

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

April 1, 2024

[REDACTED], ADMINISTRATOR
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 02/06/2024, 02/07/2024 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 PALMERTON, AN INSPIRIT SENIOR LIVING COMMUNITY **License #:** 22680 **License Expiration:** 01/05/2025

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: 6108247406 **Email:** TKOTCH@INSPIRITSENIORLIVING.COM

Certificate(s) of Occupancy

Type: I-2 **Date:** 05/23/2016 **Issued By:** Palmertown Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 68 **Waking Staff:** 51

Inspection Information

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

Reason: Renewal, Complaint **Exit Conference Date:** 02/07/2024

Inspection Dates and Department Representative

02/06/2024 - On-Site: [REDACTED]

02/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 71 **Residents Served:** 58

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 57

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

Have Mobility Need: 10 **Have Physical Disability:** 0

Inspections / Reviews

02/06/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/09/2024

Inspections / Reviews (*continued*)

03/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/27/2024

04/01/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

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

The following medication errors were not reported the Department:

Resident #2's [redacted] were not administered on [redacted] due to the medications not being available. The [redacted] and [redacted] were also not administered on [redacted].

Resident #3's [redacted] was not administered on [redacted] at [redacted] due to it not being available.

Plan of Correction

Accept ([redacted] - 03/21/2024)

-The pharmacy was called immediately for the missing medications for resident #2 and #3. They were sent to us the same day. Done 02/07/2024.

-Medication Techs were re-educated on reporting to Resident Wellness Director any missing medications so the pharmacy can be notified, and meds can be sent immediately. Done 02/08/2024.

-Resident Wellness Director will monitor communication. logs forms from the e-mar system daily to include missed medications and non-available medications.

-Resident Wellness Director will complete an audit of resident's medications administration records for the past 30 days to ensure that missed doses of medications for whatever reason have incident reports completed and reported to DHS. Done 02/08/2024.

-Resident Wellness Director will look at medication administration log daily and report to DHS within 24 hours of the incident.

- Weekly monitoring of medication carts are done by Resident Wellness Director and a Medication Tech to assure that all medications are present and if refills are needed it is done immediately.

-Medication Techs also monitor daily for medication availability while doing their med pass. and realize that a medication that is not available is not a reason that something needs to be done immediately.

-Resident Wellness Director will be responsible for compliance with this regulation.

-Executive Director will review with Direct Wellness Director monthly.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented ([redacted] - 04/01/2024)

17 Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

Description of Violation

On 2/7/24 at approximately 1:15pm, the laptop on top of the medication cart near resident room 212 was unlocked and unattended, allowing access to confidential information regarding residents.

17 Record Confidentiality (continued)

Plan of Correction

Accept (█) - 03/21/2024)

Employee re educated immediately on HIPPA regulations and Regulation 2600.17.
 All Medication Staff re educated on HIPPA and proper logging out of laptop so there is no access to confidential information about a resident. Done 2/20/2024.
 Daily random checks will be done by the Resident Wellness Director to assure that when Medication Techs are away from the laptop it is logged out.
 Resident Wellness Director will be responsible for compliance with this regulation.
 Executive Director will review with Direct Wellness Director monthly.

Licensee's Proposed Overall Completion Date: 03/07/2024

Implemented (█) - 04/01/2024)

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care Staff person A, date of hire █, did not have a criminal background check completed until █, more than 30 days after their first day of work.

Plan of Correction

Accept (█) - 03/21/2024)

The criminal background check for Direct Care staff person A was done and on file at the community.
 The Business Office Manager and all hiring managers will be re educated by the Executive Director regarding criminal background checks and hiring regulation 2600.51. All criminal background checks will be done before employee reaches 30 days of employment. Staff files reviewed at the time of survey show that all current employees have a criminal background check completed and within 30 days of employment.
 Done 02/07/2024.
 The Business Office Manager will maintain an ongoing audit tool to be completed with each new hire to monitor compliance of the criminal background checks. (See Attached)
 The Executive Director will review the audit tool weekly for 3 weeks beginning February 12,2024 then monthly for 3 months and periodically thereafter to ensure compliance.
 The Business Office Manager is responsible for ongoing compliance.
 The Executive Director will review with The Business Office Manager monthly.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented (█) - 04/01/2024)

132b - Safety Inspection/Fire Drill

4. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent fire safety inspection was completed on 7/14/23. The previous fire safety inspection was

132b Safety Inspection/Fire Drill (continued)

completed 5/31/22, more than the annual timeframe as required.

Plan of Correction

Accept () - 03/21/2024)

The fire safety inspection was done and on file but not within the year. The company was contacted to do the inspection months prior, but they could not fit us in within the year. They were too busy. The Administrator will make sure that the fire safety inspection is done within a year. If the company that is called cannot do it within the year other companies will be called to make sure it is scheduled and done within the year. Fire safety inspection company already called for 2024 to make sure it is done within the year timeframe. Scheduled for July 09,2924 The Administrator is responsible for this ongoing compliance. The Administrator will contact company throughout the year to make sure everything remains scheduled and on time.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented () - 04/01/2024)

183d - Prescription Current

5. 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

There was a () in the medication cart for Resident #2 that was not currently prescribed for the resident.

Plan of Correction

Accept () - 03/21/2024)

Immediate audits were done of all med carts to assure that there are no discontinued medications in the carts. Done 02/08/2024. When there are new orders and changes the Resident Wellness Director pulls the discontinued immediately from the cart when taking off the new order. Medication Techs were re educated to monitor their carts to see if there are any discontinued medications they are not using and give them to the Resident Wellness Director immediately. Done 02/08/2024. Weekly monitoring of medication carts are done by the Resident Wellness Director and Medication Tech to assure that all discontinued medications are pulled. End 7/31/24 then monthly. Resident Wellness Director will be responsible for compliance with this regulation. Executive Director will review with the Resident Wellness Director monthly. then monthly

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented () - 04/01/2024)

184a - Resident's Meds Labeled

6. Requirements

2600. 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

184a - Resident's Meds Labeled (continued)

Description of Violation

Resident #2 is prescribed [redacted] with orders to administer 2 tabs once daily The medication label incorrectly states administer 1 tab 2x daily.

Resident #2 is prescribed [redacted] with orders to administer twice weekly. The medication label incorrectly states to administer the medication once weekly.

Resident #2 is prescribed [redacted] with orders to administer 1.5 tabs once daily. The medication label incorrectly states to administer 3 tabs once daily.

REPEAT VIOLATION - 1/23/23, et al.

Plan of Correction

Accept ([redacted] - 03/21/2024)

-Medication Labels were fixed immediately for Resident#2 the day of inspection.
Done 02/07/2024.

-An audit will be completed by the Resident Wellness Director /Designee on all carts to ensure compliance with the regulation. (Done 2/8 and 2/9/2024.) Any issues found were addressed immediately.

-Resident Wellness Director provided re-education on 2/08/2024 to all Med Techs to ensure all requirements are being met. Resident Wellness Director will receive all outside pharmacy medications prior to them going into the medication cart to assure that the orders and labels match and are correct.

-The Resident Wellness Director reviews all medications that are brought by families, admissions or readmissions for accurate labeling, prior to placing them in the medication carts.

-Weekly monitoring of medication received are checked by the Resident Wellness Director to assure accurate labeling. End 7/31/24 then monthly.

-Resident Wellness Director will be responsible for continued compliance.

-Executive Director will review with Resident Wellness Director monthly.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented [redacted] - 04/01/2024)

185a - Implement Storage Procedures

7. 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 #2's [redacted] PRN was not on-site at time of inspection.

Resident #3's [redacted] 4% cream PRN was not available on-site at time of inspection.

Staff Person A and Staff Person B signed the Controlled Drug Shift Count Record as the off-going Med Tech on 2/7/24

185a - Implement Storage Procedures (continued)

before completing the count with the oncoming Med Tech.

Staff Person D did not sign the Controlled Drug Shift Count Record as the oncoming Med Tech on 2/7/24 after the count was completed with the off-going Med Tech.

Plan of Correction

Accept [REDACTED] - 03/21/2024)

-Immediately orders were changed by MD for Tylenol Resident #2 to match what was in the med cart.
Done 2/8/2024.

-Immediately order was sent to pharmacy to receive Resident#3's Asper Cream.
Received 2/8/2024.

-All medication staff will be retrained on proper narcotic count procedures by the Resident Wellness Director who is a certified DHS medication Administration Trainer., Documentation of the training will be maintained. Done 02/08/2024.

- All Medication Techs retrained on 2/08/2024 (See attached) on the accountability for controlled substances and proper procedure for narcotic count at change of shift or anytime the possession of the med cart keys changes.

-Education was provided to all Medication Techs that when receiving any outside medication from families or mail order it is to be placed in the tote in the office for Resident Wellness Director to review order and assure the medication matches the order we have. The tote is checked several times a day.

-An audit of the narcotic count will be completed by the Resident Wellness Director weekly for 5 months; thereafter random audits will be completed by the Resident Wellness Director. End 7/31/24 then monthly.

Resident Wellness Director will be responsible for continued compliance.

Executive Director will review with Resident Wellness Director monthly.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented [REDACTED] - 04/01/2024)

187a - Medication Record

8. Requirements

2600.

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

Description of Violation

Resident #2's [REDACTED] were not administered on [REDACTED] due to the medications not being available, but the resident's medication record (MAR) was documented to indicate that the medications were administered.

Resident #4 receives daily accuchecks. The resident did not receive the scheduled blood sugar reading on [REDACTED] at [REDACTED]. However, the resident's MAR was documented with a blood sugar reading of [REDACTED]

REPEAT VIOLATION - 1/23/23, et al.

187a - Medication Record (continued)

Plan of Correction

Accept [redacted] - 03/21/2024)

-Disciplinary action was given to Medication Techs that signed they had given the medication when the medications were unavailable and the Medication Tech who documented on the MAR but was not in the meter. Done 02/15/2024.

- All Medication Techs were retrained/re-educated on the importance of available medication and Glucose readings and documentation

Done 02/08/2024.

-All Medication Techs re-educated to monitor all medications during your pass to assure that all residents medications are available for them to receive.

Done 02/08/2024.

-Weekly monitoring of medication carts, will be done by Resident Wellness Director and Medication Tech to assure that all medications are present and if refills are needed it is done immediately. (See attached) End 7/31/24 then monthly.

-Weekly review of glucometers is done will be done on weekly to ensure that the reading on the glucometer matches what is entered on the Medication Record.

Will remain weekly. (See attached)

-Resident Wellness Director will be responsible for continued compliance.

-Executive Director will review with Resident Wellness Director monthly.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented [redacted] - 04/01/2024)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted] to be administered 2x weekly on Monday and Friday. The medication dose being administered is [redacted], and the home has been administering the medication daily.

Resident #2's [redacted] were not administered on [redacted] due to the medications not being available. The [redacted] and [redacted] were also not administered on [redacted]

Resident #3's [redacted] was not administered on [redacted] due to it not being available.

Resident #3 is prescribed [redacted]. The home has been administering the medication daily.

Resident #4 receives daily accuchecks. The resident did not receive the scheduled blood sugar reading on 2/2/24 at 12:00pm.

REPEAT VIOLATION - 1/23/23, et al.

187d Follow Prescriber's Orders (continued)**Plan of Correction****Accept** [REDACTED] - 03/21/2024)

The pharmacy was called for missing medications for resident #2 and #3. The were delivered immediately.

Done 02/08/2024.

Resident #2 MD, Resident and POA were made aware of this medication error, and it was immediately reported to DHS.

Done 02/07/2024.

Resident #2 medication label was immediately fixed. for the Calcitriol.

Done 02/07/2024.

Resident #3's MD notified, and medication orders corrected. Done 02/08/2024.

All Medication Techs were re educated on the importance of regulation 2600.187d. following the directions of the prescriber.

Done 02/08/2024.

Disciplinary action was given to Medication Tech for Resident #4 error.

Resident Wellness Director will complete audit of all prescribed orders to ensure medication is available and in med cart. Any issues will be corrected immediately.

Done 02/08/2024.

Resident Wellness Director and Medication Tech will audit all med carts weekly to review order verification and to ensure proper medication reordering and timely receipt of medications. End 7/31/24 then monthly.

Weekly review of glucometers will be done to ensure that the readings match the MAR.

Resident Wellness Director is responsible for continued compliance.

Executive Director will review with Resident Wellness Director monthly.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented [REDACTED] - 04/01/2024)**188b - Medication Error Reporting****10. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

188b - Medication Error Reporting (continued)

Description of Violation

The following medication errors were not reported to the resident, the residents' designated person, or the residents' prescriber:

Resident #2's [redacted] were not administered on [redacted] due to the medications not being available. The [redacted] were also not administered on [redacted].

Resident #3's [redacted] was not administered on [redacted] due to it not being available.

Plan of Correction

Accept [redacted] - 03/21/2024

Resident #2 and #3 MD, resident and POA were made aware of this medication not being available and not given as prescribed. Done 02/08/2024.

-The pharmacy was called for the missing medications for resident #2 and #3. They were delivered immediately. Done 02/08/2024.

-Medication Techs were re-educated on reporting to Resident Wellness Director any missing medications so the proper procedures can be followed for regulation 188b.

-Weekly monitoring of medication carts will be done by Resident Wellness Director and Med Tech to assure that all medications are present and if refills are needed it is done immediately. End 7/31/24 then monthly.

-All Medication Techs will monitor daily during all med passes as a double check to assure that all residents medications are available for them to receive.

-Resident Wellness Director is responsible for continued compliance

-Executive Director will review with Resident Wellness Director monthly.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented (RY - 04/01/2024)

227g -Support Plan Signatures

11. Requirements

2600.

227g Support Plan Signatures (continued)

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

Description of Violation

Resident #1's assessment and support plan, dated [REDACTED] was not signed by the resident and there was no indication whether or not the residents refused to or was unable to sign.

Plan of Correction

Accept ([REDACTED] - 03/21/2024)

Resident Wellness Director reviewed assessment and support plan with resident#1 and [REDACTED] family member. It was signed according to the requirement of the state.

The Resident Wellness Director and /or designee will complete an audit of current resident's support plans to ensure compliance with this regulation. Any issues found during the audit will be addressed immediately. Done 02/09/2024.

Audits will be done monthly by The Resident Wellness Director to make sure all supports plans are in compliance.

Executive Director will re educate Resident Wellness Director on this regulation. Three separate attempts will be made for a resident to sign. It. If they refuse after all attempts it will be documented on the support plan. Done 02/09/2024. Resident Wellness Director will be responsible for continued compliance.

Executive Director will review with Resident Wellness Director monthly.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented ([REDACTED] - 04/01/2024)