

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

January 8, 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 11/30/2022, 12/01/2022 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY* License #: *22681* License Expiration: *11/07/2023*

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: *I-1* Date: *07/20/2007* Issued By: *Lower Macungie Twp.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

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

Reason: *Renewal* Exit Conference Date: *12/01/2022*

Inspection Dates and Department Representative

11/30/2022 - On-Site: [REDACTED]

12/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *67* Residents Served: *47*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*

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

Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

11/30/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/19/2022*

Inspections / Reviews (*continued*)

12/23/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/04/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2022

12/31/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/04/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/06/2023

01/08/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/04/2023
Reviewer: [REDACTED] Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's carbon monoxide detector located outside the home's first floor laundry room batteries were not dated and could not be determined if the carbon monoxide detector was operational.

Plan of Correction

Accept (MM - 12/31/2022)

This violation was resolved while surveyor was present. All detectors were dated, unfortunately this one was missed accidentally. Maint. Dir. will continue to do checks and label accordingly. ■ will keep a list of all detectors in community and assure each one is correctly labeled and dated. The Maint Director is responsible for the compliance of the batteries in the carbon monoxide detectors. ■ changed and batteries and labeled the detector while surveyor was present. Our Maint Dir has a monthly checklist through TELS which alerts ■ if ■ misses any scheduled maintenance. ■ will continue to use this system on a monthly basis. Issue was resolved on 11/30/22.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented (MM - 01/08/2023)

20b8 - Quarterly Account

2. Requirements

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home assists the following residents with their personal spending money but did not provide the residents' designee or residents a copy of their Quarterly accounting: Residents #1, #2, #3, #4, and #5

Plan of Correction

Accept (MM - 12/31/2022)

This violation was completed the following day of inspection. BOM sent a letter to each family and also placed a copy of the letter in each resident chart who ■ keeps money for. Going forward, BOM will do a quarterly review which ■ sent up on ■ calendar as a reminder to send family members itemized account of available funds. In answer to above questions. BOM---business office manager---is responsible for the financial holdings of all residents. ■ will monitor all ongoing compliance by placing on ■ calendar quarterly reviews which ■ has already scheduled on ■ 2023 calendar. This violation was completed on 12/1/22--the following day of the inspection. BOM sent letters to families of residents with money and placed a copy of letter in each residents chart. Should BOM not be available, ED will send the quarterly letter and retain one in the files of those whose money we hold.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented (MM - 01/08/2023)

89b - Hot Water Temperature

3. Requirements

2600.

- 89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

89b - Hot Water Temperature (continued)

Description of Violation

The following resident rooms had hot water temperature readings that were over 120°F. Room #111 had a water temperature of 134°F. Room #316 had a water temperature reading of 126°F.

Plan of Correction

Accept (MM - 12/31/2022)

Our Maint. Director does weekly checks and chooses rooms randomly. [redacted] is responsible to maintain compliance with this regulation so water does not exceed 120 degrees. There is also a reminder as part of our TELS system. If water exceeds 120 degrees, Maint. Director is able to turn down the water heater and will do so continuing to ensure compliance is met in all resident rooms. Should water exceed the regulation, Maint Director will call our heating/plumbing contractor [redacted] to resolve this issue moving forward. Maint. director checked rooms 111 and 316 the following day-- 12/1/22-- and both rooms were compliant not exceeding the 120 degree range.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented (MM - 01/08/2023)

107c - Food/Water 3 Day Supply

4. Requirements

2600. 107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home did not have adequate amount of emergency water on hand. The home was required to 135 gallons of emergency water and the home had 120 gallons of water on hand. The home did not have a water letter for an immediate water delivery.

Plan of Correction

Accept (MM - 12/31/2022)

Dietary Director ordered the water from [redacted] immediately on the same day surveyor was present which was 11/30/22. When the water came it was in on 12/06/22 it was in 16 oz bottles and had to be returned. Dietary Director spoke to the [redacted] rep requesting that gallons be sent. [redacted] had no gallon water accessible/on hand at that time. The correct ones delivered on 12/21/22. Going forward, dietary director will have not only the required amount of water needed per our census, but also for an additional 3 residents in order to meet and exceed the regulation. Dietary director or designee will be responsible to ensure enough water is available at all times as [redacted] will check weekly. For any reason, should water not be up to compliance, [redacted] or a designee will go to the local grocery store and obtain enough water to be in compliance of this regulation moving forward. ED will spot check and remind dietary director of ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented (MM - 01/08/2023)

141a 1-10 Medical Evaluation Information

5. 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

Resident #3's DME dated [REDACTED] was missing information in the following Section - 1 Temperature height, weight, and pulse. Section 4 - Special Needs and dietary needs. 5 Allergies, 6 Immunizations, 8 Body positioning 9 Health Status and 10 Mobility Needs.

Plan of Correction

Accept (MM - 12/23/2022)

The same day surveyor was present, Wellness Director sent the DME which had missing information back to the doctor's office and doctor filled in the holes and returned. Going forward, RCC will send DME's to doctors offices as they become due and will review in entirety upon receipt from said doctor. [REDACTED] will ensure that there are no missings information prior to placing in the resident chart. Wellness Director to spot check on a monthly basis to ensure compliance with regulations.

Licensee's Proposed Overall Completion Date: 12/20/2022

Implemented (MM - 01/08/2023)

162c - Menus Posted

6. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home did not have posted the required upcoming week 's menu in a public and conspicuous area of the facility. The home had only the present week menu for 11/28/22 thru 12/4/22.

Plan of Correction

Accept (MM - 12/31/2022)

New dietary director made aware of this regulation. Going forward, a 2 week menu will be posted in the elevator cabinet which is visible to all. Also menus are posted on each floor and given to the residents in advance of meal so they can review and chose or order alternate if they like. The menus will be on a rotating schedule so as one week ends only one week need be added. Dietary director will be responsible for creating menus as well as ensuring a 2 week menu be posted in the cabinet in the elevator where it is visible to all. As one week is over, a new menu will be replaced by the dietary director or designee of the dietary team. ED and dietary director will monitor for compliance. ED will check daily as [REDACTED] does daily rounds of the community. Dietary director resolved this regulation on 12/1/22.

Licensee's Proposed Overall Completion Date: 12/23/2022

162c - Menus Posted (*continued*)

Implemented (MM - 01/08/2023)

183d - Prescription Current

7. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #7 's Brio Ellipta Inhaler was not dated when opened. The resident's medication has manufacture's direction to discard after 6 weeks of being opened.

Plan of Correction

Accept (MM - 12/23/2022)

There are labels in each med cart for Med Techs to utilize upon opening medications that need to be labeled and dated. This violation--and all violations received---was reviewed with the entire staff at our staff meeting on December 20th. We are in the process of changing our pharmacy provider in January which will give us access to a pharmacist checking our med carts on a quarterly basis. Our Med Techs will label and date all medications upon opening. Each med tech will be responsible to double check medications when they are used to ensure proper label and dating. On a weekly basis, RCC will check check all med carts for unlabeled, undated, expired, discontinued medication and remove from med carts. Wellness Director to randomly spot check to ensure regulation is compliant.

Licensee's Proposed Overall Completion Date: 12/20/2022

Implemented (MM - 01/08/2023)

185a - Implement Storage Procedures

8. 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

Resident #6's glucometer was not calibrated correctly with the correct date and times. Resident #5 had their blood glucose test results recorded but the readings did not match with the correct dates and times.

Plan of Correction

Accept (MM - 12/31/2022)

Prior to inspection, Wellness Director ordered 2 new glucometers for both residents as we found them to be defective. They were not yet available upon inspection. Pharmacy changed out all glucometers from [REDACTED] as a result of malfunction. However, pharmacy was only sending to those residents whose test strips were being reordered and not all residents who had glucometers. Going forward, RCC was inserviced on this regulation by Wellness Director and will monitor daily to ensure compliance. RCC started monitoring daily on 12/1/22. RCC will inform Wellness Director is numbers and dates do not match. [REDACTED] will check for battery malfunction and if not the case a new glucometer will be purchased. Wellness director will spot check weekly to ensure complaine is met and daily in absence of the RCC. One glucometer arrived on 12/4/22 and one arrived on 12/22/22.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented (MM - 01/08/2023)

191 - Resident Right to Refuse

9. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident # 2 was not educated in their right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Plan of Correction**Accept (MM - 12/31/2022)**

Resident #2 signed [REDACTED] Resident Rights form on [REDACTED] while surveyor was present. Admissions/marketer is responsible to have this form signed upon or before admission to community with the contract and new paperwork signing process. Going forward a checklist has been incorporated with each new admission packet guaranteeing completion and ensuring compliance is meeting regulation. File will not be placed in cabinet until all papers are signed by resident and responsible parties. The marketing director is responsible to have all paperwork signed prior to a new resident move in. A checklist was created for all new admission paperwork which marketer will be responsible to have completed in entirety prior to file being placed in filing cabinet. In the absence of the marketer and also as a second set of eyes to ensure compliance, ED will review prior to paperwork being filed. Resident signed the paperwork after it was explained to [REDACTED] on [REDACTED]. This was then placed in [REDACTED] filed and check off on the checkoff sheet. Marketer was inserviced on this regulation on 11/30/22. ED will spot check files randomly to ensure nothing is missed.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented (MM - 01/08/2023)