

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

November 27, 2024

[REDACTED]
INSPIRIT MACUNGIE OPERATOR LLC
[REDACTED]

RE: THE WILLOW, AN INSPIRIT SENIOR
LIVING COMMUNITY
6488 ALBURTIS ROAD
MACUNGIE, PA, 18062
LICENSE/COC#: 22681

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/24/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY **License #:** 22681 **License Expiration:** 11/07/2024

Address: 6488 ALBURTIS ROAD, MACUNGIE, PA 18062

County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** kguiles@inspiritseiorliving.com

Legal Entity

Name: INSPIRIT MACUNGIE OPERATOR LLC

Address: [REDACTED]

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 45 **Waking Staff:** 34

Inspection Information

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

Reason: Complaint **Exit Conference Date:** 10/24/2024

Inspection Dates and Department Representative

10/24/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 67 **Residents Served:** 40

Secured Dementia Care Unit

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

Hospice

Current Residents: 5

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: 5 **Have Physical Disability:** 1

Inspections / Reviews

10/24/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/16/2024

11/19/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/26/2024

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 11/24/2024

Inspections / Reviews *(continued)*

11/27/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/26/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent annual documented medical evaluation was completed on 4-22-23.

Plan of Correction

Accept [REDACTED] - 11/19/2024)

Director of Wellness (DOW) contacted POA to schedule first available appt with PCP for an annual DME to be completed. Resident [REDACTED] has an appointment on 11/19/2024 with PCP.

Executive Director completed a full audit of all DME's for all current residents to ensure they are all within the compliance guidelines.

An audit of DME's will be completed every 3 months by the Executive Director to ensure that compliance is ongoing.

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented [REDACTED] - 11/27/2024)

190a - Completion Medication Course

2. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Persons A, B, and C administered medications to residents on multiple occasions without successfully completing the Department-approved medications administration course. All staff members have since completed the course; Staff Persons A and B on 9/6/24 and Staff Person C on 9/17/24.

Plan of Correction

Accept [REDACTED] - 11/19/2024)

The role of Executive Director was accepted by current ED on 09/04/2024. ED was reviewing med tech certification paperwork and realized staff person A, B, and C were not certified per the record. ED who is also a TTT through the DHS approved medication training immediately started a class and certified the three staff members as fast as possible.

Ongoing the ED will maintain the medication technicians certifications and observations to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 11/27/2024)

227c - Support Plan Revision

3. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [REDACTED] most recent annual support plan was completed on 4-26-23.

227c Support Plan Revision (continued)

Plan of Correction**Accept** [REDACTED] - 11/19/2024)

Resident [REDACTED] has a significant change support plan and assessment that was completed on 11/13/2024 by the Executive Director due to recent decline requiring a higher level of care.

Resident [REDACTED] will also have an annual review reflecting the PCP annual evaluation on 11/19/2024 to reflect any additional need or documentation required.

Executive Director completed a full audit of all support plans and assessments for all current residents to ensure they are all current and within the compliance guidelines.

Ongoing plan to ensure compliance will be for the Director of Wellness to complete the initial/annual/significant change support plan and assessment for the Executive Director to review. All support plans and assessments will require the DOW signature and the ED signature.

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented [REDACTED] - 11/27/2024)

227d - Support Plan Medical/Dental

4. 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

Per resident and family interviews, Resident [REDACTED] frequently removes his/her hearing aids after staff put them in. Resident [REDACTED] requires physical assistance for toileting but will frequently attempt to toilet [REDACTED] without asking for assistance, which results in the resident being unable to get [REDACTED] off the toilet. Resident [REDACTED] resident and support plan dated 8/16/24 does not document these behaviors and the home's plan to address them.

Plan of Correction**Accept** [REDACTED] - 11/19/2024)

Resident [REDACTED] support plan has been updated to reflect their needs, behaviors and also the plan to meet the needs.

Ongoing plan to ensure compliance will be for the Director of Wellness to complete the initial/annual/significant change support plan and assessment for the Executive Director to review. All support plans and assessments will require the DOW signature and the ED signature.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 11/27/2024)