



**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: 71 PRINCETON AVENUE, PALMERTON, PA, 18071

Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: 05/23/2016 Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 55 Waking Staff: 41

**Inspection Information**

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

Reason: *Renewal* Exit Conference Date: 03/12/2025

**Inspection Dates and Department Representative**

03/12/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 71 Residents Served: 46

**Secured Dementia Care Unit**

In Home: *Yes* Area: *1st floor* Capacity: 15 Residents Served: 7

**Hospice**

Current Residents: 2

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45

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

Have Mobility Need: 9 Have Physical Disability: 0

**Inspections / Reviews**

03/12/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 03/29/2025

03/27/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/04/2025

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 04/03/2025

Inspections / Reviews (*continued*)

## 04/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/09/2025

## 04/07/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

51 - Criminal Background Check

1. 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

Staff member A was hired on [redacted]. The home did not request a criminal background check until [redacted]
Staff member B was hired on [redacted]. The home did not request a criminal background check until [redacted]
Staff member C was hired [redacted]. The home did not request a criminal background check until [redacted]

Repeat violation: 2/6/24 et al.

Plan of Correction

Accept ([redacted] - 03/27/2025)

The Business Office Manager 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 or on the first day of employment.

Completed 3/13/2025 See attached A

We changed orientation paperwork to reflect that criminal background checks were completed before or on the 1st day of employment. See attached B

Business Office Manager will maintain an ongoing audit tool to be completed with each new hire to monitor compliance. See Attached B

ED will review the audit tool weekly for 1 month beginning March 24, 2025, then monthly for 3 months and periodically thereafter to ensure compliance.

The Business Office Manager is responsible for ongoing compliance

The ED will review and monitor.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented ([redacted] - 04/07/2025)

103i - Outdated Food

2. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At approximately 1:45 p.m., a dented can of Three Bean Salad (6.94lb) was found in the home's kitchen dry storage room.

Plan of Correction

Accept ([redacted] - 03/27/2025)

Violation fixed immediately. Dented can disposed of.

Dietary manager will be re-educated on checking for dented cans upon arrival. Completed 3/13/2025 See Attached C

Dietary Manager will re -educate [redacted] staff on the regulation and importance of discarding dented cans. when putting the food order away. This will be done by 4/1/2025

Dietary Manager will check orders for 3 months to check that there are no dented cans in the stock room on the

**103i - Outdated Food (continued)**

shelf. Started 3/20/2025

Dietary Manager is responsible for ongoing compliance.

ED will review and monitor.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented (█) - 04/07/2025

**125a - Combustible Storage****3. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

**Description of Violation**

At approximately 9:45 a.m., a clump of lint was found on the floor approximately one inch behind the dryer and near the exhaust vent located in the 2nd floor laundry room.

**Plan of Correction**

Accept (█) - 03/27/2025

Violation fixed immediately. Lint removed and thrown away.

Housekeeping manager will be re-educated on violation 2600.125a lint on floor. Done 3/13/2025 See attachment D

Housekeeping manager will educate all housekeeping staff by 3/31/2025

Housekeeping staff will check lint traps and behind all dryers daily. This task will be added to the housekeeping daily list. Started 3/17/2025 See attached E

Housekeeping Manager will monitor for 3 months.

Housekeeping manager is responsible for ongoing compliance.

ED will review monthly.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented (█) - 04/07/2025

**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**

The Breo Ellipta inhaler for resident #1 was not dated when the inhaler was removed from the foil package. The manufacturer's instructions indicate the inhaler is to be discarded 6 weeks after the inhaler is removed from the foil package for use.

The Glargine and Novolog insulin pens for resident #2 were not dated when they were opened for use. The manufacturer's instructions for both pens indicate they are to be discarded 28 days after they are opened for use.

**Plan of Correction**

Accept (█) - 03/27/2025

Director of Wellness will be re-educated on Regulation 183e. Completed 3/13/2025

See attached F

**183e - Storing Medications (continued)**

Director of Wellness immediately in serviced all Medication technicians on the importance of making sure the open date stickers are on all: insulins, powders, inhalers and eye drops, and the dates and times are written when opened. Completed on 3/24/2025 See attached H

The Director of Wellness will do weekly audits x 1 month then on the 1st and 4th weeks monthly to assure accuracy.

Checklist maintained by Director of Wellness. See attached G

The Director of Wellness is responsible for ongoing compliance.

ED will review monthly.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█) - 04/07/2025

**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 #3 has an order for Ipratropium-albuterol nebulizer treatments twice daily; the pharmacy label incorrectly indicates the treatments are to be administered four times daily.

Repeat violation: 2/6/24 et al.

**Plan of Correction**

Accept (█) - 04/02/2025

Change of order sticker was immediately applied to medication at time of inspection.

Director of Wellness will be re-educated on Regulation 2600.184a Completed 3/13/2025

See attached F

Director of Wellness will in service all Medication technicians on assuring change of direction stickers are placed on all medications that have an order change, including extra medications in the med cabinet that are not in the med cart. Completed on 3/24/2025 See attached H

The Director of Wellness will do weekly audits x 1 month then on the 1st and 4th weeks monthly to assure accuracy.

Checklist maintained by Director of Wellness. See attached G

The Director of Wellness is responsible for ongoing compliance.

ED will review monthly.

Proposed Overall Completion Date: 05/01/2025

Licensee's Proposed Overall Completion Date: 05/01/2025

184a - Resident's Meds Labeled (*continued*)*Implemented (█ - 04/07/2025)*

## 185a - Implement Storage Procedures

**6. 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 #4 has an order for Tylenol 325mg, three tablets every 6 hours as needed. At approximately 2:00 p.m., the home did not have the medication available to administer if needed.*

**Plan of Correction***Accept (█ - 04/02/2025)*

*PRN medication for Resident 4 was immediately requested from the pharmacy and received by 7:00pm on day of inspection.*

*Director of Wellness will be re-educated on Regulation 2600.185a Completed 3/13/2025*

*See attached F*

*Director of Wellness will in service all Medication technicians on weekly cart audits to assure all PRN medications are available. Completed 3/24/2025 See attached H*

*The Director of Wellness will do weekly audits x 1 month then on the 1st and 4th weeks monthly to assure accuracy.*

*Checklist maintained by Director of Wellness. See attached G*

*The Director of Wellness is responsible for ongoing compliance.*

*ED will review monthly.*

*Proposed Overall Completion Date: 05/01/2025*

**Licensee's Proposed Overall Completion Date: 05/01/2025**

*Implemented (█ - 04/07/2025)*