

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

February 27, 2023

[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 01/24/2023, 01/26/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE PALMERTON, AN INSPIRIT SENIOR LIVING COMMUNITY **License #:** 22680 **License Expiration:** 01/05/2024

Address: 71 PRINCETON AVENUE, PALMERTON, PA 18071

County: CARBON **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: INSPIRIT PALMERTON OPERATOR LLC

Address: 71 PRINCETON AVENUE, PALMERTON, PA, 18071

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

Certificate(s) of Occupancy

Type: 1 2 **Date:** 05/23/2016 **Issued By:** Palmerton Borough

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 70 **Waking Staff:** 53

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 01/26/2023

Inspection Dates and Department Representative

01/24/2023 On Site [REDACTED]

01/26/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 71 **Residents Served:** 55

Secured Dementia Care Unit

In Home: Yes **Area:** n/a **Capacity:** 15 **Residents Served:** 9

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 54

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

Have Mobility Need: 15 **Have Physical Disability:** 0

Inspections / Reviews

01/24/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/12/2023

Inspections / Reviews (*continued*)

02/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/10/2023

02/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/24/2023

02/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

57b - 1 Hour/Day

1. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On [REDACTED] 22 the home had a census of 55 residents with 15 residents with mobility needs, requiring a total of 70 hours of direct care hours for the day. The total direct care hours provided on [REDACTED] /22 was only 69 hours.

Plan of Correction

Accept [REDACTED] - 02/10/2023)

1/27/2023 Direct care schedules was checked by Director of Wellness to ensure there were enough staff scheduled to meet required needed hours for the rest of the schedule.

Plan Of Correction: Director of Wellness shall review the homes direct care staffing schedule to ensure adequate staffing is provided to meet the needs of the residents in accordance with this regulation. If it is determined staffing levels will fall below minimum requirements our on-call staff person will immediately attempt to schedule substitute personnel, come in themselves or contract a staffing agency.

Documentation of the daily review will be kept by the Director of Wellness. It will include date, census, and number of residents with mobility needs.

See attached.

Compliance is the responsibility of the Director of Wellness.

See Attachment: A - Started 2/1/2023.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] - 02/27/2023)

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

On [REDACTED] /22 the home had a census of 55 residents, requiring at least 2 staff persons on each shift who have received certified training in first aid and CPR. On [REDACTED] /22 from [REDACTED] to [REDACTED] pm the home had only 1 staff person scheduled who had completed the certified first aid and CPR training.

Plan of Correction

Accept [REDACTED] 02/10/2023)

Immediate Action: 1/27/2023 Executive Director provided education to Director of Wellness on the CPR to resident ratio. Education will continue on census increases and facilitated by Executive Director and Director of Wellness. An audit was conducted on 1/27/2023. The audit found that most on the 3pm-11pm shift were new hires and were not trained in CPR/First Aid yet.

Plan Of Correction: CPR/First Aid class scheduled for 2/15 & 2/16/2023 for all direct care staff who are not currently trained in CPR/First Aid.

Executive Director will work alongside of Director of Wellness to review and keep CPR/First Aid in compliance for all team members.

See attachment B: I will send class roster after class on 2/16/2023

Licensee's Proposed Overall Completion Date: 02/16/2023

Implemented [REDACTED] - 02/27/2023)

63a - First Aid/CPR Training (continued)

102k - No Common Towel

3. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

Resident room [REDACTED] is shared by two residents. During a resident interview it was observed that towels and washcloths found in the shared bathroom were not labeled with the resident's names and the resident was unable to identify which towel belonged to him or her.

Plan of Correction

Accept [REDACTED] - 02/10/2023)

Immediate Action: 1/26/2023 Labels were placed immediately above towel bar with each resident's name on it. All shared rooms were double checked at that time of inspection to ensure other companion resident rooms were labeled.

Plan Of Correction: Housekeeping and Executive Director will continue to check companion rooms weekly to ensure labels are securely in place.

See attachment C 1/26/2023.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] - 02/27/2023)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

[REDACTED] drops found in the medication cart for resident #1 had a pharmacy label indicating the drops were to be discarded 6 weeks after opened for use. The medication package indicated the drops were opened on [REDACTED]/22.

Also, there was a loose pill found in the drawer of the 2nd floor medication cart and also one found in the drawer of the 3rd floor medication cart.

Plan of Correction

Accept [REDACTED] - 02/10/2023)

Immediate action: 1/26/23 [REDACTED] drops, and loose pills were thrown away immediately and new drops were ordered coming in that night. Education provided to all med Techs on 2/6/23 the importance of looking at the dates when meds are to be discarded and for checking that there are no loose pills lying in the bottom of the med cart.

Plan Of Correction: Director of Wellness will ensure Med Techs are discarding meds within the parameters of time and checking for loose pills by auditing the med carts biweekly.

Documentation of the biweekly audit will be reviewed by the Executive Director or designee.

See Attachment D

Licensee's Proposed Overall Completion Date: 02/09/2023

183e - Storing Medications (continued)

Implemented (JH - 02/27/2023)

184a - Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 has an order for [REDACTED] which was changed from two 650mg tablets every 8 hours as needed to one 650mg tablet every 6 hours as needed on [REDACTED]/23. The medication cart contained both a Blister pack and bottle of 650mg tablets with pharmacy labels that still listed the previous order of two 650mg tablets every 8 hours and did not indicate that the order had changed.

Resident #3 has an order for [REDACTED] 25mg to be held when the heart rate is less than 60. The pharmacy label on the medication bottle did not list this parameter on it.

Plan of Correction

Accept [REDACTED] - 02/10/2023)

Immediate action: 1/26/2023 Label was corrected. Education provided by Director of Wellness on 2/6/23 to educate Med Techs on resident labels of all medication under 2600.184A. An audit was conducted on all med carts on 2/3/23 to ensure all medication are properly labeled.

Plan Of Correction: Director of Wellness will work with Med Techs to ensure biweekly audits are complete and all meds are properly labeled.

See attached.

Compliance is the responsibility of the Director of Wellness.

See attachment E

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] - 02/27/2023)

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 9. Administration times.
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 has an order for [REDACTED] for 10 days every 8 hours beginning 1/19/23. On 1/23/23 the resident's 10pm dose was not initialed as administered by the staff person who administered the medication.

Plan of Correction

Accept [REDACTED] - 02/10/2023)

Action: 1/27/2023 Medication counted to make sure medication was given. Medication Administration company service called to see why the alert did not appear as a reminder. Education provided by Director of Wellness on

187a - Medication Record (continued)

2/6/23 to educate the importance of following the medication steps and the importance of going back and making sure everything is initialed. Talked about not relying on the program to catch errors. An audit was conducted by the Director of Wellness on 2/3/23.

Plan Of Correction: Director of Wellness to ensure biweekly audits are complete with proper documentation.

Compliance is the responsibility of the Director of Wellness.

Attachment F

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] - 02/27/2023)

187d Follow Prescriber's Orders**7. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for [REDACTED] to be administered every 12 hours. On [REDACTED]/23 the medication was administered at 10am and 6pm, only 8 hours apart.

Resident #3 has an order for [REDACTED] to be held when the heart rate is less than [REDACTED]. On [REDACTED] 23 the resident's heart rate was [REDACTED] and the medication administration record (MAR) indicates the medication was administered.

Plan of Correction

Accept [REDACTED] 02/10/2023)

Education provided on 2/6/23 to all Med Techs on the importance of following physician orders.

Plan Of Correction: Director of Wellness will ensure Med Techs are following the directions of the physician by auditing the Medication Administration Records biweekly.

See attached.

Compliance is the responsibility of the Director of Wellness.

See attachment G

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] - 02/27/2023)

202 Prohibitions**8. Requirements**

2600.

202. The following procedures are prohibited:

4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident #1 has an order for [REDACTED] 1 tablet at bedtime. The resident also has a PRN order for [REDACTED] 1 tablet every 6 hours as needed. The MAR indicates the resident has been administered the PRN order 1 to 2 times daily from 1/1/23 through 1/26/23 with the exception of 1/14/23 and 1/17/23. Staff are administering the PRN dose [REDACTED] almost every morning and in some cases in the afternoon less than 6 hours before or after the

202 - Prohibitions (continued)

straight order [REDACTED]. It was determined that the PRN order [REDACTED] is administered daily to control the resident's [REDACTED].

Plan of Correction**Accept [REDACTED] - 02/10/2023)**

Action: 1/27/2023 Consulted Doctor and got order changed to BID immediately. Education provided to all Med Tech Staff on 2/6/23 on PRN medications and noting the times that it can be given with a straight order also in place.

Plan Of Correction: Director of Wellness will audit PRN meds and times biweekly to make sure meds are given at correct time spans.

Compliance is the responsibility of the Director of Wellness.

See Attachment H

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] - 02/27/2023)**227d - Support Plan Medical/Dental****9. 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 #4 had a new order for a special diet consisting of [REDACTED] on [REDACTED]/22. The support plan dated [REDACTED] 22 was not updated to reflect the resident's change in dietary needs.

Plan of Correction**Accept [REDACTED] - 02/10/2023)**

Immediate Action: 1/24/2023 Diet fixed immediately on Support Plan when deficiency was noticed and showed to inspector.

Education held by Executive Director with Director of Wellness on support plans and requirements.

Plan Of Correction: Director of Wellness will immediately change Support Plan when new orders written by physician that requires a change.

Director of Wellness will audit new orders biweekly and make sure that Support Plans are updated if needed within 5 days.

Compliance is the responsibility of the Director of Wellness.

See attachment I

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] - 02/27/2023)