated [redacted]/21) did not indicate if the needs of the resident can be met by the services of the home.

Plan of Correction

Accept ([redacted] - 12/16/2022)

Resident #2 expired [redacted]

Implementing new admission checklist. This will start with Marketing Director and end with Director of Nursing or designee ensuring completion of checklist prior to resident record being filed.

Both Marketing Director and Nursing department inservice on form being completed.

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented ([redacted] - 12/29/2022)

225a - Assessment 15 Days

9. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 admitted on [redacted] 21 did not have an initial assessment completed.

Resident #3 admitted on [redacted] 21 did not have an initial assessment completed.

Plan of Correction

Accept (AG - 12/16/2022)

Resident #2 expired [redacted] initial assessment not completed.

Resident #3 initial assessment not completed on admission. Resident readmitted [redacted] [redacted] 22, initial assessment completed.

Going forward the Director of Nursing and/or designee will be responsible for maintaining records and check list. They will verify that resident resident record is complete. Administrator and/or designee will sport check for compliance.

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented ([redacted] - 12/29/2022)

227a - Support Plan 30 Days

10. Requirements

2600.

227a - Support Plan 30 Days (continued)

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 admitted on [REDACTED] /21 did not have an initial support plan completed.

Resident #3 admitted on [REDACTED] /21 did not have an initial support plan completed.

Plan of Correction

Accept (AG - 12/16/2022)

Resident #2 and #3 Support Plans not located from previous administration.

Resident #2 expired.

Resident #3 returned [REDACTED].22, initial assessment being completed 2.25.22 by Director of Nursing.

Going forward, all residents will have a completed support plan within 30 days of admission. the Director of Wellness and/or designee will use the Departments Support Plan form. The Director of Wellness will maintain a tickler file using the Tabula Pro Program to prevent a future violation.

Director of Nursing will utilize calendar for Support Plans timeliness.

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented [REDACTED] 01/25/2023)