

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

March 14, 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 01/18/2023 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: 01/20/2007 Issued By: Lower Macungie Twp.

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 42 Waking Staff: 32

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Complaint, Incident Exit Conference Date: 01/18/2023

Inspection Dates and Department Representative

01/18/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 67 Residents Served: 41

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40

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

Have Mobility Need: 1 Have Physical Disability: 2

Inspections / Reviews

01/18/2023 - Partial

Lead Inspector [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/17/2023

02/16/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/24/2023

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/22/2023

Inspections / Reviews (*continued*)

02/23/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/28/2023

03/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

The home reported that resident #1 had been targeting cognitively impaired residents for sexual favors and had fondled female residents' breasts but did not report these incidents to the Department or the local Area Agency on Aging regarding their suspected incidents of resident sexual abuse.

Plan of Correction

Accept [redacted] - 02/23/2023)

Per [redacted] the home did report--although late---on 1/31/23. Both ED and Wellness Director were inserviced on this regulation by surveyor on 1/18/23. It was not reported timely as at first the females involved made no complaints until after there was a reported injury. Families of involved parties were notified. Family of resident #1 was given a 30 day notice of eviction sent by email, regular mail, and certified mail. A list of homes with bed availability was also sent in order to make this a smooth transition for resident #1. It will be the Wellness Director or designee's responsibility to report immediately all incidents regarding regulation 2600.15a going forward. At our Resident Council meetings both in December and January, we asked all male and female residents to socialize in the common/social areas only and not in opposite sex individual rooms. Our staff had been in serviced at the January monthly meeting on Abuse and Resident's Rights by the local ombudsman. Going forward, Wellness Director or designee will report and in their absence, ED will notify DHS. After report is made, ED will retain a copy of reportable in [redacted] office in a binder. [redacted] our Wellness Director, is responsible for inservicing all staff at the February 21st mandatory all staff meeting on the above violation. [redacted] will remind staff of the inservice by the ombudsman in January as well as speak of what constitutes abuse. [redacted] will inform staff that if they suspect abuse, they are to immediately bring it to the attention of a director and if substantiated, a report will be sent to DHS by [redacted] wellness director, [redacted] RSS, or [redacted] ED. [redacted] will be predominantly responsible for all reportables regarding this regulation, In [redacted] absence, [redacted] RSS or [redacted] ED will send. ED also speaks of abuse in [redacted] orientation and informs new staff of what to look for and who to report to.

Licensee's Proposed Overall Completion Date: 02/21/2023

Implemented [redacted] 03/14/2023)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home reported that resident #1 had been targeting cognitively impaired residents for sexual favors and had fondled female residents' breasts but did not report these incidents to the Department regarding suspected incidents of resident sexual abuse.

16c - Written Incident Report (continued)

Plan of Correction**Accept (MM 02/23/2023)**

Per [REDACTED] the home did report--although late---on 1/31/23. Both ED and Wellness Director were inserviced on this regulation by surveyor on 1/18/23. It was not reported timely as at first the females involved made no complaints until after there was a reported injury. Families of involved parties were notified. Family of resident #1 was given a 30 day notice of eviction sent by email, regular mail, and certified mail. A list of homes with bed availability was also sent in order to make this a smooth transition for resident #1. It will be the Wellness Director or designee's responsibility to report immediately all incidents regarding regulation 2600.15a going forward. At our Resident Council meetings both in December and January, we asked all male and female residents to socialize in the common/social areas only and not in opposite sex individual rooms. Our staff had been inserviced at the January monthly meeting on Abuse and Resident's Rights by the local ombudsman. Going forward, Wellness Director or designee will report and in their absence, ED will notify DHS. After report is made, ED will retain a copy of reportable in [REDACTED] office in a binder. The Wellness Director or designee will also be responsible to place a call to the hotline within a 24 hour period moving forward. A written report will follow and be kept in Ed office. [REDACTED] Wellness Director or [REDACTED] RSS will be responsible for sending in a report or calling the 24 hour hotline immediately of any suspected abuse allegations. In their absence, [REDACTED] ED will take on that responsibility. [REDACTED] Wellness Director will monitor for ongoing compliance. Staff were inserviced on this regulation on 2/21/23 at the mandatory staff meeting. All staff will monitor for abuse and report to Wellness Director, RSS, and/or ED.

Licensee's Proposed Overall Completion Date: 02/21/2023

Implemented [REDACTED] - 03/14/2023)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #2 when interviewed reported that Resident #1 fondled their breast, and they reported this incident to the home's staff. The home also reported that Resident #1 was requesting sexual favors and was intimate with female residents who were reported to be significantly cognitively impaired and not capable of giving consent to resident #1's requests. Resident #3 who has severe cognitive deficits reported to the hospital ER staff that resident #1 and Resident #3 were being intimate which caused their fall resulted in injuries to their face and neck.

Plan of Correction**Accept [REDACTED] - 02/23/2023)**

Both Ed and Wellness Director were inserviced by surveyor on 1/18/23 on this regulation. Staff were spoken to individually as well in order to keep an eye out for residents in each others rooms and encourage socialization in common areas to ensure safety and compliance. Residents were asked at 2 resident council meetings, both Dec. and Jan. to socialize in common areas only not in opposite sex rooms. Ed and Wellness Director spoke with families of all residents involved. A 30 eviction notice was sent to Resident #1's family via email, regular mail, and certified mail. It will be the responsibility of all staff to ensure this regulation is met and if not, to bring to Wellness Directors or ED's attention moving forward. When it is brought to our attention, an investigation will be conducted, and a report will be made to the state services as well as a telephone call to the DHS by the Wellness Director or the ED. It will be

42b - Abuse (continued)

both their responsibility to report immediately of any findings and take immediate action to ensure resident safety. Staff were trained on Abuse in the January mandatory meeting held on 1/17/23 by the ombudsman [REDACTED]. Residents were assessed by the Wellness Director, [REDACTED] and have found no one at this present time with abusive behaviors. We have inserviced all staff again on 2/21/23 at the mandatory inservice. Staff will address any concerns of abuse and report to any director or speak directly to [REDACTED], [REDACTED] RSS, or [REDACTED] ED. we will then investigate and either substantiate or not. A report will follow to the DHS of our findings within the DHS timeframe and protocol. Staff is also spoken to in our orientation/hiring process on abuse and what to look for by the ED of the community.

Licensee's Proposed Overall Completion Date: 02/21/2023

Implemented [REDACTED] - 03/14/2023)