

Department of Human Services
Bureau of Human Service Licensing

May 17, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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 02/23/2022, 02/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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* License #: *22680* License Expiration: *01/05/2023*
Address: *71 PRINCETON AVENUE, PALMERTON, PA 18071*
County: *CARBON* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *05/23/2016* Issued By: *Palmerton Borough*
Type: *Other* Date: *05/24/2017* Issued By: *Palmerton Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *57* Waking Staff: *43*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *02/24/2022*

Inspection Dates and Department Representative

02/23/2022 - On-Site: [REDACTED]
02/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *71* Residents Served: *42*

Secured Dementia Care Unit

In Home: *Yes* Area: *0* Capacity: *15* Residents Served: *9*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *15* Have Physical Disability: *0*

Inspections / Reviews

02/23/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/01/2022*

05/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/17/2022*

05/17/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

Plan of Correction

Accept

It was discovered that Resident's #1's contract was not signed by the resident. Contract corrected immediately. (See exhibit A) Resident was deemed incapacitated and had a guardian. We were under the impression that only the guardian had to sign. We now understand every incoming resident has to sign or mark the contract even if POA's or Guardians sign.

Admission director re-educated on signage of the contract. (See exhibit A)

Compliance of this regulation will be the responsibility of the Director of Admissions/Marketing.

Completion Date: 04/25/2022

Document Submission

Implemented

Please see attached

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

A trash can located off the residents dining room in memory care was not covered.

Plan of Correction

Accept

It was discovered that a lid was off one of the trash cans in our memory care unit. It was corrected immediately.

To prevent further occurrences a track system was put in place. and will be checked monthly. (See exhibit B)

The staff was also re-educated on the regulation and importance of the lids being on the trash cans. (See exhibit B)

Compliance with this regulation will be the responsibility of the housekeeping department.

Completion Date: 03/01/2022

Document Submission

Implemented

101j7 - Lighting/Operable Lamp

1. 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

Resident in room 101, 103, 104, 201, 216, 301, and 305 did not have a lamp within reach of each resident's bed.

Plan of Correction

Accept

It was discovered that multiple lamps were not within reach of the resident's bed. This was corrected immediately by positioning the lamp on the nightstand closest to the bed. All lamps were operable, and on the nightstand but were more in the middle of the night stand due to resident preference. All lights could be turned on if the resident sat up

101j7 - Lighting/Operable Lamp (continued)

and was sitting at the bed side.

A check list of all resident lamps that are within reach will be implemented and done monthly by the housekeeping department. (See exhibit C)

Compliance with this regulation will be the responsibility of the housekeeping department.

Completion Date: 03/01/2022

Document Submission

Implemented

124 - Notice to Fire Department**1. Requirements**

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notice to the fire department dated January 2022 indicates that the home currently has 40 residents with 6 memory care and 34 in personal care. It also indicated that 11 residents have a mobility need. However, the homes current census report shows the homes census is 42 with 9 in memory care and 32 in personal care and 15 of those residents have a mobility need.

Plan of Correction

Accept

It was discovered that the fire department letter was incorrect at time of inspection. It was too technical and had to be updated too often. Letter redone and sent to fire department and EMS. (See exhibit D)

Compliance of this regulation is the responsibility of the Executive Director

Completion Date: 03/01/2022

Document Submission

Implemented

141a 1-10 Medical Evaluation Information**1. Requirements**

2600.

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

Resident #2's medical evaluation was completed on [REDACTED]. However, the physician's medical license number is not indicated on the evaluation.

Plan of Correction

Accept

It was discovered that the medical license number was missed on a DME. The DME was corrected immediately. (See

141a 1-10 Medical Evaluation Information (continued)

exhibit E)

DME was from a couple of years ago. All DME's were checked with no other blanks found.

To prevent further occurrences a track system was put into place for all DME's. (See exhibit E)

Compliance with this regulation is the responsibility of the director of wellness.

Completion Date: 03/01/2022

Document Submission

Implemented

185a - Implement Storage Procedures**1. 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

The home did not properly maintain blood sugar levels of the indicated residents due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer.

Resident #3 – At 4:30pm on 2/19/22 and 2/20/22 there was not a glucometer reading or documentation on the MAR to indicate a reason for the missed reading. On 2/5/22 at 4:30pm there was not a reading on the glucometer but was transcribed as 272 on the MAR. On 2/6/22 at 4:30pm the reading on the glucometer was 168 but was not transcribed on the MAR. On 2/7/22 at 4:30pm the reading on the glucometer was 264 but was incorrectly transcribed as 26+.

Resident #4 –On 2/23/22 the reading on the glucometer was 143 but was incorrectly transcribed as 142.

Resident #5 – On 2/15/22 the reading on the glucometer was 360 but was not transcribed to the MAR. Resident #6 –At 7:30 am on 2/21/22 the reading on the glucometer was 198 but was incorrectly transcribed as 196.

Resident #7 has a PRN order for loperamide 2mg orally every 4 hours as needed for diarrhea.

Resident #8 has a PRN order for APAP 325mg 2 tabs orally every 6 hours as needed for pain. These medications were not available.

Plan of Correction

Accept

It was discovered that some blood sugars were transcribed incorrectly, and some were missed. Also, that some meds were unavailable at that time.

Re-educated staff of the importance of regulation 2600.185A, the accuracy of transcribing the blood sugars and the negative outcome it could have. Also, when checking the med carts -making sure that all meds are there as ordered.

The Director of Wellness will check blood sugars weekly to make sure there are no errors and med carts will be checked monthly. (See exhibit F)

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

Completion Date: 03/01/2022

Document Submission

Implemented

224a - Preadmission Screen Form**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #9 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed

224a - Preadmission Screen Form (continued)

on 10/31/17.

Plan of Correction**Accept**

It was discovered that Resident 9's Pre- Admission Screening was past the 30 days of Admission.

All existing Pre-Screenings were checked by the Director of Wellness to make sure we were in compliance. No further errors found.

To prevent further occurrences a track system was put into place. (See exhibit Compliance with this regulation is the responsibility of the Director of Wellness.

Completion Date: 03/01/2022

Document Submission**Implemented****227g -Support Plan Signatures****1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction**Accept**

It was discovered that Resident2"s support plan for 2021 was not signed by the resident. Corrected immediately. (See exhibit H)

Additionally, an audit of all support plans was checked by Director of Wellness with no new findings.

To prevent further occurrences a track system was created for all new resident's incoming, annual or significant change to be utilized. (See exhibit H)

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

Completion Date: 03/01/2022

Document Submission**Implemented****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

Resident #9 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation was completed on [REDACTED].

Plan of Correction**Accept**

It was discovered that resident 9's preadmission screening was not done within 72 hours of admission for SDU.

An audit was done by the Director of Wellness on all SDU pre-screenings with no new findings.

To prevent further occurrences a track system was created for all new residents coming in to SDU or being transferred to the SDU. (See exhibit G)

231c - Preadmission Screening (continued)

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

Completion Date: 03/01/2022

Document Submission

Implemented