

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

March 5, 2025

[REDACTED]  
INSPIRIT PALMERTON OPERATOR LLC  
[REDACTED]

RE: THE PALMERTON, AN INSPIRIT  
SENIOR LIVING COMMUNITY  
71 PRINCETON AVENUE  
PALMERTON, PA, 18071  
LICENSE/COC#: 22680

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/30/2025 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:** 01/05/2026

**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:** [REDACTED]

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

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 05/23/2016      **Issued By:** Palmerton Twp

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 72      **Waking Staff:** 54

**Inspection Information**

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

**Reason:** Complaint      **Exit Conference Date:** 01/30/2025

**Inspection Dates and Department Representative**

01/30/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 71      **Residents Served:** 60

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** 1st floor      **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:** 59

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

**Have Mobility Need:** 12      **Have Physical Disability:** 0

**Inspections / Reviews**

01/30/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/03/2025

02/26/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 03/03/2025

**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 03/05/2025

Inspections / Reviews *(continued)*

03/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

Resident [REDACTED] was admitted to the home on [REDACTED]. Their Assessment and Support Plan dated [REDACTED] was not updated to show resident needed more than an assist of [REDACTED] for toileting, ambulating, and personal hygiene or that resident [REDACTED] was receiving a puree diet since [REDACTED].

**Plan of Correction****Accept [REDACTED] - 02/26/2025)**

The Assessment and Support Plan were not updated immediately because the resident was already discharged and DHS inspector said it was not necessary.

The Director of Wellness will complete an audit of all assessments and support plans to assure accuracy and completeness documented in the resident's support plan. Completed 2/7/25

The Executive Director will reeducate The Director of Wellness on the requirement to assure complete and accurate documentation on support plan. Completed 1/31/24

A form was created for all new orders, admissions and assessments to be used for 6 months to make sure Support Plan are getting updated. Form completed 2/7/25. Form will be used until August/2025.

The Executive Director will audit this form weekly for 4 weeks. Started 2/7/25 to 3/7/25

The Executive Director will audit all initial, annual, significant changes, resident assessment and support plans to assure resident needs and plan to meet the service needs are documented. Start 2/7/25 to 2/28/25

**Licensee's Proposed Overall Completion Date: 08/07/2025**

**Implemented [REDACTED] 03/05/2025)**