

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

February 27, 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 01/24/2023 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:** 07/20/2007 **Issued By:** Lower Macugie Twp

Staffing Hours

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

Inspection Information

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

Reason: Complaint **Exit Conference Date:** 01/24/2023

Inspection Dates and Department Representative

01/24/2023 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:** 41

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

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

Inspections / Reviews

01/24/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/10/2023

02/10/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/09/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/17/2023

Inspections / Reviews *(continued)*

02/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/27/2023

02/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. 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

On [REDACTED] 22 Resident #1 suffered a fall. On [REDACTED] 22, resident was sent to an Orthopedic doctor for treatment of a left distal ulna fracture. The incident was not reported to the department.

repeat violation 2/1/2

Plan of Correction

Accept ([REDACTED] - 02/15/2023)

At the time of incident, we had a new Wellness Director who was not knowledgeable of the DHS regulations. [REDACTED] received a copy of the DHS regulations and was able to move forward ensuring [REDACTED] was in compliance. We had transitioned a MT to an RSS position who was also inserviced on doing written reports in a timely manner and sending to DHS. We have since trained our MT's to do these reports in the absence of the Wellness Director or RSS. Going forward the Wellness Director or staff will send all incidents to DHS as they occur and keep a copy in the residents chart for verification. The Wellness Director is responsible and [REDACTED] trained [REDACTED] staff to do the incident reports as well. The Wellness Director will monitor for ongoing compliance effective 2/10/23. In the absence of the Wellness Director, RSS or administrator will report.

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented [REDACTED] - 02/27/2023)

141a 1-10 Medical Evaluation Information

2. 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

The Medical Evaluation for Resident #2 did not include date form completed, special health or dietary, date signed, and special diet or health needs.

repeat violation 2/1/22 & 11/30/22

Plan of Correction

Accept ([REDACTED] - 02/15/2023)

Our Community Relations Director will obtain initial Medical Eval upon move if within 60 days of move in. [REDACTED] will

141a 1-10 Medical Evaluation Information (continued)

review for all information to be filled out in entirety. If not, paperwork will be sent to doctor or returned to family for completion. If medical eval is not obtained upon move in, within 30 days, our Wellness Director will be responsible to ensure form is entirely complete. Our Wellness Director has a system where [REDACTED] flags all paperwork in a residents chart that is not filled out in entirety. [REDACTED] then sends it back to the doctor for completion and [REDACTED] or [REDACTED] RSS double check prior to chart being placed on the file cabinet. [REDACTED] has [REDACTED] Unit Clerk as a back up who randomly selects a resident chart to ensure there was nothing missed in the paperwork once it is placed on the file cabinet. If something is missed, the chart is flagged until complete. This triple check system has produced favorable results in order to ensure compliance is met. Wellness Director will be ultimately responsible for this regulatory compliance after it is triple checked and filed. [REDACTED] is the person responsible for fixing the problem and set up a system of flagging paperwork before it is placed in chart. [REDACTED] will also monitor for ongoing compliance. This action will take place effective immediately as of today 2/13/23. Admin will also spot check charts for ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented ([REDACTED] - 02/27/2023)

162c Menus Posted**3. 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 in a public and conspicuous area the home's menu for the current week and upcoming week's menu. Menus posted were for last week and the current week.

repeat violation 11/30/22

Plan of Correction

Accept ([REDACTED] - 02/10/2023)

Our DSD was out of community ill and [REDACTED] cook was not trained on being a back up for paperwork in [REDACTED] absence. This issue has been corrected as the DSD had trained the cook in menu planning. Our BOM has also obtained passwords to [REDACTED] computer in order to keep in compliance in the absence of the DSD. The DSD and the cook have menus prepared 4 weeks in advance and will be responsible to exchange the past weeks menu for future/upcoming week going forward. Since our menu week runs Monday through Sunday, Admin will check every Monday and daily during rounds for the current 2 weeks menu being posted in a conspicuous area---our elevator. DSD or cook will ensure every Sunday that the menu is changed over and prepared for Monday.

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

Implemented ([REDACTED] - 02/27/2023)

225a Assessment 15 Days**4. 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.

225a - Assessment 15 Days (continued)

Description of Violation

Resident #1 was admitted to the home on [REDACTED]/22. An assessment and support plan was completed on [REDACTED]/22, more than 15 days after admission.

repeat violation 2/1/22

Plan of Correction

Accept [REDACTED] - 02/10/2023)

This error occurred during a transition period of the Wellness Director. The new director was not aware of this error and at this time, an Interim Administrator was also not aware. Moving forward, our Wellness Director has a tickler system [REDACTED] utilizes on [REDACTED] calendar to ensure accuracy and compliance. [REDACTED] also flags [REDACTED] incomplete paperwork to ensure compliance. Wellness Director or [REDACTED] designee-[REDACTED] RSS--will complete all paperwork within the regulations prior to any resident charts going into the file cabinet. Wellness Director will have [REDACTED] unit clerk spot check random charts to ensure compliance and flag any missed papers or paperwork that may have missed areas. Wellness Director will then be responsible to ensure paperwork completion prior to chart being returned to file cabinet.

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

Implemented [REDACTED] - 02/27/2023)

227d - Support Plan Medical/Dental

5. 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 #1 had numerous unwitnessed falls. The home did not update Resident #1's assessment and support plan to indicate what steps were being taken to ensure the safety of the resident.

Plan of Correction

Accept [REDACTED] 02/10/2023)

When a resident has an injury, an Injury form is filled out, doctor and family notified and then form is placed in residents file. This method did not ensure compliance. We have since created an injury binder so in the absence of the Wellness Director, [REDACTED] or designee can review and update the support plan prior to placing form in residents chart. This injury binder is given on a monthly basis to the ED for a signature as well. Going forward, Wellness Director or designee will update the support plan with the information as necessary to be compliant as injury or incident occurs. Wellness Director will be responsible for updated support plans and in [REDACTED] absence the RSS will resume this task. Unit clerk will spot check random charts to be sure injury forms and support plans meet this regulation.

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

Implemented [REDACTED] - 02/27/2023)

227g - Support Plan Signatures

6. Requirements

2600.

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

227g -Support Plan Signatures (continued)

Description of Violation

Resident participated in the development of his/her support plan on 2/3/22. However, the resident did not sign the support plan.

Plan of Correction

Accept [REDACTED] 02/10/2023)

This regulation was omitted in error with our prior Wellness Director. The resident refused to sign the paperwork and the Wellness Director, after giving a copy to the resident per [REDACTED] request, forgot to mark as resident refused. Moving forward, New Wellness Director or designee will obtain signatures as the support plan is created and reviewed. Should the resident refuse, Wellness Director will mark paperwork as refused and initial prior to giving a copy to the resident. Wellness Director, RSS, and /or unit clerk will review all charts to ensure compliance with this regulation. Should any support plan be missing signatures, Wellness Director or designee will review support plan with resident and at that time have them sign moving forward.

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

Implemented ([REDACTED] - 02/27/2023)

252 - Record Content

7. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Residents picture was not included on [REDACTED] Assessment and Support plan or any other documents that were provided for review.

Plan of Correction

Accept [REDACTED] - 02/10/2023)

All residents pictures are updated and placed in our Quick Mar system. Resident did have a current picture in Quick Mar. Wellness Director was unable to upload picture to support plan and [REDACTED] reached out to Tabula Pro for assistance. There had been numerous pictures of past residents in the program which did not allow [REDACTED] to move forward with this residents current picture. ED was able to delete residents of the past. Wellness Director or designee will ensure all pictures are placed on support plans moving forward. RSS will also be trained on how to place pictures n Tabula Pro to ensure compliance is met. If a picture is not in the system, it is the responsibility of the RSS or Unit Clerk to inform Wellness Director so [REDACTED] can satisfy this regulation.

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

Implemented ([REDACTED] - 02/27/2023)